

N61414.AR.001788  
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 3 OF 3 SECTION 2 OF ATTACHMENT I AND ATTACHMENT J

JEB  
LITTLE CREEK VA  
9/1/2013  
CH2M HILL



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1938

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 - 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: 16-239P
e) Trailer or Container No.: 157
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

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 3-22-13
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: 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# 606433

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	1950	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 14:29:29	PC301 Scale 1	kimbo3			63200 lb
Out	03/22/2013 14:53:59	PC302 Scale2	kimbo3			26620 lb
					Net	36580 lb
					Tons	18.29

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.29	Tons				VA
2 TPT-Transportation	100	18.29	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 Teroy Davis





NON-HAZARDOUS WASTE MANIFEST

*203*

1958

If 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     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

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 3-22-13
- 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) 968-7210
- 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: \_\_\_\_\_
  - b) Operator's Address: \_\_\_\_\_
  - c) Telephone Number: (    ) \_\_\_\_\_
  - d) Recommended special handling instructions and additional information: \_\_\_\_\_
  - e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to 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# 606550

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/26/2013	Vehicle#	141	Volumes
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1861			
Destination		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	03/26/2013 07:41:45	PC301 Scale 1	kimbo3		55140	lb
Out	03/26/2013 07:59:37	PC302 Scale2	kimbo3		26240	lb
					Net	28900 lb
					Tons	14.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.45	Tons				VA
2 TPT-Transportation	100	14.45	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# 606551

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1948			
Destination		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	03/26/2013 07:42:16	PC301 Scale 1	kimbo3		Tare	57820 lb
Out	03/26/2013 08:01:34	PC302 Scale2	kimbo3		Net	25680 lb
					Tons	32140 lb
						16.07

Comments

Product	LD%	Qty	UDM	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

*Jason Manis*





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

Original  
 Ticket# 606552

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	107	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1977			
Destination		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	03/26/2013 07:43:02	PC301 Scale 1	kimbo3		65020	1b
Out	03/26/2013 08:15:05	PC302 Scale2	kimbo3		27000	1b
					Net	38020 1b
					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.

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. 187 1977

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. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 16-239P. Trailer or Container No.: 187. Name of Driver: JAMES HARVEY. Signature of Driver: James Harvey. Date of Receipt: 3-26-13.

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)

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: (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: James Harvey. Date of Receipt: 3-26-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. Address: [blank]. Telephone: [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# 606553

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1969	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	03/26/2013 07:43:42	PC301 Scale 1	kimbo3		63960	lb
Out	03/26/2013 08:17:54	PC302 Scale2	kimbo3		26860	lb
					Net	37100 lb
					Tone	18.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.55	Tons				VA
2 TPT-Transportation	100	18.55	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

*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. 1969

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 3-26-13
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: Leroy Davis Date of Receipt: 3-26-13

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)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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# 606554

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1552			
Destination		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	03/26/2013 07:44:13	PC301 Scale 1	kimbo3		Tare	64220 lb 26380 lb
Out	03/26/2013 08:20:21	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.

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. 1552

0808

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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, Non-Friable, N/A

n) Type of Containers: T R

Table with 2 columns: Container Code, Description (TR - Truck, DM - Metal Drum, etc.)

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.: 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 23050
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KDC 3-26-13
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# 606559

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1418			
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	03/26/2013 08:17:25	PC301 Scale 1	kimbo3			63360 lb
Out	03/26/2013 08:47:45	PC302 Scale2	kimbo3		Tare	29640 lb
					Net	33720 lb
					Tons	16.86

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.86	Tons				VA
2 TPT-Transportation	100	16.86	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





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

Original  
 Ticket# 506565

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1962			
Destination		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	03/26/2013 08:33:49	PC301 Scale 1	kimbo3		Tare	72560 1b
Out	03/26/2013 09:04:20	PC302 Scale2	kimbo3		Net	29460 1b
					Tons	43400 1b
						21.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.70	Tons				VA
2 TPT-Transportation	100	21.70	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 



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. 1169 1962

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: XA13 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

f) Responsible Agency Name and Address



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

Original  
 Ticket# 606569

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1594			
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	82000 lb
In	03/26/2013 08:43:30	PC301 Scale 1	kimbo3		Tare	39300 lb
Out	03/26/2013 09:10:39	PC302 Scale2	kimbo3		Net	42700 lb
Comments					Tons	21.39

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 \_\_\_\_\_





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 606570

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41547	
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	
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72100 lb
In	03/26/2013 08:44:39	PC301 Scale 1	kimbo3		Tare	31400 lb
Out	03/26/2013 09:13:11	PC302 Scale2	kimbo3		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 Rinty



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1296

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: Rusty Date of Receipt: 3-26-13
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: Rusty Date of Receipt: 3-26-13

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 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:



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

Original  
 Ticket# 606572

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1949			
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	03/26/2013 08:57:14	PC301 Scale 1	kimbo3		72780	lb
					Tare	25760 lb
Out	03/26/2013 09:21:00	PC302 Scale2	kimbo3		Net	47020 lb
					Tone	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.

Driver's Signature

*Jason Mann*





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

Original  
 Ticket# 606573

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	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	
In	03/26/2013 08:57:44	PC301 Scale 1	kimbo3		Tare	72420 lb
Out	03/26/2013 09:22:15	PC302 Scale2	kimbo3		Net	27600 lb
					Tons	44820 lb
						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



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

Original  
 Ticket# 606577

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1551	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	72180 lb
In	03/26/2013 09:14:45	PC301 Scale 1	kimbo3		Tare	26560 lb
Out	03/26/2013 09:44:19	PC302 Scale2	kimbo3		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.

*James D. ...*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1551

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, % 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: 216-219
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: 3-26-13
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: Leroy Davis Date of Receipt: 3-26-13

- 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): [Signature] 3-26-13
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# 606578

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1553			
Destination		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	03/26/2013 09:15:14	PC301 Scale 1	kimbo3		Tare	26440 lb
Out	03/26/2013 09:46:23	PC302 Scale 2	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.



NON-HAZARDOUS WASTE MANIFEST

089

Manifest No. 1553

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. 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 Trucking. Address: 16-221P. Telephone: 3089. Driver: [Signature]. Date of Receipt: 3-26. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Transfer Facility: Name: Charles City Landfill. Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 966-7210. Mailing Address: Same as Above. Driver: [Signature]. Date of Receipt: 3-26. 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: 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. Destination: 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]. 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" is defined 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, VA Landfill  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Origin# 606583

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/26/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1419  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	62340 lb
In	03/26/2013 09:45:54	PC301 Scale 1	kimbo3		Tare	30020 lb
Out	03/26/2013 10:17:20	PC302 Scale2	kimbo3		Net	32320 lb
					Tons	16.16

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.16	Tons				VA
2 TPT-Transportation	100	16.16	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

*[Handwritten 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. 1419

*Power*

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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] 3-26-13
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# 606587

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/26/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1950			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69720 lb
In	03/26/2013 10:15:17	PC301 Scale 1	kimbo3		Tare	25940 lb
Out	03/26/2013 10:40:49	PC302 Scale2	kimbo3		Net	43780 lb
					Tons	21.89

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.89	Tons				VA
2 TPT-Transportation	100	21.89	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

*Jason Maus*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1950

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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name Thompson, Address, Telephone, Vehicle License No. 16-222, Trailer No. 192, Driver Jason Moran, Date of Receipt 3-26-13. 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: 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, Date of Receipt 3-26-13.

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# 606585

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1557			
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	03/26/2013 10:08:36	PC301 Scale 1	kimbo3		Tare	79980 lb 30640 lb
Out	03/26/2013 10:42:25	PC302 Scale 2	kimbo3		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

1169

Manifest No. 1557

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

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: XA 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) ROC 3.26.13
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# 606586

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1556	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	03/26/2013 10:11:27	PC301 Scale 1	Kimbo3		Tare	76900 lb 30880 lb
Out	03/26/2013 10:44:48	PC302 Scale2	Kimbo3		Net	46020 lb
					Tons	23.01

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.01	Tons			VA
2	TPT-Transportation	100	23.01	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

*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. 1556

4/15/13

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: J. Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 107856
e) Trailer or Container No.: 41597
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): HOC 326-13
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# 606588

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/26/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1599			
Destination		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	03/26/2013 10:16:45	PC301 Scale 1	kimbo3		74380 lb	
Out	03/26/2013 10:52:56	PC302 Scale2	kimbo3		26940 lb	
					Net	47440 lb
					Tons	23.72

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.72	Tons				VA
2 TPT-Transportation	100	23.72	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# 606596

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1550			
Destination		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	03/26/2013 10:43:41	PC301 Scale 1	kimbo3		Tare	71580 lb
Out	03/26/2013 11:12:31	PC302 Scale2	kimbo3		Net	26460 lb
					Tons	45120 lb
						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

403WM





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

Original  
 Ticket# 606597

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1561			
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	03/26/2013 10:44:23	PC301 Scale 1	kimbo3			73700 lb
Out	03/26/2013 11:14:25	PC302 Scale2	kimbo3			26920 lb
					Net	46780 lb
					Tons	23.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.39	Tons			VA
2	TPT-Transportation	100	23.39	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

*Derry 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. 1561

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; % 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.: 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: 3-26-13
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: Jerry Davis Date of Receipt: 2-26-13

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 606598

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1562	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	03/26/2013 10:45:56	PC301 Scale 1	kimbo3		75800	lb
Out	03/26/2013 11:16:03	PC302 Scale2	kimbo3		26640	lb
					Net	49160 lb
					Tons	24.58

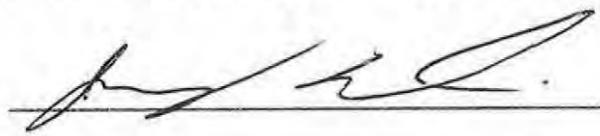
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.58	Tons				VA
2 TPT-Transportation	100	24.58	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



403WM



NON-HAZARDOUS WASTE MANIFEST

089

Manifest No. 1562

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

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) Koe 3-26-13
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# 606601

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1555			
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	84140 lb
In	03/26/2013 10:55:17	PC301 Scale 1	kimbo3		Tare	35000 lb
Out	03/26/2013 11:18:27	PC302 Scale 2	kimbo3		Net	49140 lb
					Tons	24.57

Comments

Product	LDX	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

AMW/MS



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1555

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

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

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:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 606605

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1421	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	03/26/2013 11:15:37	PC301 Scale 1	kimbo3			54980 lb
Out	03/26/2013 11:39:02	PC302 Scale2	kimbo3			29460 lb
					Net	35520 lb
					Tons	17.76

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.76	Tons				VA
2 TPT-Transportation	100	17.76	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  
 2000 Chambers Road  
 Charles City, VA. 23033  
 Ph: 804-966-7210

Original  
 Ticket# 00011

Customer Name MCLENN CONTRACTING DB MCLENN Carrier THOMPSON ST  
 Ticket Date 03/26/2013 Vehicle# 1159 Value  
 Payment Type Credit Account Container  
 Material Ticket# Driver  
 Handling Ticket# Check#  
 Route Billing # 0001200  
 City & State Code Ge- EPA ID  
 Manifest 1364  
 Destination Blvd 9403  
 TO 8801-001A  
 Facility 101420VA (DREDGE SEDIMENT)  
 Generator 100-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Sheds	77000 lb
03/26/2013 11:07:05	PC301 Scale 1	kimbo1		Tare	31850 lb
03/26/2013 11:59:55	PC301 Scale 2	DM		Net	46200 lb
				Gross	23.11

Product	LOX	Qty	UOM	Rate	Tax	Amount	Origin
Special Misc-Tans-100		23.11	Tons				VA
TFT-Transportation 100		23.11	Tons				02

Total Tax  
 Total Ticket

In 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# 606616

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1954			
Destination		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	03/26/2013 12:05:54	PC301 Scale 1	DW			59450 lb
					Tare	26800 lb
Out	03/26/2013 12:34:03	PC302 Scale 2	kimbo3		Net	32650 lb
					Tons	16.33

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.33	Tons				VA
2 TPT-Transportation	100	16.33	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 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.

192 Manifest No. 1954

## SECTION 1 GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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: 16-222

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 3-26-13  
 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.  
 \_\_\_\_\_  
 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 3-26-13

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# 606614

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1937			
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	03/26/2013 12:01:22	PC301 Scale 1	DW		Tare	77220 lb
Out	03/26/2013 12:35:41	PC302 Scale2	kimbo3		Net	27420 lb
					Tons	49800 lb
						24.90

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.90	Tons				VA
2 TPT-Transportation	100	24.90	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



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. 1937

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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: 16288
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: 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) JM 326-13
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# 606619

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1565	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	79440 lb
In	03/26/2013 12:11:35	PC301 Scale 1	DW		Tare	30800 lb
Out	03/26/2013 12:47:06	PC302 Scale2	kimbo3		Net	48640 lb
					Tons	24.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.32	Tons				VA
2 TPT-Transportation	100	24.32	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# 606615

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1560			
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	03/26/2013 12:05:15	PC301 Scale 1	DW		75380	1b
Out	03/26/2013 12:51:49	PC302 Scale2	kimbo3		26600	1b
					Net	48780 1b
					Tons	24.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.39	Tons				VA
2 TPT-Transportation	100	24.39	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# 606623

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1508			
Destination		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	03/26/2013 12:35:14	PC301 Scale 1	kimbo3		Tare	62280 lb
Out	03/26/2013 12:53:53	PC302 Scale2	kimbo3		Net	30500 lb
					Tons	31780 lb
						15.89

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.89	Tons			VA
2	TPT-Transportation	100	15.89	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

*fec*





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

Original  
 Ticket# 606620

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1606	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	03/26/2013 12:14:03	PC301 Scale 1	DW		58700	lb
Out	03/26/2013 12:55:11	PC302 Scale 2	kimbo3		26540	lb
					Net	42160 lb
					Tons	21.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.08	Tons				VA
2 TPT-Transportation	100	21.08	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.

089

Manifest No. 1606

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 12 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 3-26
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 3-26

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 3-26-13
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# 806626

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1605			
Destination		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	03/26/2013 12:40:00	PC301 Scale 1	kimbo3		74080	lb
Out	03/26/2013 13:07:53	PC302 Scale2	kimbo3		27180	lb
					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

*Jerry Daves*





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

Original  
 Ticket# 606634

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1621			
Destination		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	03/26/2013 13:01:55	PC301 Scale 1	kimbo3		76660	lb
Out	03/26/2013 13:23:54	PC302 Scale 2	kimbo3		35880	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

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

Manifest No. 1621

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
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

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 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 3-26-13
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 Date of Receipt 3-26-13

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): [Signature] 32613
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ( )
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, 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# 606641

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1955			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/26/2013 13:28:46	PC301 Scale 1	kimbo3			77100 lb
Out	03/26/2013 14:03:19	PC302 Scale 2	kimbo3			29800 lb
					Net	50300 lb
					Tons	25.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.15	Tons				VA
2 TPT-Transportation	100	25.15	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# 606642

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1960	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	77260 lb
In	03/26/2013 13:29:14	PC301 Scale 1	kimbo3		Tare	26360 lb
Out	03/26/2013 14:20:56	PC302 Scale 2	kimbo3		Net	50900 lb
					Tons	25.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.45	Tons				VA
2 TP7-Transportation	100	25.45	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

*Jason Mann*





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

Original  
 Ticket# 606646

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1622			
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	79440 lb
In	03/26/2013 13:49:53	PC301 Scale 1	kimbo3		Tare	30060 lb
Out	03/26/2013 14:22:53	PC302 Scale2	kimbo3		Net	49380 lb
					Tons	24.69

Comments

Product	LD%	Qty	UCM	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

*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. 1622

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: 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

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.: 41347
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 3-26-13
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 Rusty Date of Receipt 3-26-13

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) [Signature] 326-13
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# 606645

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1607			
Destination		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	03/26/2013 13:49:16	PC301 Scale 1	kimbo3			86780 lb
Out	03/26/2013 14:24:34	PC302 Scale 2	kimbo3			35280 lb
					Net	51500 lb
					Tons	25.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.75	Tons				VA
2 TPT-Transportation	100	25.75	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

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

Manifest No. 1607

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

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:
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 3-26-13
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 Date of Receipt 3-26-13

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) 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 3-26-13
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# 606653

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1626	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	73380 lb
In	03/26/2013 14:08:42	PC301 Scale 1	kimbo3		Tare	26700 lb
Out	03/26/2013 14:32:48	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1626

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: 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 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 3-26
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 3-26
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): Koe 3.26.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# 606648

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1604			
Destination		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	03/26/2013 13:59:18	PC301 Scale 1	kimbo3		75740	1b
Out	03/26/2013 14:38:45	PC302 Scale2	kimbo3		26920	1b
					Net	48820 1b
					Tons	24.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.41	Tons				VA
2 TPT-Transportation	100	24.41	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. 1604

187

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.

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: 16-239P. Trailer or Container No.: 187. Name of Driver: James HARVEY. Signature of Driver: James Harvey. Date of Receipt: 3-26-13.

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): JDC. Signature of Driver: James Harvey. Date of Receipt: 3-26-13.

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# 606657

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1629	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	03/26/2013 14:20:31	PC301 Scale 1	kimbo3		85340	lb
Out	03/26/2013 14:41:20	PC302 Scale2	kimbo3		39520	lb
					Net	45820 lb
					Tons	22.91

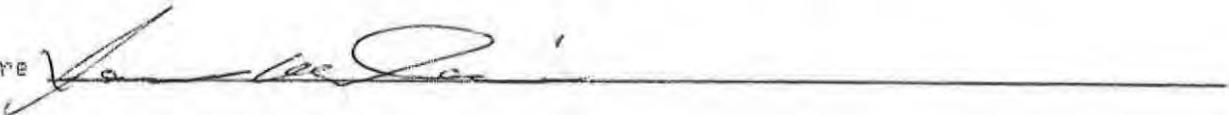
Comments

Product	LDX	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





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. 1629

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: XA 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 3-26-13
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 Date of Receipt 3-26-13

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)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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 326 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# 606654

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/26/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1628  
 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	73860 lb
In	03/26/2013 14:09:56	PC301 Scale 1	kimbo3		Tare	26960 lb
Out	03/26/2013 14:56:27	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

*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. 1628

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 1K-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: 3-26-13
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: Leroy Davis Date of Receipt: 3-26-13

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# 606649

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/26/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1573  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	56220 lb
In	03/26/2013 14:01:00	PC301 Scale 1	kimbo3		Tare	29040 lb
Out	03/26/2013 15:05:19	PC302 Scale2	kimbo3		Net	37180 lb
					Tons	18.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.59	Tons				VA
2 TPT-Transportation	100	18.59	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

*[Handwritten Signature]*





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

Original  
 Ticket# 606665

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/26/2013 Vehicle# 141 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1623  
 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	74380 lb
In 03/26/2013 15:01:05	PC301 Scale 1	kimbo3		Tare	26940 lb
Out 03/26/2013 15:26:25	PC302 Scale 2	kimbo3		Net	47440 lb
				Tons	23.72

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.72	Tons				VA
2 TPT-Transportation	100	23.72	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1623

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.

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: 141. Vehicle License No./State: 16238. Trailer or Container No.: 141. Name of Driver: [Signature]. Date of Receipt: 3-24-17.

Transfer Facility's Name: [Blank]. Address: [Blank]. Telephone Number: [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) 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]. Date of Receipt: [Blank].

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): [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: [Blank]



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

Original  
 Ticket# 606679

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1638	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	03/26/2013 15:40:03	PC301 Scale 1	kimbo3			84120 lb
Out	03/26/2013 16:09:49	PC302 Scale2	kimbo3			29160 lb
					Net	54960 lb
					Tons	27.48

Comments

Product	LD%	Qty	UDM	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





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

Original  
 Ticket# 606673

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1632			
Destination		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	03/26/2013 15:31:56	PC301 Scale 1	kimbo3			84600 lb
Out	03/26/2013 16:14:36	PC302 Scale2	kimbo3			35540 lb
					Net	49060 lb
					Tons	24.53

Comments

Product	LDX	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 \_\_\_\_\_



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1632

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

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 -
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: 17119
e) Trailer or Container No.:
f) Name of Driver: Kevin S. ...
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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 3-26-13
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# 606674

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1633			
Destination		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	03/26/2013 15:32:32	PC301 Scale 1	kimbo3		77050	lb
Out	03/26/2013 16:16:33	PC302 Scale2	kimbo3		30950	lb
					Net	46100 lb
					Tare	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

*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. 1633

4/5/13

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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.: 41541
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 3-26-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-26-13

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): Rusty 3-26-13
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# 606678

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/26/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1634  
 Destination 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	03/26/2013 15:39:25	PC301 Scale 1	kimbo3		73940	1b
Out	03/26/2013 16:20:40	PC302 Scale2	kimbo3		26340	1b
					Net	47600 1b
					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

403W/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. 1634

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 76-239P
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: 3-26-13
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: 3-26-13

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) JAC 3-26-13
f) The material delivered by the Transporter has been received at the Disposal Facility:
Signature of Driver: James Harvey Date of Receipt: 3-26-13
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



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

Original  
 Ticket# 606685

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1636	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	03/26/2013 15:54:11	PC301 Scale 1	kimbo3		72720 lb	
Out	03/26/2013 16:23:11	PC302 Scale2	kimbo3		27380 lb	
					Net	45340 lb
					Tons	22.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.67	Tons				VA
2 TPT-Transportation	100	22.67	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



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. 1636

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-2288
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 3-26
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 3-26

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) See 326B
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, 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# 506686

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/26/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1627  
 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	61720 lb
In	03/26/2013 15:56:41	PC301 Scale 1	kimbo3		Tare	28700 lb
Out	03/26/2013 16:31:39	PC302 Scale2	kimbo3		Net	33020 lb
					Tons	16.51

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.51	Tons				VA
2 TPT-Transportation	100	16.51	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. 1627

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 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: 3-26-13
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: 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: Eddie Craft Date of Receipt: 3-26-13
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: Eddie Craft Date of Receipt: 3-26-13

- a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, 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# 806683

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/26/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1637			
Destination		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	03/26/2013 15:51:21	PC301 Scale 1	kimbo3		69220 lb	
Out	03/26/2013 16:33:56	PC302 Scale2	kimbo3		26960 lb	
					Net	42260 lb
					Tons	21.13

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.13	Tons				VA
2 TPT-Transportation	100	21.13	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

*Jerry Davis*



NON-HAZARDOUS WASTE MANIFEST

2013

Manifest No. 1637

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 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
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 3-26-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Leroy Davis 3-26-13

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:
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):
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# 606700

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/27/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1678			
Destination		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	03/27/2013 07:31:26	PC301 Scale 1	kimbo3		60260	1b
Out	03/27/2013 07:54:04	PC302 Scale2	kimbo3		32200	1b
					Net	28060 1b
					Tons	14.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.03	Tons				VA
2 TPT-Transportation	100	14.03	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

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

Manifest No. 1678

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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.
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: 804-965-7210

Original  
 Ticket# 606702

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1549	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	03/27/2013 07:36:23	PC301 Scale 1	kimbo3		Tare	72480 1b 27460 1b
Out	03/27/2013 08:06:51	PC302 Scale2	kimbo3		Net	45020 1b
					Tons	22.51

Comments

Product	LD%	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



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1549

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*

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 11e-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 Manic 3-27-13
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) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JMC 3-27-13
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# 606703

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 141 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1548 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	65080 lb
In	03/27/2013 07:37:18	PC301 Scale 1	kimbo3		Tare	27060 lb
Out	03/27/2013 08:08:54	PC302 Scale2	kimbo3		Net	38020 lb
					Tons	19.01

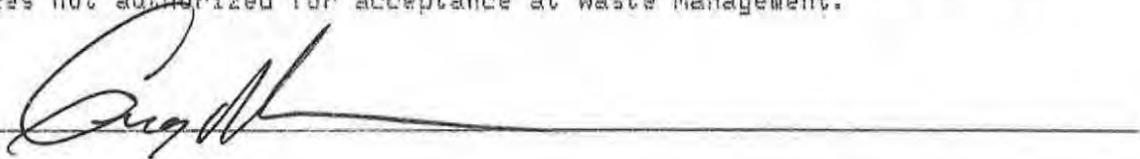
Comments

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.

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. 1548

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.

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: Thompson. Telephone Number: 16238. Vehicle License No./State: 141. Name of Driver: [Signature]. Date of Receipt: 3-27-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [Blank]. Transfer Facility's 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]. 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 (print/type): [Signature]. Date of Receipt: 3-27-13.

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]. 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# 606706

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1679			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE E			

	Time	Scale	Operator	Inbound	Gross	
In	03/27/2013 07:47:11	PC301 Scale 1	kimbo3		68080	lb
Out	03/27/2013 08:11:37	PC302 Scale2	kimbo3		27840	lb
					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 TPI-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

*Jeff Davis*



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 1679

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

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: Leraf Davis Date of Receipt: 3-27-13
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: Leraf Davis Date of Receipt: 3-27-13

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 3-27-13
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# 606705

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1642  
 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	03/27/2013 07:46:25	PC301 Scale 1	kimbo3		73300	1b
Out	03/27/2013 08:14:21	PC302 Scale2	kimbo3		28240	1b
					45060	1b
						22.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.53	Tons				VA
2 TPT-Transportation	100	22.53	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.

Manifest No. 1642

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)
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
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: 16-239P
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: 3-27-13
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: James Harvey Date of Receipt: 3-27-13

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): JRC 3-27-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-27-13
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# 606709

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1680	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	03/27/2013 07:50:52	PC301 Scale 1	kimbo3		84300	lb
Out	03/27/2013 08:20:23	PC302 Scale2	kimbo3		27500	lb
					Net	56800 lb
					Tons	28.40

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.40	Tons				VA
2 TPT-Transportation	100	28.40	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# 606710

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1643			
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	03/27/2013 07:55:32	PC301 Scale 1	kimbo3			74400 lb
					Tare	30980 lb
Out	03/27/2013 08:24:12	PC302 Scale2	kimbo3		Net	43420 lb
					Tone	21.71

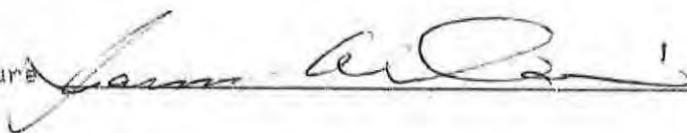
Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.71	Tons			VA
2	TPT-Transportation	100	21.71	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1643

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: 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: XA 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: James A 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.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of 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: 804-956-7210

Original  
 Ticket# 606714

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1853	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	79500 lb
In	03/27/2013 08:10:14	PC301 Scale 1	kimbo3		Tare	36080 lb
Out	03/27/2013 08:39:53	PC302 Scale2	kimbo3		Net	43420 lb
					Tons	21.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.71	Tons			VA
2	TPT-Transportation	100	21.71	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1853

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: 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: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 45401
f) Name of Driver: Kevin S. Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-27-13
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 3-27-13

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 3-27-13
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:



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

Original  
 Ticket# 606715

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1641			
Destination		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	03/27/2013 08:11:00	PC301 Scale 1	kimbo3		75220	1b
Out	03/27/2013 08:41:40	PC302 Scale2	kimbo3		31760	1b
					Net	43460
					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

Total Tax  
 Total Ticket

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

Driver's Signature

*Kristy*





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

Original  
 Ticket# 606722

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1563 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	61020 lb
In	03/27/2013 08:36:18	PC301 Scale 1	kimbo3		Tare	30840 lb
Out	03/27/2013 08:59:32	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





Charles City County Landfill  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 606723

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1669	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	64400 lb
In	03/27/2013 08:41:13	PC301 Scale 1	kimbo3		Tare	32680 lb
Out	03/27/2013 09:04:48	PC302 Scale2	kimbo3		Net	31720 lb
					Tons	15.86

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.86	Tons			VA
2	TPT-Transportation	100	15.86	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.

*Michael C. D.*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1669

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: FCC. Address: P153562. Telephone Number: 282. Vehicle License No./State: 282. 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: 3-27-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-27-13.

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): KAC 3-27-13. 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. Responsible Agency Name and Address: [Blank].



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

Original  
 Ticket# 606728

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/27/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1558			
Destination		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	03/27/2013 08:55:11	PC301 Scale 1	kimbo3			69660 lb
Out	03/27/2013 09:22:28	PC302 Scale2	kimbo3			27280 lb
					Net	42380 lb
					Tons	21.19

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.19	Tons				VA
2 TPT-Transportation	100	21.19	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



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1558

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
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: 3-27-13
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:
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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 606727

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1559			
Destination		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	03/27/2013 08:54:27	PC301 Scale 1	kimbo3		68400 lb	
Out	03/27/2013 09:23:59	PC302 Scale2	kimbo3		26940 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.

*John M. ...*





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

Original  
 Ticket# 606729

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/27/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1544	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	03/27/2013 09:08:23	PC301 Scale 1	kimbo3		Tare	72180 lb 27620 lb
Out	03/27/2013 09:39:21	PC302 Scale2	kimbo3		Net	44560 lb
					Tons	22.28

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.28	Tons				VA
2 TPT-Transportation	100	22.28	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

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

Manifest No. 1544

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: 16-239P
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: 3-27-13
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: 3-27-13

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):
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-27-13
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.
Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 606730

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1543			
Destination		Grid	P4C3	
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	03/27/2013 09:12:54	PC301 Scale 1	kimbo3		Tare	27580 lb
Out	03/27/2013 09:40:39	PC302 Scale 2	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.

*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. 1543

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 3-27-13
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: Leroy Davis Date of Receipt: 3-27-13

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): J. J. J. 3-27-13
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:



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

Original  
 Ticket# 606731

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1542	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	03/27/2013 09:13:45	PC301 Scale 1	kimbo3		Tare	74220 lb 27140 lb
Out	03/27/2013 09:42:34	PC302 Scale2	kimbo3		Net	47080 lb
					Tons	23.54

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.54	Tons				VA
2 TPT-Transportation	100	23.54	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.



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1542

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: 16 221P. Telephone Number: 3549. Name of Driver: [Signature]. Date of Receipt: 3-27.

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]. Date of Receipt: 3-27-13.

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.



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

Original  
 Ticket# 606735

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1541			
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	81520 lb
In	03/27/2013 09:22:04	PC301 Scale 1	kimbo3		Tare	30000 lb
Out	03/27/2013 09:51:37	PC302 Scale 2	kimbo3		Net	51440 lb
					Tons	25.72

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.72	Tons				VA
2 TPT-Transportation	100	25.72	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.



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1541

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 - 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: XA 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 3-27-13
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 3-27-13
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 3-27-13
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# 606746

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/27/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1537			
Destination		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	03/27/2013 09:57:54	PC301 Scale 1	kimbo3		66820 lb	
Out	03/27/2013 10:18:20	PC302 Scale2	kimbo3		32260 lb	
					Net	34560 lb
					Tons	17.28

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.28	Tons				VA
2 TPT-Transportation	100	17.28	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.

*Alvaro C. K.*





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

Original  
 Ticket# 606752

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1566  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	70820 lb
In	03/27/2013 10:16:32	PC301 Scale 1	kimbo3		Tare	26740 lb
Out	03/27/2013 10:30:02	PC302 Scale 2	kimbo3		Net	44080 lb
					Tons	22.04

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.04	Tons				VA
2 TPT-Transportation	100	22.04	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 Jason mauri  
 403WM





Charles City County Landfill  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 606740

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1640			
Destination		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	03/27/2013 09:44:23	PC301 Scale 1	kimbo3			86380 lb
					Tare	36360 lb
Out	03/27/2013 10:43:31	PC302 Scale2	kimbo3		Net	50020 lb
					Tons	25.01

Comments

Product	LDX	Qty	UOM	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.

4040

Manifest No. 1640

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40-101
f) Name of Driver: Kevin Silber
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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 3-27-13
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# 606741

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1539			
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	03/27/2013 09:45:33	PC301 Scale 1	kimbo3		80420	1b
Out	03/27/2013 10:47:13	PC302 Scale 2	kimbo3		31100	1b
					Net	49320 1b
					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.

*Realt*



NON-HAZARDOUS WASTE MANIFEST

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

4/15/13

Manifest No. 1539

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: Thompson. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 107 856. Trailer or Container No.: 41597. Name of Driver: Rusty. Date of Receipt: 3-27-13.

Transfer Facility: 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 2: 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: 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] 3-27-13.

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# 606745

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1538	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	65800 lb
In	03/27/2013 09:54:07	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	03/27/2013 10:49:27	PC302 Scale2	kimbo3		Net	35240 lb
					Tons	17.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.62	Tons				VA
2 TPT-Transportation	100	17.62	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.



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1538

Handwritten signature/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:
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: 32115
Trailer or Container No.: 41509
Name of Driver: George E Power Sr
I hereby warrant that 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:
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# 606750

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1630	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	75920 lb
In	03/27/2013 10:14:15	PC301 Scale 1	kimbo3		Tare	27060 lb
Out	03/27/2013 11:06:09	PC302 Scale2	kimbo3		Net	48860 lb
					Tons	24.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.43	Tons			VA
2	TPT-Transportation	100	24.43	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.

Tractor'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. 1630

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 \_\_\_\_\_ 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: 1G238

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 3-27-13

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 \_\_\_\_\_

a) Transfer Facility's Name: \_\_\_\_\_

b) Transfer Facility's Address: \_\_\_\_\_

c) Telephone Number: ( ) \_\_\_\_\_

d) Vehicle License No./State: \_\_\_\_\_

e) Trailer or Container No.: \_\_\_\_\_

f) Name of Driver: \_\_\_\_\_

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

h) I hereby warrant that the above described material was delivered 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): 3-27-13

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# 806756

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1534	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	03/27/2013 10:35:54	PC301 Scale 1	kimbo3		76260	1b
Out	03/27/2013 11:07:41	PC302 Scale2	kimbo3		27820	1b
					Net	48440 1b
					Tare	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.

*JR Hamers*

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. 1534

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: 16-239P. Trailer or Container No.: 187. 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: 3-27-13. 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: 3-27-13.

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): JHC 3-27-13. The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: James Harvey Date of Receipt: 3-27-13. 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: . 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# 606757

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1533			
Destination		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	03/27/2013 10:36:30	PC301 Scale 1	kimbo3		Tare	73320 lb 27120 lb
Out	03/27/2013 11:09:06	PC302 Scale2	kimbo3		Net	46200 lb
					Tons	23.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.10	Tons				VA
2 TPT-Transportation	100	23.10	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

*Henry 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. 1533

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: 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: 3-27-13
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: 3-27-13

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]
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# 606758

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1532			
Destination		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	03/27/2013 10:38:38	PC301 Scale 1	kimbo3		74960	lb
					Tare	27060 lb
Out	03/27/2013 11:10:37	PC302 Scale2	kimbo3		Net	47900 lb
					Tons	23.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.95	Tons				VA
2 TPT-Transportation	100	23.95	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 \_\_\_\_\_



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1532

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 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 3-27
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-27

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.
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# 606762

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1531			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

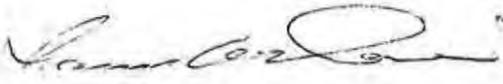
	Time	Scale	Operator	Inbound	Gross	
In	03/27/2013 10:50:55	PC301 Scale 1	kimbo3		90460	lb
Out	03/27/2013 11:19:20	PC302 Scale 2	kimbo3		29740	lb
					Net	60720 lb
					Tare	30.36

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.36	Tons				VA
2 TPT-Transportation	100	30.36	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 



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. 1531

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...

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:
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# 606771

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/27/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1547			
Destination		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	03/27/2013 11:33:16	PC301 Scale 1	kimbo3		67640 lb	
					Tare	31800 lb
Out	03/27/2013 11:55:58	PC302 Scale2	kimbo3		Net	35840 lb
					Tons	17.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.92	Tons			VA
2	TPT-Transportation	100	17.92	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.

*Alcala Port*







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

Original  
 Ticket# 506772

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/27/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1625			
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	75240 lb
In	03/27/2013 11:36:40	PC301 Scale 1	kimbo3		Tare	26660 lb
Out	03/27/2013 11:58:18	PC302 Scale2	kimbo3		Net	48580 lb
					Tons	24.29

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.29	Tons				VA
2 TPT-Transportation	100	24.29	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.

*Jason Morris*

Waste Management'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. 1625

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). 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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name Thompson, Address, Telephone, Vehicle License No. 16-222, Trailer No. 192, Driver Jason Mann, Date of Receipt 3-27-13. 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: 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, 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# 506775

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1635			
Destination		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	03/27/2013 11:52:54	PC301 Scale 1	DW			71140 1b
Out	03/27/2013 12:15:44	PC302 Scale 2	DW			30200 1b
					Net	40940 1b
					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.

403WM Signature

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.

41509

Manifest No. 1635

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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

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.
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  
 6000 Chantawa Road  
 Charles City, VA, 23030  
 Ph: 804-962-7210

Original  
 Ticket# 809770

Customer Name MOLEMAN CONTRACTING CO MOLEMAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 42421 Volume  
 Reason: Misc Credit Account Container  
 Manual Ticket# Driver  
 National Account# Check#  
 Route Billing # 0001200  
 State Route Code Gen EPA ID  
 Manifest 1575 Site P403  
 Destination  
 ID 0051-2014  
 Profile 12140040 (DREDGE SEDIMENT)  
 Item # 150 MO-FRACMIDATLANTIC MARINE MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	93000 lb
In	03/27/2013 11:04:00	PC301 Scale 1 DW			Tare	36000 lb
Out	03/27/2013 12:16:00	PC301 Scale 2 DW			Net	57000 lb
					Tare	20 00

Product	LDX	Qty	LDX	Rate	Tax	Amount	Origin
Special Misc-Tony-	100	28.50	Tons				VA
W-Transcurtation	100	28.50	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

40401 1575 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) 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 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: 12119
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) 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, 23008  
 Ph: 804-966-7218

Original  
 Ticket# 020734

Customer: Mass MOLEAN CONTRACTING CO MOLEAN Carrier THOMPSON DT  
 Ticket Date 02/27/2013 Vehicles 41547 Volume  
 Payment Type Credit Account Container  
 Manual Tickets Driver  
 Mailing Address Check#  
 State Billing # 0001200  
 State Waste Code Reg EPA ID  
 Manifest 1529 Site P403  
 Identification 5331-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 100-NOFACMIDATLANTIC WAFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	02580 15
02/27/2013 11:30:05	FC201 Scale 1 DW			Tare	21442 15
02/27/2013 12:01:21	FC301 Scale 2 DW			Net	49340 15
				Total	24.77

Product	LDW	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons- 100		24.77	Tons				VA
2 100-Transportation 100		24.77	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.

403WM Driver's Signature

*Rurtz*



NON-HAZARDOUS WASTE 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. 1529

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: Rusty 3-27-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-27-13

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.
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  
 6098 Chesapeake Pkwy  
 Charles City, VA, 23010  
 Ph: 804-666-7810

Original  
 Ticket# 666770

Customer Name: McLEAN CONTRACTING TO McLEAN  
 Ticket Date: 03/27/2013  
 Ticket Type: Credit Report  
 Material: Asphalt  
 Material Weight: 1635  
 Route: 0051-0014  
 Short Waste Code: 101400VA (DREDGE SEDIMENT)  
 Manifest: 1635  
 Destination: 0051-0014  
 Profile: 101400VA (DREDGE SEDIMENT)  
 Generator: 100-NAVFAC/DATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK SHOPS 2

Carrier: THOMPSON DT  
 Vehicle#: 141  
 Confirmer:  
 Driver:  
 Check#: 0001200  
 Billing #: 0001200  
 Cell ID: 2402

Time	Scale	Operator	Inbound	Gross	Net	Total
03/27/2013 11:10:25	PC301 Scale 1 DW			17100	16750	16750
03/27/2013 12:19:39	PC301 Scale 2 DW				67700	67700

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
Evental Miro-Tone	100	25.00	Tons				VA
107-Transp-Barrier	100	25.00	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.

403WM  
 Driver's Signature

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. 1639

191

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 606784

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1624			
Destination		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	03/27/2013 12:28:24	PC301 Scale 1	DW		77320	lb
					Tare	27500 lb
Out	03/27/2013 12:54:29	PC302 Scale 2	kimbo3		Net	49820 lb
					Tons	24.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.91	Tons				VA
2 TPT-Transportation	100	24.91	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. 1624

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-239P
e) Trailer or Container No.:
f) Name of Driver: JAMES HARVE
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# 606785

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1523			
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	03/27/2013 12:23:11	PC301 Scale 1 DW			74340 lb	
Out	03/27/2013 12:58:49	PC302 Scale2 kimbo3			27440 lb	
					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

*Jeroy 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. 1523

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-219
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 3-27-13
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 Leroy Davis Date of Receipt 3-27-13

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# 606786

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/27/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1522			
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	03/27/2013 12:25:03	PC301 Scale 1	DW		Tare	71420 lb 27260 lb
Out	03/27/2013 13:00:18	PC302 Scale2	kimbo3		Net	44160 lb
					Tons	22.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.08	Tons				VA
2 TPT-Transportation	100	22.08	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.

Thompson'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.

1522

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 Trucking
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 16-2219
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 3-27
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 3-27
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 606791

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1521			
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	03/27/2013 12:32:19	PC301 Scale 1	kimbo3		Tare	81400 lb
Out	03/27/2013 13:03:11	PC302 Scale2	kimbo3		Net	30400 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 TRT-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.

Dispatcher's Signature 





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

Original  
 Ticket# 606796

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1631			
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	03/27/2013 12:50:38	PC301 Scale 1	kimbo3		74220	1b
					Tare	27180
Out	03/27/2013 13:09:43	PC302 Scale2	kimbo3		Net	47040
					Tons	23.52

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.52	Tons				VA
2 TPT-Transportation	100	23.52	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1631

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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.: 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: 3-27-13
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 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.
Signature of Driver: Date of Receipt:
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver: Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 606794

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/27/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1520			
Destination		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	03/27/2013 12:45:48	PC301 Scale 1	kimbo3			65260 lb
					Tare	32060 lb
Out	03/27/2013 13:10:58	PC302 Scale 2	kimbo3		Net	33200 lb
					Tone	16.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.60	Tons				VA
2 TPT-Transportation	100	16.60	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.

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. 1520

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: PL53526
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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 606801

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1516			
Destination		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	03/27/2013 13:07:02	PC301 Scale 1	kimbo3			64340 lb
Out	03/27/2013 13:30:48	PC302 Scale2	kimbo3			30560 lb
					Net	33780 lb
					Tons	16.89

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.89	Tons			VA
2	TPT-Transportation	100	16.89	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

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

Manifest No. 1516

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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
h) I hereby warrant 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 606802

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1975			
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	03/27/2013 13:12:15	PC301 Scale 1	kimbo3		Tare	72640 lb
Out	03/27/2013 13:33:41	PC302 Scale2	kimbo3		Net	27300 lb
					Tons	45340 lb
						22.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.67	Tons				VA
2 TPT-Transportation	100	22.67	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.

*[Handwritten signature]*



NON-HAZARDOUS WASTE MANIFEST

141

1975

If 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  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: 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

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) Will 32713

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

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

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 606807

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1721	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	87480 lb
03/27/2013	13:28:00	PC301 Scale 1	kimbo3		Tare	35040 lb
Out	Time	Scale	Operator		Net	52440 lb
03/27/2013	14:04:58	PC302 Scale 2	kimbo3		Tons	26.22

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.22	Tons				VA
2 TPT-Transportation	100	26.22	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.

40401 Manifest No. 1721

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. Address: 13119. Vehicle License No./State: 40401. Name of Driver: Kevin Silver. Date of Receipt: 3-27-13.

Transfer Facility's Name: Charles City Landfill. 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] 3-27-13.

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.

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): [Signature] 3-27-13. 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: 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# 505808

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1517			
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	03/27/2013 13:29:08	PC301 Scale 1	kimbo3		Tare	76240 1b 31080 1b
Out	03/27/2013 14:07:23	PC302 Scale2	kimbo3		Net	45160 1b
					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.

41547 Manifest No. 1517

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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: 107 854
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: Rusty 3-27-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-27-13

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): POC 3-27-13
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# 606820

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/27/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1511			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

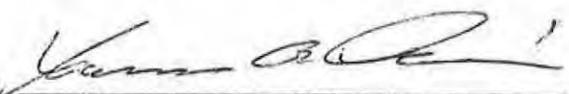
	Time	Scale	Operator	Inbound	Gross	
In	03/27/2013 13:57:51	PC301 Scale 1	kimbo3		Tare	80840 lb 30020 lb
Out	03/27/2013 14:20:28	PC302 Scale2	kimbo3		Net	50820 lb
					Tons	25.41

Comments

Product	LD%	Qty	UDM	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 







Charles City County Landfill  
 8006 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket # 606822

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/27/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1510	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	03/27/2013 14:02:20	PC301 Scale 1	kimbo3		68320 lb	
Out	03/27/2013 14:23:15	PC302 Scale2	kimbo3		32020 lb	
					Net	36300 lb
					Tons	18.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.15	Tons				VA
2 TPT-Transportation	100	18.15	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1510

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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 Date of Receipt
h) I hereby warrant 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 Chamberlayne Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Price# 1606815  
 Ticket# 1606815

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1514 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	72720 lb
In 03/27/2013 13:53:06	PC301 Scale 1	kimbo3		Tare	27580 lb
Out 03/27/2013 14:30:38	PC302 Scale 2	kimbo3		Net	45140 lb
				Tons	22.57

Comments

Product	LD%	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

*JR Harvey*







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

Original  
 Ticket# 606814

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1513  
 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	74260 lb
In	03/27/2013 13:52:23	PC301 Scale 1	kimbo3		Tare	27200 lb
Out	03/27/2013 14:32:35	PC302 Scale 2	kimbo3		Net	47060 lb
					Tons	23.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.53	Tons				VA
2 TPT-Transportation	100	23.53	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

*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. 1513

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...

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.: 283
f) Name of Driver:
g) I 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: 3-27-13
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: Leroy Davis Date of Receipt: 3-27-13

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): Kloc 3-27-13
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:



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

Original  
 Ticket# 606816

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1512	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	03/27/2013 13:53:36	PC301 Scale 1	kimbo3		65780	lb
Out	03/27/2013 14:35:25	PC302 Scale2	kimbo3		27300	lb
					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.

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. 1512

Handwritten initials/signature

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: Hampton Mobility
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16 291P
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 3-27
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 3-27

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) 986-7210
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:



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

Original  
 Ticket# 606019

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1971  
 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	73300 lb
In	03/27/2013 13:57:17	PC301 Scale 1	kimbo3		Tare	27020 lb
Out	03/27/2013 14:37:27	PC302 Scale2	kimbo3		Net	46280 lb
					Tons	23.14

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.14	Tons				VA
2 TPT-Transportation	100	23.14	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 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. 1971

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-222
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 Mann Date of Receipt 3-27-13
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 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# 606824

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1508			
Destination		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	03/27/2013 14:21:44	PC301 Scale 1	kimbo3			63860 lb
Out	03/27/2013 14:38:49	PC302 Scale2	kimbo3		Tare	30620 lb
					Net	33240 lb
					Tons	16.62

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.62	Tons				VA
2 TPT-Transportation	100	16.62	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1508

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: 32115. Trailer or Container No.: 41509. Name of Driver: George E. Powers. Signature of Driver: [Signature] Date of Receipt: 3-27-13.

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] 3-27-13. 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. 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.

f) Responsible Agency Name and Address: [blank]



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

Original  
 Ticket# 606826

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1966			
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	03/27/2013 14:24:54	PC301 Scale 1	kimbo3		Tare	74480 lb 27020 lb
Out	03/27/2013 14:49:54	PC302 Scale2	kimbo3		Net	47460 lb
					Tons	23.73

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.73	Tons				VA
2 TPT-Transportation	100	23.73	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# 606835

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1843	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	03/27/2013 15:15:31	PC301 Scale 1	kimbo3		82500	1b
					Tare	35000 1b
Out	03/27/2013 15:39:45	PC302 Scale2	kimbo3		Net	47500 1b
					Tons	23.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.75	Tons				VA
2 TPT-Transportation	100	23.75	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# 606836

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1506			
Destination		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	03/27/2013 15:16:09	PC301 Scale 1	kimbo3			77040 lb
Out	03/27/2013 15:41:28	PC302 Scale2	kimbo3			30840 lb
					Net	46200 lb
					Tons	23.10

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.10	Tons			VA
2	TPT-Transportation	100	23.10	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.

41547 Manifest No. 1506

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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 3-27-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-27-13

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.
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# 606837

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1505			
Destination		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	03/27/2013 15:16:46	PC301 Scale 1	kimbo2		83480	1b
Out	03/27/2013 15:47:42	PC302 Scale 2	kimbo3		28900	1b
					Net	54580 1b
					Tons	27.29

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.29	Tons				VA
2 TPT-Transportation	100	27.29	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 



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. 1505

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

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 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 Date of Receipt 3-27-13
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 3-27-13

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) [Signature] 3-27-13
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:



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

Original  
 Ticket# 606845

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1509			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	47620 lb
In	03/27/2013 15:36:14	PC301 Scale 1	kimbo3		Tare	27160 lb
Out	03/27/2013 16:02:15	PC302 Scale2	kimbo3		Net	20460 lb
					Tons	10.23

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	10.23	Tons				VA
2 TPT-Transportation	100	10.23	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 Malus





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 606846

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1518	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	48460 lb
In	03/27/2013 15:36:48	PC301 Scale 1	Kimbo3		Tare	27360 lb
Out	03/27/2013 16:11:45	PC302 Scale2	Kimbo3		Net	21100 lb
					Tons	10.55

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	10.55	Tons			VA
2	TPT-Transportation	100	10.55	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. 1518

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
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 2214
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) 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: 804-965-7210

Original  
 Ticket# 605843

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/27/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1530			
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	
In	03/27/2013 15:32:21	PC301 Scale 1	kimbo3			65660 lb
Out	03/27/2013 16:15:26	PC302 Scale 2	kimbo3			27680 lb
					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

*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. 1530

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

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 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: Henry Davis 3-27-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Henry Davis 3/27/13

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) KAC 327B
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# 606842

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/27/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1540 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	71260 lb
In	03/27/2013 15:31:44	PC301 Scale 1	kimbo2		Tare	28000 lb
Out	03/27/2013 16:18:01	PC302 Scale 2	kimbo3		Net	43260 lb
					Tons	21.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.63	Tons				VA
2 TPT-Transportation	100	21.63	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. 1540

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)
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: 76-239P
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: 3-27-13
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: James Harvey Date of Receipt: 3-27-13

- 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 3-27-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-27-13
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# 606859

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EDR  
 Ticket Date 03/28/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1504  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400V9 (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	58720 lb
In 03/28/2013 07:32:40	PC301 Scale 1	kimbo3		Tare	34360 lb
Out 03/28/2013 07:49:31	PC302 Scale2	kimbo3		Net	24360 lb
				Tons	12.18

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.18	Tons				VA
2 TMT-Transportation	100	12.18	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1504

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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 Date of Receipt
h) I hereby warrant that 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:
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# 606863

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/28/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1519			
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	03/28/2013 07:36:38	PC301 Scale 1	kimbo3			64420 lb
Out	03/28/2013 08:04:42	PC302 Scale2	kimbo3			26740 lb
					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

*Jason Mann*





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

Original  
 Ticket# 606865

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1524			
Destination		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	03/28/2013 07:38:39	PC301 Scale 1	kimbo3		68380	lb
Out	03/28/2013 08:10:18	PC302 Scale2	kimbo3		27760	lb
					Net	40620 lb
					Tons	20.31

Comments

Product	LD%	Qty	UOM	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



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.

187 Manifest No. 1524

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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: 3-28-13
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: 3-28-13

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 23050
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 3-28-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-28-13
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# 606868

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1838	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	03/28/2013 07:42:00	PC301 Scale 1	kimbo3		58660	lb
Out	03/28/2013 08:11:35	PC302 Scale2	kimbo3		26860	lb
					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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1838

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:
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 -
n) Type of Containers: T R

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

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) KOC 3-28-13
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# 606866

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/28/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1546			
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	03/28/2013 07:39:15	PC301 Scale 1	kimbo3		Tare	68460 lb
Out	03/28/2013 08:12:54	PC302 Scale2	kimbo3		Net	26500 lb
					Tons	41880 lb
						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

*Henry 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. 1546

Handwritten initials

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. 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 Trucking. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 16-219 223. Name of Driver: Leroy Davis. Date of Receipt: 3-28-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

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 (print/type): [signature] 3-28-13.

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]. Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, 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# 606871

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no 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	
In	03/28/2013 07:46:24	PC301 Scale 1	kimbo3			81440 lb
Out	03/28/2013 08:22:49	PC302 Scale2	kimbo3			27600 lb
					Net	53760 lb
					Tons	26.88

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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# 506873

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy			
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	03/28/2013 07:58:41	PC301 Scale 1	kimbo3		76220	1b
					Tare	29980 1b
Out	03/28/2013 08:30:33	PC302 Scale2	kimbo3		Net	46240 1b
					Tons	23.12

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.12	Tons				VA
2 TPT-Transportation	100	23.12	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# 606877

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy			
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	03/28/2013 00:15:16	PC301 Scale 1	kimbo3			80040 lb
Out	03/28/2013 08:46:09	PC302 Scale2	kimbo3			37800 lb
					Net	43040 lb
					Tons	21.52

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.52	Tons			VA
2	TPT-Transportation	100	21.52	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



NON-HAZARDOUS WASTE MANIFEST

If 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
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: 1319
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: 3-28-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-28-13

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:
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 3-28-13
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# 606878

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1976			
Destination		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	03/28/2013 08:16:51	PC301 Scale 1	kimbo3		Tare	77020 lb 32680 lb
Out	03/28/2013 08:48:12	PC302 Scale 2	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.

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.

Manifest No. 1976

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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: 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

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) Rusty 3-28-13
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# 606800

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1972  
 Destination 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	03/28/2013 08:22:04	PC301 Scale 1	kimbo3		61320	1b
Out	03/28/2013 08:50:20	PC302 Scale 2	kimbo3		28620	1b
					Net	32700 1b
					Tons	16.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.35	Tons				VA
2 TPT-Transportation	100	16.35	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# 606883

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 03/28/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1501  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	64040 lb
In 03/28/2013 08:40:29	PC301 Scale 1	kimbo3		Tare	33860 lb
Out 03/28/2013 09:04:16	PC302 Scale2	kimbo3		Net	30180 lb
				Tons	15.09

Comments

Product	LD%	Qty	UDM	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 Alvin C. To





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

Original  
 Ticket# 606890

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1525	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	71860 lb
In	03/28/2013 08:57:48	PC301 Scale 1	kimbo3		Tare	27100 lb
Out	03/28/2013 09:18:32	PC302 Scale 2	kimbo3		Net	44760 lb
					Tons	22.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.38	Tons			VA
2	TPT-Transportation	100	22.38	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# 606893

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/28/2013	Vehicle#	141	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1507			
Destination		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	03/28/2013 09:07:15	PC301 Scale 1	kimbo3			69740 lb
					Tare	27120 lb
Out	03/28/2013 09:28:29	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.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

141

Manifest No. 1507

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

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 3-28-13
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): Kell 3-28-13
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.

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 605892

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1503	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	03/28/2013 09:06:03	PC301 Scale 1	kimbo3		73920	1b
Out	03/28/2013 09:40:41	PC302 Scale 2	kimbo3		27540	1b
					Net	46380 1b
					Tons	23.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.19	Tons				VA
2 TPT-Transportation	100	23.19	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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 606894

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1502			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Scale 1	Operator	Inbound	Gross Tare	
	03/28/2013 09:10:33	PC301	Scale 1	kimbo3		69660	1b
Out	03/28/2013 09:42:22	PC302	Scale 2	kimbo3		26800	1b
						Net	42860 1b
						Tons	21.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.43	Tons				VA
2 TPT-Transportation	100	21.43	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

*Gary 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. 1502

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: Telephone: 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: Leray Davis Date of Receipt: 3-28-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: Address: Telephone: Vehicle License No./State: Trailer or Container No.: Name of Driver: I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. 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: I hereby warrant that the above named and described material was received from the generator on the date of receipt 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): I hereby warrant that the material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. a) Operator's Name: b) Operator's Address: c) Telephone Number: d) Recommended special handling instructions and additional information: e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to 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# 606895

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no 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	70840 lb
In	03/28/2013 09:11:00	PC301 Scale 1	kimbo3		Tare	27340 lb
Out	03/28/2013 09:50:02	PC302 Scale 2	kimbo3		Net	43500 lb
					Tons	21.75

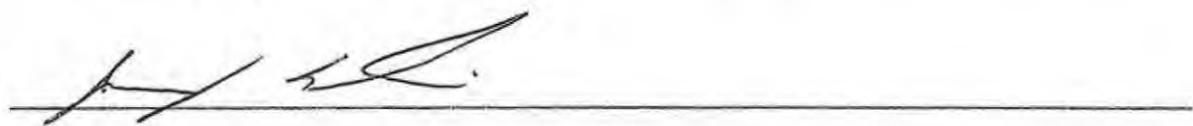
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.75	Tons				VA
2 TPT-Transportation	100	21.75	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

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

Manifest No. \_\_\_\_\_

*001*

## SECTION 1

### GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: **Joint 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 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 *3-28*

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 *3-28*

## 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) 986-7210**

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# 606897

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no manifest/copy  
 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	83780 lb
In 03/28/2013 09:25:24	PC301 Scale 1	kimbo3		Tare	30640 lb
Out 03/28/2013 09:59:13	PC302 Scale2	kimbo3		Net	53140 lb
				Tons	26.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.57	Tons				VA
2 TPT-Transportation	100	26.57	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. 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 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: 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: 13-390. Trailer or Container No.: 1169. Name of Driver: James Davis. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt 3-28-13. 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 3-28-13.

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) KOC 3-28-13. 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: .



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

Original  
 Ticket# 506899

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no 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	94360 lb
In 03/28/2013 09:48:58	PC301 Scale 1	kimbo3		Tare	39380 lb
Out 03/28/2013 10:03:44	PC302 Scale2	kimbo3		Net	54980 lb
				Tons	27.49

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.49	Tons				VA
2 TPT-Transportation	100	27.49	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



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. 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. 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

SECTION 3

TRANSFER FACILITY (complete if applicable)

Transporter 1: Name Thompson, Address 13119, Driver Kevin Silver, Date of Receipt 3-28-13. Transfer Facility: Name, Address, Telephone, License, Driver, Date of Receipt.

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

Transporter 2: Name, Address, Telephone, License, Driver, Date of Receipt. Destination: Disposal Facility's Name: Charles City Landfill, Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone: (804) 966-7210, Mailing Address: Same as Above, Date of Receipt: 3-28-13.

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, 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# 606903

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	03/28/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no 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	70520 lb
In	03/28/2013 10:00:28	PC301 Scale 1	kimbo3		Tare	34120 lb
Out	03/28/2013 10:21:41	PC302 Scale 2	kimbo3		Net	36400 lb
					Tons	18.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.20	Tons				VA
2 TPT-Transportation	100	18.20	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# 606900

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/28/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no 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	
In	03/28/2013 09:54:32	PC301 Scale 1	kimbo3		79560	lb
Out	03/28/2013 10:25:07	PC302 Scale2	kimbo3		32800	lb
					Net	46760
					Tons	23.38

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.38	Tons				VA
2 TPT-Transportation	100	23.38	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 \_\_\_\_\_

*Rinty*



# NON-HAZARDOUS WASTE MANIFEST

*4/15/13*

If 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  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: Thompson
- b) Transporter's Address: \_\_\_\_\_
- c) Telephone Number: ( ) \_\_\_\_\_
- d) Vehicle License No./State: 107856
- 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 Peed Date of Receipt 3-27-13
- 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 Peed Date of Receipt 3-27-13

## 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) Peed 3-28-13
- 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# 606902

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1528			
Destination		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	03/28/2013 09:58:37	PC301 Scale 1	kimbo3		Tare	70160 lb 29140 lb
Out	03/28/2013 10:26:24	PC302 Scale 2	kimbo3		Net	41020 lb
					Tons	20.51

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.51	Tons				VA
2 TPT-Transportation	100	20.51	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

*Power*

Manifest No. **1528**

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

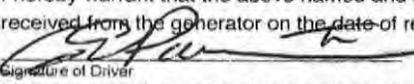
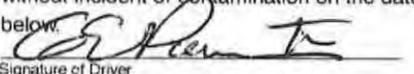
## SECTION 1 GENERATOR INFORMATION (generator to complete)

- 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

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**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:  
 **3-28-13**  
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:  
 **3-28-13**  
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) **K... 3-28-13**
- 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# 606906

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/28/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1536			
Destination		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	03/28/2013 10:07:46	PC301 Scale 1	kimbo3		80480	1b
Out	03/28/2013 10:30:09	PC302 Scale2	kimbo3		27440	1b
					Net	53040
					Tons	26.52

Comments

Product	LD%	Qty	UOM	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 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# 606911

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1515			
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	03/28/2013 10:16:44	PC301 Scale 1	kimbo3		76660	lb
Out	03/28/2013 10:41:24	PC302 Scale2	kimbo3		27300	lb
					Net	49360 lb
					Tare	24.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.68	Tons				VA
2 TPT-Transportation	100	24.68	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# 606913

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no 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	
In	03/28/2013 10:37:40	PC301 Scale 1	kimbo3		77480	lb
Out	03/28/2013 11:03:02	PC302 Scale 2	kimbo3		28120	lb
					Net	49360 lb
					Tare	24.68

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.68	Tons				VA
2 TPT-Transportation	100	24.68	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# 606914

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no 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	
In	03/28/2013 10:39:41	PC301 Scale 1	kimbo3		69700	lb
Out	03/28/2013 11:04:56	PC302 Scale2	kimbo3		27700	lb
					Net	42000 lb
					Tons	21.00

Comments

Product	LD%	Qty	UOM	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 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. \_\_\_\_\_

## SECTION 1

### GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: **Joint Expeditionary Base Little Creek Project Phase 3**

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 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** **3-28-13**  
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** **3-28-13**  
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]** **3-28-13**

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# 606915

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0201200  
 State Waste Code Gen EPA ID  
 Manifest no 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	
In	03/28/2013 10:40:38	PC301 Scale 1	kimbo3		76320	lb
Out	03/28/2013 11:07:53	PC302 Scale2	kimbo3		27280	lb
					Net	49040 lb
					Tons	24.52

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.52	Tons				VA
2 TPT-Transportation	100	24.52	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. \_\_\_\_\_

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) 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:
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 221A
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 3-28
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 3-28

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) [Signature] 3-28-13
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# 606920

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no manifest/copy  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

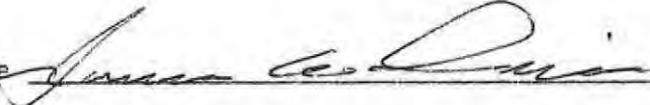
	Time	Scale	Operator	Inbound	Gross	87120 lb
In	03/28/2013 10:55:49	PC301 Scale 1	kimbo3		Tare	30140 lb
Out	03/28/2013 11:21:53	PC302 Scale 2	kimbo3		Net	56980 lb
					Tons	28.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.49	Tons				VA
2 TPT-Transportation	100	28.49	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 





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

Original  
 Ticket# 606922

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/28/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no manifest/copy  
 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	03/28/2013 11:02:06	PC301 Scale 1	kimbo3		84500 lb	
Out	03/28/2013 11:31:03	PC302 Scale 2	kimbo3		38040 lb	
					Net	46460 lb
					Tons	23.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.23	Tons				VA
2 TPT-Transportation	100	23.23	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



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. 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. Description of Waste: Same as Above. Disposal Volume: One (1). 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

SECTION 3

TRANSFER FACILITY (complete if applicable)

Transporter 1: Thompson, 13119, Kevin Silver, 3-28-13. Transfer Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, 3-28-13.

SECTION 4

TRANSPORTER 2 (complete if applicable)

SECTION 5

DESTINATION (Disposal Facility)

Transporter 2: (empty). Destination: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, Same as Above, 3-28-13.

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:



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

Original  
 Ticket# 606927

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 03/28/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no manifest/copy  
 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	73980 lb
In 03/28/2013 11:11:15	PC301 Scale 1	kimbo3		Tare	32460 lb
Out 03/28/2013 11:40:05	PC302 Scale 2	DW		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



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

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: ECR

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: ( ) \_\_\_\_\_

d) Vehicle License No./State: P153562

e) Trailer or Container No.: 252

f) Name of Driver: \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 3-28-13  
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] \_\_\_\_\_ 3-28-13  
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] 3-28-13

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# 606932

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no man /copy	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	03/28/2013 11:30:15	PC301 Scale 1	kimbo3		72300	1b
Out	03/28/2013 11:52:48	PC302 Scale2	DW		26720	1b
					Net	45580 1b
					Tons	22.79

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.79	Tons				VA
2 TPT-Transportation	100	22.79	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

*Jason Maus*





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

Original  
 Ticket# 606933

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	18387	Grid	P4C3	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/28/2013 11:32:57	PC301 Scale 1	kimbo3		58880	lb
Out	03/28/2013 11:51:35	PC302 Scale2	DW		29160	lb
					Net	29720
					Tons	14.86

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.86	Tons				VA
2 TPT-Transportation	100	14.86	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.

32123 Manifest No. 1837

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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

- 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
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.
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# 606934

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Value
Ticket Date	03/28/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1526			
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	76480 lb
In	03/28/2013 11:33:51	PC301 Scale 1	kimbo3		Tare	27200 lb
Out	03/28/2013 11:54:44	PC302 Scale2	DW		Net	49280 lb
					Tons	24.64

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.64	Tons			VA
2	TPT-Transportation	100	24.64	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. 1526

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, Non-Friable, N/A
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
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: 3-28-17

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

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):
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt: 3-28-13
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:
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# 606930

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no man /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	
In	03/28/2013 11:27:09	PC301 Scale 1	kimbo3		Tare	82900 lb
Out	03/28/2013 11:59:10	PC302 Scale 2	DW		Net	32100 lb
					Tons	50800 lb
						25.40

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.40	Tons				VA
2 TPT-Transportation	100	25.40	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

*Rusty*



NON-HAZARDOUS WASTE MANIFEST

41547

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

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 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: 10788C
e) Trailer or Container No.: 41541
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 3-28-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-28-13

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:
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# 606944

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	1165	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no man/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	
In	03/28/2013 12:25:27	PC301 Scale 1	DW		80140	lb
Out	03/28/2013 12:52:04	PC302 Scale 2	DW		29860	lb
					Net	50280
					Tons	25.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.14	Tons				VA
2 TPT-Transportation	100	25.14	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



NON-HAZARDOUS WASTE MANIFEST

If 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)

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

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: 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 3-28-13
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 3-28-13

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) [Signature] 3-28-13
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# 606941

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no man /copy	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	71640 lb
In	03/28/2013 12:16:33	PC301 Scale 1	DW		Tare	27520 lb
Out	03/28/2013 13:13:49	PC302 Scale2	kimbo3		Net	44120 lb
					Tons	22.06

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.06	Tons				VA
2 TPT-Transportation	100	22.06	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

*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. 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 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

101 400VA

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: 16-239P  
 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 3-28-13  
 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 3-28-13

## 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) JM 3-28-13  
 f) The material delivered by the Transporter has been received at the Disposal Facility.  
 Signature of Driver James Harvey Date of Receipt 3-28-13  
 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: \_\_\_\_\_ 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# 606942

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no man /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	74000 lb
In	03/28/2013 12:17:31	PC301 Scale 1	DW		Tare	27100 lb
Out	03/28/2013 13:16:03	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

*Jeray 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. 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

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.

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: 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: 3-28-13
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: Leroy Davis Date of Receipt: 3-28-13

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:
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# 606943

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/28/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no man /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	72860 lb
In	03/28/2013 12:21:55	PC301 Scale 1	DW		Tare	27180 lb
Out	03/28/2013 13:18:46	PC302 Scale2	kimbo3		Net	45680 lb
					Tons	22.84

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.84	Tons			VA
2	TPT-Transportation	100	22.84	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

If 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

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 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 3-28  
 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 3-28

## 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 23050  
 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 3-28-13  
 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: \_\_\_\_\_ 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# 606588

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/29/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	58200 lb
In	03/29/2013 07:32:03	PC301 Scale 1	kimbo3		Tare	33300 lb
Out	03/29/2013 07:52:49	PC302 Scale2	kimbo3		Net	24900 lb
					Tons	12.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.49	Tons				VA
2 TPT-Transportation	100	12.49	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

280

If 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
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: 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.

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# 606989

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy			
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	71740 lb
In	03/29/2013 07:32:41	PC301 Scale 1	kimbo3		Tare	27540 lb
Out	03/29/2013 07:58:12	PC302 Scale2	kimbo3		Net	44200 lb
					Tons	22.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.10	Tons				VA
2 TPT-Transportation	100	22.10	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

*Jeroy Dees*



NON-HAZARDOUS WASTE MANIFEST

203

If 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 Feed
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 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: 16-219
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: 3-29-13
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: 3-29-13

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): KAC 3-29-13
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# 606990

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no 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	69980 lb
In 03/29/2013 07:33:21	PC301 Scale 1	kimbo3		Tare	26660 lb
Out 03/29/2013 07:59:39	PC302 Scale2	kimbo3		Net	43320 lb
				Tons	21.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tors-	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

*Jason Mann*





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

Original  
 Ticket# 606991

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 141 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1535  
 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	68880 lb
In	03/29/2013 07:33:59	PC301 Scale 1	kimbo3		Tare	27400 lb
Out	03/29/2013 08:02:04	PC302 Scale2	kimbo3		Net	41480 lb
					Tons	20.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.74	Tons				VA
2 TPT-Transportation	100	20.74	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 



NON-HAZARDOUS WASTE MANIFEST

141

Manifest No. 1535

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)
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
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16238
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

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) 986-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type) JOC 3-29-13
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# 606993

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no manifest/copy Grid P4C3  
 Destination 5551-0014  
 PC 101400VA (DREDGE SEDIMENT)  
 Profile 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2  
 Generator

	Time	Scale	Operator	Inbound	Gross	69960 lb
In	03/29/2013 07:36:02	PC301 Scale 1	kimbo3		Tare	27640 lb
Out	03/29/2013 08:03:22	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

*J.R. Harvey*







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

Original  
 Ticket# 606996

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no 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	
In	03/29/2013 07:39:56	PC301 Scale 1	kimbo3		Tare	78340 lb 31400 lb
Out	03/29/2013 08:04:46	PC302 Scale2	kimbo3		Net	46940 lb
					Tons	23.47

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.47	Tons				VA
2 TPT-Transportation	100	23.47	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

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

Manifest No. \_\_\_\_\_

*160A*

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 13-394
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.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of 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# 606997

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	Q89	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 07:40:33	PC301 Scale 1	kimbo3		73240	1b
Out	03/29/2013 08:20:15	PC302 Scale 2	kimbo3		27600	1b
					Net	45640 1b
					Tons	22.82

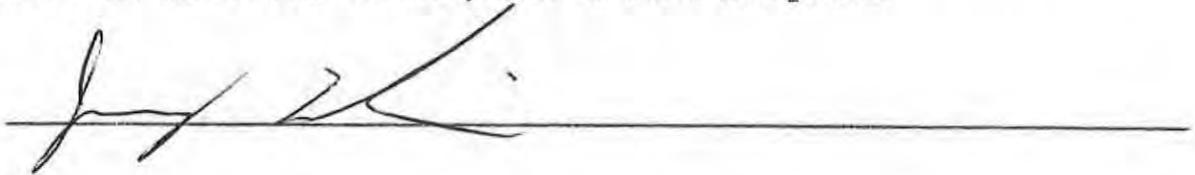
Comments

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








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

Original  
 Ticket# 507002

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 08:10:59	PC301 Scale 1	kimbo3			90120 lb
					Tare	35060 lb
Out	03/29/2013 08:44:25	PC302 Scale 2	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





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

Original  
 Ticket# 607003

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 08:12:18	PC301 Scale 1	kimbo3		72080	lb
Out	03/29/2013 08:46:41	PC302 Scale2	kimbo3		32320	lb
					Net	39760 lb
					Tons	19.88

Comments

Product	LD%	Qty	UDM	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 *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. \_\_\_\_\_

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 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) 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

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

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: 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: Rusty 3-29-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-29-13

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 3-29-13
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# 607004

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 32123  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1554  
 Destination Grid PAC3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Volume

Time	Scale	Operator	Inbound	Gross	58600 lb
In 03/29/2013 08:13:12	PC301 Scale 1	kimbo3		Tare	30980 lb
Out 03/29/2013 08:48:08	PC302 Scale2	kimbo3		Net	27620 lb
				Tons	13.81

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.81	Tons				VA
2 TPT-Transportation	100	13.81	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. 1554

Power

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32123
e) Trailer or Container No.: 32123
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.
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



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

Original  
 Ticket# 607026

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/29/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 08:39:42	PC301 Scale 1	kimbo3		51200	lb
Out	03/29/2013 09:02:11	PC302 Scale 2	kimbo3		33640	lb
					Net	27560 lb
					Tons	13.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tone-	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  
 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. \_\_\_\_\_

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: KCD
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 Date of Receipt
h) I hereby warrant 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# 607013

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 08:49:29	PC301 Scale 1	kimbo3		Tare	66440 lb 27200 lb
Out	03/29/2013 09:19:41	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 TPI-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

*Jason Maus*





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

Original  
 Ticket# 607014

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1545			
Destination		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	03/29/2013 08:50:21	PC301 Scale 1	kimbo3			62740 lb
Out	03/29/2013 09:21:40	PC302 Scale2	kimbo3			27660 lb
					Net	35080 lb
					Tons	17.54

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.54	Tons			VA
2	TPT-Transportation	100	17.54	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# 607021

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no manifest/copy  
 Destination Grid P403  
 PD 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	65520 lb
In	03/29/2013 09:18:54	PC301 Scale 1	kimbo3		Tare	27060 lb
Out	03/29/2013 09:53:09	PC302 Scale2	kimbo3		Net	38460 lb
					Tons	19.23

Comments

Product	LD%	Qty	UOM	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

*Jeremy Davis*





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

Original  
 Ticket# 607022

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 187 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest no 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	69080 lb
In	03/29/2013 09:20:58	PC301 Scale 1	kimbo3		Tare	27480 lb
Out	03/29/2013 09:55:12	PC302 Scale2	kimbo3		Net	41600 lb
					Tons	20.80

Comments

Product	LD%	Qty	UDM	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. Harney*





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

Original  
 Ticket# 507024

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2001			
Destination		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	03/29/2013 09:24:35	PC301 Scale 1	kimbo3		Tare	68280 lb
Out	03/29/2013 09:57:25	PC302 Scale2	kimbo3		Net	26960 lb
					Tons	41320 lb
						20.66

Comments

Product	LD%	Qty	UDM	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





Charles City County Landfill  
 8002 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607037

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/29/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2006			
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	03/29/2013 10:03:40	PC301 Scale 1	kimbo3		Tare	64280 lb
Out	03/29/2013 10:28:46	PC302 Scale2	kimbo3		Net	32680 lb
					Tons	15.80

Comments

Product	LDX	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.

Waste Management's Signature





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

Original Ticket# 607036

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2009  
 Destination 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	03/29/2013 10:03:03	PC301 Scale 1	kimbo3		Tare	30720 lb
Out	03/29/2013 10:42:07	PC302 Scale2	kimbo3		Net	27160 lb
					Tons	13.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.58	Tons				VA
2 TPT-Transportation	100	13.58	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# 607039

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 10:07:39	PC301 Scale 1	kimbo3		Tare	67880 lb
Out	03/29/2013 10:44:13	PC302 Scale2	kimbo3		Net	27100 lb
					Tons	40780 lb
						20.39

Comments

Product	LDX	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 *John Mann*





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

Original  
 Ticket# 607040

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2012			
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	03/29/2013 10:12:01	PC301 Scale 1	kimbo3		70300	lb
Out	03/29/2013 10:45:31	PC302 Scale2	kimbo3		27000	lb
					Net	43220 lb
					Tons	21.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.61	Tons				VA
2 TPT-Transportation	100	21.61	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





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

Original  
 Ticket# 507033

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2008			
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	03/29/2013 09:58:34	PC301 Scale 1	kimbo3		Tare	70700 lb 31080 lb
Out	03/29/2013 10:47:20	PC302 Scale2	kimbo3		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.

Driver's Signature

*Renty*





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

Original  
 Ticket# 607032

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	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	03/29/2013 09:55:41	PC301 Scale 1	kimbo3		Tare	79300 lb 34400 lb
Out	03/29/2013 10:49:17	PC302 Scale2	kimbo3		Net	44900 lb
					Tons	22.49

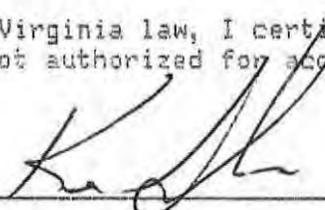
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.49	Tons			VA
2	TPT-Transportation	100	22.49	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



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. 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 -
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: 13109
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 3-28-13
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 3-28-13

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): All 3-29-13
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# 607042

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	no manifest/copy	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

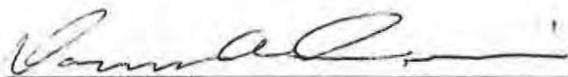
	Time	Scale	Operator	Inbound	Gross	78120 lb
In	03/29/2013 10:37:32	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	03/29/2013 11:06:36	PC302 Scale2	kimbo3		Net	46560 lb
					Tons	23.28

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 





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

Original  
 Ticket# 607045

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2003			
Destination		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	03/29/2013 10:50:24	PC301 Scale 1	kimbo3		Tare	73380 lb
Out	03/29/2013 11:24:27	PC302 Scale2	kimbo3		Net	27100 lb
					Tons	46280 lb
						23.14

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		23.14	Tons		VA
2	TPT-Transportation	100		23.14	Tons		VA

Total Tax  
 Total Ticket

*Joseph Davis*





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

Original  
 Ticket# 607049

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2004			
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	03/29/2013 10:55:32	PC301 Scale 1	kimbo3		87000 lb	
Out	03/29/2013 11:27:23	PC302 Scale2	kimbo3		28440 lb	
					Net	58560 lb
					Tons	29.28

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	29.28	Tons			VA
2	TPT-Transportation	100	29.28	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

403WM





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

Original  
 Ticket# 607051

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2005	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	03/29/2013 10:57:55	PC301 Scale 1	kimbo3		76560 lb	
Out	03/29/2013 11:31:37	PC302 Scale2	kimbo3		27160 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





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

Original  
 Ticket# 607053

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/29/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2011			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	69140 lb
In	03/29/2013 11:14:59	PC301 Scale 1	kimbo3		Tare	32920 lb
Out	03/29/2013 11:36:05	PC302 Scale 2	kimbo3		Net	36220 lb
					Tons	18.11

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.11	Tons				VA
2 TPT-Transportation	100	18.11	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 Alcal Arts  
 403WM





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

Original  
 Ticket# 607057

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2014			
Destination		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	03/29/2013 11:32:53	PC301 Scale 1	kimbo3		76520	1b
Out	03/29/2013 11:50:36	PC302 Scale2	kimbo3		27220	1b
					Net	49300 1b
					Tons	24.65

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.65	Tons				VA
2 TPT-Transportation	100	24.65	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 Jason Mann

403WM





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

Original  
 Ticket# 607059

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2013	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

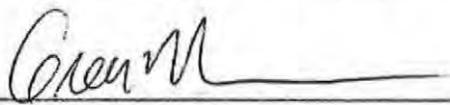
	Time	Scale	Operator	Inbound	Gross	
In	03/29/2013 11:37:20	PC301 Scale 1	kimbo3		Tare	74740 lb
Out	03/29/2013 12:03:17	PC302 Scale2	kimbo3		Net	27240 lb
					Tons	47500 lb
						23.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.75	Tons			VA
2	TPT-Transportation	100	23.75	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

If 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 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:
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:
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# 607058

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2010	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	03/29/2013 11:33:51	PC301 Scale 1	kimbo3			62900 lb
Out	03/29/2013 12:08:44	PC302 Scale 2	kimbo3			31440 lb
					Net	31460 lb
					Tons	15.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.73	Tons				VA
2 TPT-Transportation	100	15.73	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# 607064

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2007			
Destination		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	03/29/2013 11:59:31	PC301 Scale 1	kimbo3			57500 lb
					Tare	35560 lb
Out	03/29/2013 12:38:57	PC302 Scale2	kimbo3		Net	51940 lb
					Tons	25.97

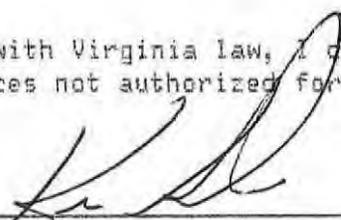
Comments

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









NON-HAZARDOUS WASTE MANIFEST

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

4/5/13

Manifest No. 2026

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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 41347
e) Trailer or Container No.:
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 3-29-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 3-29-13

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): Rusty 3-29-13
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# 607070

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2016	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	75280 lb
In	03/29/2013 12:19:16	PC301 Scale 1	kimbo3		Tare	27120 lb
Out	03/29/2013 12:49:23	PC302 Scale2	kimbo3		Net	48160 lb
					Tons	24.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.08	Tons				VA
2 TPT-Transportation	100	24.08	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 Geray Davis





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

Original  
 Ticket# 607072

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2017			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67200 lb
In	03/29/2013 12:23:07	PC301 Scale 1	kimbo3		Tare	27380 lb
Out	03/29/2013 12:56:12	PC302 Scale2	kimbo3		Net	39820 lb
					Tons	19.91

Comments

Product	LD%	Qty	UDM	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 *JR Harvey*





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

Original  
 Ticket# 507073

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2018	Grid	P4C3	
Destination				
PQ	555i-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	03/29/2013 12:23:44	PC301 Scale 1	kimbo3			65360 lb
Out	03/29/2013 12:50:39	PC302 Scale2	kimbo3		Tare	27000 lb
					Net	38360 lb
					Tons	19.18

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.18	Tons				VA
2 TPT-Transportation	100	19.18	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



403WM





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

Original  
 Ticket# 507074

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2024			
Destination		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	03/29/2013 12:24:51	PC301 Scale 1	kimbo3			85140 lb
					Tare	30020 lb
Out	03/29/2013 13:04:53	PC302 Scale 2	kimbo3		Net	56120 lb
					Tons	28.06

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.06	Tons				VA
2 TPT-Transportation	100	28.06	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.

WM's Signature 





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

Original  
 Ticket# 607080

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2021	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	03/29/2013 13:07:55	PC301 Scale 1	kimbo3		Tare	73300 1b
Out	03/29/2013 13:24:40	PC302 Scale 2	kimbo3		Net	27040 1b
					Tons	45260 1b
						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 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. 2021

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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 Marcus Date of Receipt 3-29-13
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) REC 3-29-13
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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 507081

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2015			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	73880 lb
In	03/29/2013 13:09:23	PC301 Scale 1	kimbo3		Tare	26680 lb
Out	03/29/2013 13:26:29	PC302 Scale2	kimbo3		Net	47200 lb
					Tone	23.60

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.60	Tons				VA
2 TPT-Transportation	100	23.60	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# 607079

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	03/29/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2019			
Destination		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	03/29/2013 13:06:16	PC301 Scale 1	kimbo3			64300 lb
Out	03/29/2013 13:29:23	PC302 Scale2	kimbo3		Tare	32660 lb
					Net	31640 lb
					Tons	15.82

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.82	Tons				VA
2 TPT-Transportation	100	15.82	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

403WM








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

Original  
 Ticket# 507083

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	03/29/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2033			
Destination		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	03/29/2013 13:26:01	PC301 Scale 1	kimbo3		75360	lb
Out	03/29/2013 13:50:07	PC302 Scale2	kimbo3		34080	lb
					Net	41480 lb
					Tons	20.74

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.74	Tons				VA
2 TPT-Transportation	100	20.74	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2033

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 3-29-13

SECTION 2 TRANSPORTER 1

a) Transporter's Name: ECR
b) Transporter's Address: 1730 Bellwood Rd
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State: 93-968 VA
e) Trailer or Container No.:
f) Name of Driver: Rick DEFELICE
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-29-13
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 3-29-13

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) Joe 3-29-13
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# 607084

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1591			
Destination		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	03/29/2013 13:28:56	PC301 Scale 1	kimbo3		64820 lb	
Out	03/29/2013 14:03:19	PC302 Scale2	kimbo3		29540 lb	
					Net	35280 lb
					Tons	17.64

Comments

Product	LD%	Qty	UOM	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

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. 1591

*Power*

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 Power
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# 607086

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2027			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70340 lb
In	03/29/2013 13:44:45	PC301 Scale 1	kimbo3		Tare	26520 lb
Out	03/29/2013 14:11:48	PC302 Scale 2	kimbo3		Net	43820 lb
					Tons	21.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.91	Tons				VA
2 TPT-Transportation	100	21.91	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.

493WM

*James D. 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. 2027

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: Thompson Trucking. Transfer Facility: (empty). Driver: Cheryl Davis, Date of Receipt: 3-29-13.

SECTION 4 TRANSPORTER 2 - (complete if applicable)

SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2: (empty). Disposal Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030. Disposal Agent: Cheryl Davis, Date of Receipt: 3-29-13.

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

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

f) Responsible Agency Name and Address: (empty)



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

Original  
 Ticket# 607088

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2028			
Destination		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	03/29/2013 13:49:34	PC301 Scale 1	kimbo3			71180 lb
Out	03/29/2013 14:14:03	PC302 Scale2	kimbo3		Tare	27260 lb
					Net	43920 lb
					Tons	21.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.96	Tons			VA
2	TPT-Transportation	100	21.96	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.

*[Handwritten Signature]*







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

Original  
 Ticket# 507090

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2029  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	81960 lb
In	03/29/2013 13:53:50	PC301 Scale 1	kimbo3		Tare	26800 lb
Out	03/29/2013 14:22:38	PC302 Scale2	kimbo3		Net	55160 lb
					Tons	27.58

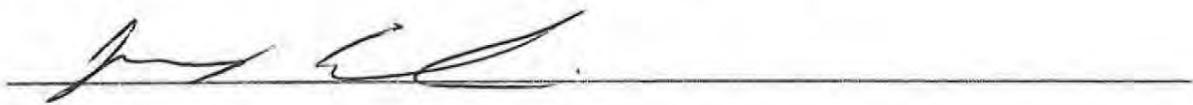
Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.58	Tons				VA
2 TPT-Transportation	100	27.58	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



403WM





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

Original  
 Ticket# 607093

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 03/29/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2023  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	99020 lb
In	03/29/2013 13:58:40	PC301 Scale 1	kimbo3		Tare	35040 lb
Out	03/29/2013 14:26:20	PC302 Scale2	kimbo3		Net	62900 lb
					Tons	31.49

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	31.49 Tons				VA
2	TPT-Transportation	100	31.49 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

403WMM





NON-HAZARDOUS WASTE MANIFEST

40401

Manifest No. 2023

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. 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: 1319. Trailer or Container No.: 4040. Name of Driver: Kevin Shier. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 3-29-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 3-29-13.

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] 3-29-13. The material delivered by the Transporter has been received at the Disposal Facility. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607099

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2032			
Destination		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	03/29/2013 14:15:27	PC301 Scale 1	kimbo3			86500 lb
Out	03/29/2013 14:33:38	PC302 Scale2	kimbo3		Tare	27440 lb
					Net	59060 lb
					Tons	29.53

Comments

Product	LDX	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

*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.

Manifest No. 2032

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. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 16-222. Trailer or Container No.: 192. Name of Driver: [blank]. Warrant received from generator on 3-29-13.

Transfer Facility's Name: [blank]. Address: [blank]. Telephone: [blank]. Vehicle License No./State: [blank]. Trailer or Container No.: [blank]. Name of Driver: [blank]. Warrant received from generator on [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]. Warrant received from generator on [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]. Warrant received from transporter on 3-29-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name: [blank]. 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.

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# 607100

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2022			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

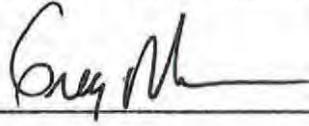
	Time	Scale	Operator	Inbound	Gross	
In	03/29/2013 14:15:57	PC301 Scale 1	kimbo3		74920	1b
Out	03/29/2013 14:34:58	PC302 Scale2	kimbo3		26860	1b
					Net	48060
					Tons	24.03

Comments

Product	LD%	Qty	UOM	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

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

Manifest No. 2022

141

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.

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, License No. 16238, Trailer No. 141, Driver Signature, Date of Receipt 3-29-13. Transfer Facility: Name, Address, Telephone, License No., Trailer No., Driver Signature, Date of Receipt.

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

Transporter 2: Name, Address, Telephone, License No., Trailer No., Driver Signature, Date of Receipt. Destination: Disposal Facility 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, Date of Receipt 3-29-13.

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# 607101

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	03/29/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2031			
Destination		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	03/29/2013 14:17:29	PC301 Scale 1	kimbo3			67060 lb
Out	03/29/2013 14:36:13	PC302 Scale2	kimbo3			32340 lb
					Net	34720 lb
					Tons	17.36

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.36	Tons				VA
2 TPT-Transportation	100	17.36	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





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. 2031

288

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
DF - 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: DIS3562
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) KIOE 3-29-13
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# 507094

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2039			
Destination		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	03/29/2013 13:59:29	PC301 Scale 1	kimbo3			79520 lb
Out	03/29/2013 14:43:17	PC302 Scale2	kimbo3		Tare	31420 lb
					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



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. 2039

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 Rusty Date of Receipt 3-29-13
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 3-29-13

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# 607104

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	03/29/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2037			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	78780 lb
In	03/29/2013 14:42:18	PC301 Scale 1	kimbo3		Tare	36260 lb
Out	03/29/2013 15:02:37	PC302 Scale2	kimbo3		Net	42520 lb
					Tons	21.26

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.26	Tons				VA
2 TPT-Transportation	100	21.26	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



4092MM



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2037

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: EOR
b) Transporter's Address: 1330 Bellwood Rd.
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State:
e) Trailer or Container No.: 280
f) Name of Driver: Rick DeFelice
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-29-13
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 3-29-13

- 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 3.29.13
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# 607108

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2036			
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	03/29/2013 14:57:33	PC301 Scale 1	kimbo3			64480 lb
Out	03/29/2013 15:25:47	PC302 Scale2	kimbo3		Tare	28160 lb
					Net	36320 lb
					Tons	18.16

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.16	Tons				VA
2 TPT-Transportation	100	18.16	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2036

*Powers*

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32123
e) Trailer or Container No.: 32123
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:
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# 607109

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2040			
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	03/29/2013 15:04:42	PC301 Scale 1	kimbo3		Tare	71040 lb 26400 lb
Out	03/29/2013 15:27:38	PC302 Scale2	kimbo3		Net	44640 lb
					Tons	22.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.32	Tons				VA
2 TPT-Transportation	100	22.32	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.

WM's Signature

*Lorou Drews*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2040

223

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: [blank]. Telephone: [blank]. Vehicle License No./State: 16-219. Trailer or Container No.: 223. Name of Driver: Leroy Davis. Signature of Driver: [Signature] Date of Receipt: 3-29-13.

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)

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]. 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# 607110

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	187	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2041	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	77620 lb
In	03/29/2013 15:09:46	PC301 Scale 1	kimbo3		Tare	27380 lb
Out	03/29/2013 15:29:22	PC302 Scale2	kimbo3		Net	50240 lb
					Tons	25.12

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.12	Tons			VA
2	TPT-Transportation	100	25.12	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2041

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)
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: 16-239P
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: 3-29-13
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: 3-29-13

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): KEE Date of Receipt: 3-29-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 3-29-13
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:
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# 607117

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 03/29/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2045  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	67300 lb
In	03/29/2013 15:28:57	PC301 Scale 1	kimbo3		Tare	32600 lb
Out	03/29/2013 15:52:27	PC302 Scale 2	kimbo3		Net	34700 lb
					Tons	17.35

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.35	Tons				VA
2 TPT-Transportation	100	17.35	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

Manifest No. 2045

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. 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 details: Name: ECR, Address, Telephone Number, Vehicle License No./State: P153562, Trailer or Container No.: 282, Name of Driver, Signature of Driver, Date of Receipt: 3-29-13.

Transfer Facility details: 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 2 details: 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)

Destination details: 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): JCR 3-29-13, Signature of Driver, Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

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



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

Original  
 Ticket# 607113

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2042	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

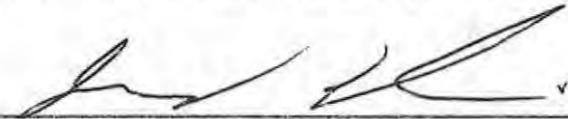
	Time	Scale	Operator	Inbound	Gross	
In	03/29/2013 15:14:30	PC301 Scale 1	kimbo3		73020	lb
Out	03/29/2013 15:54:22	PC302 Scale 2	kimbo3		26920	lb
					Net	46100 lb
					Tons	23.05

Comments

Product	LDX	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 



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. 2042

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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# 607114

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2043			
Destination		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	03/29/2013 15:18:17	PC301 Scale 1	kimbo3		Tare	72680 lb
Out	03/29/2013 15:57:13	PC302 Scale2	kimbo3		Net	27260 lb
					Tons	45420 lb
						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

*Jason Mann*

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. 2043

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 -
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-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) 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# 607115

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2035			
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	03/29/2013 15:19:32	PC301 Scale 1	kimbo3			72460 lb
					Tare	27400 lb
Out	03/29/2013 15:58:57	PC302 Scale2	kimbo3		Net	45060 lb
					Tons	22.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.53	Tons				VA
2 TPT-Transportation	100	22.53	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

141

Manifest No. 2035

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 3. 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. 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: 16238. 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 3-29-13. 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) KC 329-13. 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: 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. 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# 607122

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2038			
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	81140 lb
In	03/29/2013 15:40:07	PC301 Scale 1	kimbo3		Tare	33860 lb
Out	03/29/2013 16:08:37	PC302 Scale2	kimbo3		Net	47280 lb
					Tons	23.64

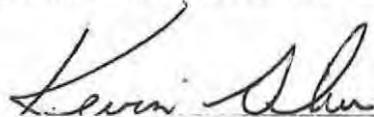
Comments

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





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. 2038

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

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: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 1319
e) Trailer or Container No.: 48610
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 7-29-13
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 3-29-13

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] 3-29-13
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# 607123

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2055	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	78740 lb
In	03/29/2013 15:41:00	PC301 Scale 1	kimbo3		Tare	29500 lb
Out	03/29/2013 16:10:21	PC302 Scale2	kimbo3		Net	49240 lb
					Tons	24.62

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.62	Tons			VA
2	TPT-Transportation	100	24.62	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

*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. 2055

4/15/13

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. 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, Telephone, Vehicle License No. 107856, Trailer or Container No. 41547, Name of Driver King, Date of Receipt 3-27-13. Transfer Facility: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of 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 or Container No., Name of Driver, Date of Receipt. Destination: 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) King, Date of Receipt 3-29-13.

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



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

Original  
 Ticket# 607125

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 03/29/2013 Vehicle# 280 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2034  
 Destination Grid P4C3  
 PG 555i-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	81750 lb
In	03/29/2013 15:53:56	PC301 Scale 1	kimbo3		Tare	31880 lb
Out	03/29/2013 16:19:42	PC302 Scale2	kimbo3		Net	49880 lb
					Tons	24.94

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.94	Tons			VA
2	TPT-Transportation	100	24.94	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

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

Manifest No. 2034

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 1530 Bellwood Rd
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State:
e) Trailer or Container No.: 280
f) Name of Driver: RICK DEFELICE
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 3-29-13
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 3-29-13

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] 3-29-13
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# 607130

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2020			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	42420 lb
In	03/29/2013 16:12:06	PC301 Scale 1	kimbo3		Tare	28580 lb
Out	03/29/2013 16:26:06	PC302 Scale2	kimbo3		Net	13840 lb
					Tons	6.92

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	6.92	Tons			VA
2	TPT-Transportation	100	6.92	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

2013/03





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

Original  
 Ticket# 607131

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	03/29/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2048			
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	03/29/2013 16:18:48	PC301 Scale 1	kimbo3		Tare	49820 lb
Out	03/29/2013 16:44:45	PC302 Scale 2	kimbo3		Net	26840 lb
					Tons	11.49

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	11.49	Tons			VA
2	TPT-Transportation	100	11.49	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

*Gary 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. 2048

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: Leroy Davis Date of Receipt: 3-29-13
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: 3-29-13

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) [Signature] 3-29-13
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# 607132

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	03/29/2013	Vehicle#	187	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2049			
Destination		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	03/29/2013 16:28:46	PC301 Scale 1	kimbo3			64500 lb
Out	03/29/2013 16:47:55	PC302 Scale2	kimbo3		Tare	28420 lb
					Net	36080 lb
					Tons	18.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tors-	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 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. 2049

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-239P
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: 3-29-13
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: 3-29-13

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: James Harvey Date of Receipt: 3-29-13
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:

LETTER OF TRANSMITTAL

McLEAN CONTRACTING COMPANY  
6700 McLEAN WAY  
GLEN BURNIE, MARYLAND 21060-6480  
410-553-6700  
410-553-6718 (fax)

TO: ENS LTJG Pete Fovargue  
NAVFAC Mid-Atlantic  
PWD Little Creek

DATE: August 1, 2013

JOB DESCRIPTION: FY 2012 Maintenance Dredging  
JEB Little Creek – Teen Piers  
Virginia Beach, Virginia  
Contract No.: N40085-12-C-7004

ATTENTION: ENS LTJG Pete Fovargue  
Construction Manager

We are transmitting herewith the following information:

No of Copies	Drawing/ Item No.	Revised	Description	Contractor/Supplier
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No of Copies	Drawing/ Item No.	Revised	Description	Contractor/Supplier
1	1		Waste Management Weight Tickets	McLean Contracting Company

2013 AUG - 1 A 10: 21

Action to be taken:

- |   |  |
|---|--|
| <input type="checkbox"/> For your approval    | <input checked="" type="checkbox"/> For distribution |
| <input type="checkbox"/> For your comments    | <input type="checkbox"/> Approved as noted           |
| <input type="checkbox"/> For your information | <input type="checkbox"/> Returning for correction    |

Please return \_\_\_ copies for our use.

Comments:

By: Joy A. Eanes

cc:



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 607145

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2054			
Destination		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	04/01/2013 07:48:28	PC301 Scale 1	kimbc3			68190 lb
					Tare	33440 lb
Out	04/01/2013 08:07:01	PC302 Scale2	kimbc3		Net	34740 lb
					Tons	17.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.37	Tons				VA
2 TPT-Transportation	100	17.37	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.

Waste Management's Signature





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

Original  
 Ticket# 607147

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1527	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	04/01/2013 07:51:48	PC301 Scale 1	kimbo3		Tare	74600 lb 31860 lb
Out	04/01/2013 08:13:16	PC302 Scale2	kimbo3		Net	42740 lb
					Tons	21.37

Comments

Product	LD%	Qty	UOM	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

403WM



NON-HAZARDOUS WASTE MANIFEST

280

Manifest No. 1527

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). 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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1 details: Name: S.C.H., Address: 300 Bellwood Rd, Telephone: (804) 447-5854, Vehicle License No./State: #282 280. Signature of Driver: D. Reynolds, Date of Receipt: 01-01-13.

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)

Transporter 2 details: 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)

Destination details: 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: KOC @ 01-13. Signature of Driver, Date of Receipt.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined 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, 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# 607150

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1753			
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	69820 lb
In	04/01/2013 07:59:21	PC301 Scale 1	kimbo3		Tare	26060 lb
Out	04/01/2013 08:21:51	PC302 Scale2	kimbo3		Net	43760 lb
					Tons	21.88

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.88	Tons				VA
2 TPT-Transportation	100	21.88	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

*Kenta Watts*





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

Original  
 Ticket# 607151

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2051	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	75240 lb
In	04/01/2013 07:59:57	PC301 Scale 1	kimbo3		Tare	26440 lb
Out	04/01/2013 08:23:33	PC302 Scale2	kimbo3		Net	48800 lb
					Tons	24.40

Comments:

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.40	Tons			VA
2	TPT-Transportation	100	24.40	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 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. 2051

1972

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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 Mann Date of Receipt: 4-1-13
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:

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Date of Receipt:
h) I hereby warrant that the above described material was delivered 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 4-1-13
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# 607154

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2044	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	04/01/2013 08:03:44	PC301 Scale 1	kimbo3		Tare	70360 lb 26340 lb
Out	04/01/2013 08:25:53	PC302 Scale2	kimbo3		Net	44020 lb
					Tons	22.01

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.01	Tons				VA
2 TPT-Transportation	100	22.01	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  
 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. 2044

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. 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: 16238. 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 4-1-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver 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) HOC #113. 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: 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# 607156

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2062			
Destination		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	04/01/2013 08:10:12	PC301 Scale 1	kimbo3		67240	lb
Out	04/01/2013 08:30:26	PC302 Scale2	kimbo3		25860	lb
					Net	41380 lb
					Tons	20.69

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.69	Tons			VA
2	TRT-Transportation	100	20.69	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 James Harvey

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. 2062

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: TR
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 of the date of receipt referenced below:
Signature of Driver: James Harvey Date of Receipt: 4-1-13
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: 4-1-13

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): KOC 4-1-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-1-13
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:
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# 607157

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2064	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	04/01/2013 08:10:58	PC301 Scale 1	kimbo3		Tare	66520 lb
Out	04/01/2013 08:32:13	PC302 Scale2	kimbo3		Net	26120 lb
					Tons	40500 lb
						20.25

Comments

Product	LD%	Qty	UDM	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

*Teroy Davis*





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

Original  
 Ticket# 607158

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container#		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2002	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	72280 lb
In	04/01/2013 08:16:52	PC301 Scale 1	kimbo3		Tare	26620 lb
Out	04/01/2013 08:34:45	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



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. 2002

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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:
Signature of Driver Date of Receipt 4-1
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 4-1

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) ACC 4-1-13
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# 607169

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2025			
Destination		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	04/01/2013 08:46:51	PC301 Scale 1	kimbo3		Tare	73420 lb 30640 lb
Out	04/01/2013 09:15:28	PC302 Scale2	kimbo3		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 IPT-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





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

Original  
 Ticket# 607168

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2053			
Destination		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	04/01/2013 08:46:11	PC301 Scale 1	kimbo3		79440	lb
Out	04/01/2013 09:17:11	PC302 Scale2	kimbo3		35020	lb
					Net	44420 lb
					Tons	22.21

Comments

Product	LDX	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.

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

40401

2053

If 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 - 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 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)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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) DOC 4-1-13
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# 607160

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2056			
Destination		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	04/01/2013 08:19:50	PC301 Scale 1	kimbo3		57240 lb	Tare
Out	04/01/2013 09:19:34	PC302 Scale2	kimbo3		29860 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# 607175

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container#		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest #				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

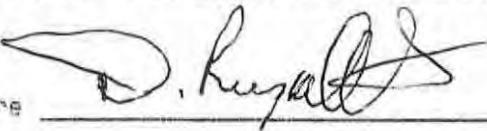
	Time	Scale	Operator	Inbound	Gross	60060 lb
In	04/01/2013 09:19:13	PC301 Scale 1	kimbo3		Tare	33900 lb
Out	04/01/2013 09:35:32	PC302 Scale2	kimbo3		Net	34160 lb
					Tons	17.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	17.08	Tons			VA
2	TPT-Transportation	100	17.08	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.

Manifest No. 2066

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: E.C.B.
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 947-5859
d) Vehicle License No./State:
e) Trailer or Container No.: 280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: S. Reynolds Date of Receipt: 04-01-13
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: S. Reynolds Date of Receipt: 04-01-13

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 4-1-13
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# 607181

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2067			
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	
In	04/01/2013 09:30:03	PC301 Scale 1	kimbo3		Tare	73100 lb 26160 lb
Out	04/01/2013 09:55:06	PC302 Scale2	kimbo3		Net	46940 lb
					Tons	23.47

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.47	Tons				VA
2 TPT-Transportation	100	23.47	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*

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. 2067

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 4-1-13
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: 4-1-13

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] 4-1-13
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:
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# 607183

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2068	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	57400 lb
In	04/01/2013 09:32:48	PC301 Scale 1	kimbo3		Tare	26280 lb
Out	04/01/2013 09:58:17	PC302 Scale2	kimbo3		Net	31120 lb
					Tons	15.56

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.56	Tons			VA
2	TPT-Transportation	100	15.56	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 Mares*







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

Original  
 Ticket# 607184

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2058			
Destination		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	04/01/2013 09:33:43	PC301 Scale 1	kimbo3			56480 lb
Out	04/01/2013 10:00:31	PC302 Scale2	kimbo3		Tare	26980 lb
					Net	29500 lb
					Tons	14.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.75	Tons				VA
2 TPT-Transportation	100	14.75	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

6





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

Original  
 Ticket# 607186

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2063	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	50780 lb
In	04/01/2013 09:38:56	PC301 Scale 1	kimbo3		Tare	26400 lb
Out	04/01/2013 10:13:19	PC302 Scale2	kimbo3		Net	24300 lb
					Tons	12.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.15	Tons				VA
2 TPT-Transportation	100	12.15	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

*Jerry Davis*







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

Original  
 Ticket# 607185

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2061			
Destination		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	04/01/2013 09:38:19	PC301 Scale 1	kimbo3		67920 lb	
Out	04/01/2013 10:15:11	PC302 Scale2	kimbo3		26040 lb	
					Net	41880 lb
					Tons	20.94

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	Tons	20.94			VA
2	TPT-Transportation	100	Tons	20.94			VA

Total Tax  
 Total Ticket

In 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                     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. 2061

1099

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

Transporter's Name: Thompson. Address: 16-1881P. Telephone: 199. Vehicle License No./State: 16-1881P. Trailer or Container No.: 199. Name of Driver: James Harvey. Date of Receipt: 4-1-13.

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: Kyle. Date of Receipt: 4-1-13.

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# 607188

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2072			
Destination		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	04/01/2013 09:43:01	PC301 Scale 1	kimbo3		Tare	63700 lb
Out	04/01/2013 10:29:12	PC302 Scale2	kimbo3		Net	26720 lb
					Tons	36980 lb
						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.

Driver's Signature







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

Original  
 Ticket# 607192

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2047			
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	04/01/2013 10:24:25	PC301 Scale 1	kimbo3		54520 lb	
					Tare	27360 lb
Out	04/01/2013 10:45:32	PC302 Scale2	kimbo3		Net	27160 lb
					Tons	13.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.58	Tons				VA
2 TPT-Transportation	100	13.58	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. 2047

Handwritten signature/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) 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: 32123
Trailer or Container No.: 32123
Name of Driver: George I Powers
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 4-1-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 4-1-13

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 23030
Telephone Number: (804) 986-7210
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.
c) Telephone Number:
Operator's Name (print/type) 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:



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

Original  
 Ticket# 607196

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2141	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	76660 lb
In	04/01/2013 10:33:27	PC301 Scale 1	kimbo3		Tare	34920 lb
Out	04/01/2013 10:51:40	PC302 Scale2	kimbo3		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.

403WM Signature







Charles City County Landfill  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607198

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2076			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72540 lb
In	04/01/2013 10:36:35	PC301 Scale 1	kimbo3		Tare	32900 lb
Out	04/01/2013 10:56:23	PC302 Scale2	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.

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. 2076

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: F.C.R.
b) Transporter's Address: 1300 Bellwood ed
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 607202

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2030			
Destination		Grid	P4C3	
PO	555i-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65020 lb
In	04/01/2013 10:48:08	PC301 Scale 1	kimbo3		Tare	30160 lb
Out	04/01/2013 11:08:55	PC302 Scale2	kimbo3		Net	34860 lb
					Tons	17.43

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.43	Tons				VA
2 TPT-Transportation	100	17.43	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

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

Manifest No. 2030

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. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 107-856. Trailer or Container No.: 41547. Name of Driver: James Davis. Signature of Driver: [Signature] Date of Receipt: 4-1-13.

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)

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] 4-1-13. Signature of Driver: [blank] 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. 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# 607203

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2077	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	04/01/2013 10:54:34	PC301 Scale 1	kimbo3		Tare	72580 lb
Out	04/01/2013 11:15:29	PC302 Scale2	kimbo3		Net	26600 lb
					Tons	45980 lb
						22.99

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.99	Tons				VA
2 IPT-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  
403WM

*Kevin Watts*





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2077

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: (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
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

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 Inc
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-254P
e) Trailer or Container No.:
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 4-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-1-13

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:
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): KILL 4-1-13
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# 607205

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2078			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	62420 lb
In	04/01/2013 10:57:44	PC301 Scale 1	kimbo3		Tare	26120 lb
Out	04/01/2013 11:17:01	PC302 Scale2	kimbo3		Net	36300 lb
					Tons	18.15

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.15	Tons				VA
2 TPT-Transportation	100	18.15	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.

Drawer's Signature

*Jason Maus*





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. 2078

Handwritten initials 'jrt'

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
n) Type of Containers: T R

Table with 1 column and 7 rows: 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: 116-222
e) Trailer or Container No.: 1912
f) Name of Driver:
g) I 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: 4-1-13
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) K... 4-1-13
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# 607206

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2052			
Destination		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	04/01/2013 10:58:16	PC301 Scale 1	kimbo3		Tare	57540 lb
Out	04/01/2013 11:19:29	PC302 Scale2	kimbo3		Net	26600 lb
					Tons	30940 lb
						15.47

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.47	Tons			VA
2	TPT-Transportation	100	15.47	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

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

Manifest No. 2052

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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 4-1-13
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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 607214

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/01/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1675			
Destination		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	04/01/2013 11:24:21	PC301 Scale 1	kimbo3		Tare	63140 lb 26360 lb
Out	04/01/2013 11:56:57	PC302 Scale2	DW		Net	36780 lb
					Tons	18.39

Comments

Product	LD%	Qty	LOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.39	Tons				VA
2 TPT-Transportation	100	18.39	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  
 403WM

*J.R. Harney*







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

Original  
 Ticket# 607213

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/01/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2071			
Destination		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	04/01/2013 11:23:49	PC301 Scale 1	kimbo3			60520 lb
Out	04/01/2013 11:58:19	PC302 Scale2	DW			27020 lb
					Net	33500 lb
					Tons	16.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.75	Tons				VA
2 TPT-Transportation	100	16.75	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  
 403WM

*Jeroy Jones*





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. 2071

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: % 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: 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: 4-1-13
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: 4-1-13

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)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that 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) Kael 4-1-13
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# 607219

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2086			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76420 lb
In	04/01/2013 11:44:33	PC301 Scale 1	kimbo3		Tare	33360 lb
Out	04/01/2013 12:02:56	PC302 Scale2	DW		Net	43060 lb
					Tons	21.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.53	Tons				VA
2 TPT-Transportation	100	21.53	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# 607217

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2082	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	04/01/2013 11:38:35	PC301 Scale 1	kimbo3		Tare	63040 lb
Out	04/01/2013 12:33:00	PC302 Scale2	kimbo3		Net	26720 lb
					Tons	36320 lb
						18.16

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.16	Tons				VA
2 TPT-Transportation	100	18.16	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2082

Handwritten initials 'DSE'

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...

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
I hereby warrant 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)

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) Joe 4-1-13
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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607224

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2074			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80580 lb
In	04/01/2013 11:55:01	PC301 Scale 1	DW		Tare	33800 lb
Out	04/01/2013 12:41:58	PC302 Scale2	kimbo3		Net	46700 lb
					Tone	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.

40401 Manifest No. 2074

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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

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 4-1-13
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 4-1-13

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 4-1-13
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# 607218

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/01/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2083 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	62740 lb
In	04/01/2013 11:41:23	PC301 Scale 1	kimbo3		Tare	28500 lb
Out	04/01/2013 12:44:04	PC302 Scale2	kimbo3		Net	34240 lb
					Tons	17.12

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.12	Tons				VA
2 TPT-Transportation	100	17.12	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





NON-HAZARDOUS WASTE MANIFEST

*flowers*

2083

If 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: 32123
e) Trailer or Container No.: 32123
f) Name of Driver: George E. Penix
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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607230

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2087			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	76500 lb
04/01/2013	12:22:32	PC301 Scale 1	DW		Tare	26180 lb
Out	Time	Scale	Operator		Net	50420 lb
04/01/2013	12:47:29	PC302 Scale 2	kimbo3		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

*Kevin 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.

147 Manifest No. 2087

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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 TRK
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: Keith Watts 4-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-1-13

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:
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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 607231

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2088			
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	74920 lb
In	04/01/2013 12:23:09	PC301 Scale 1	DW		Tare	26100 lb
Out	04/01/2013 12:50:11	PC302 Scale2	kimbo3		Net	48820 lb
					Tons	24.41

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.41	Tons				VA
2 TPT-Transportation	100	24.41	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 *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. 2088

197

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-222
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.
Signature of Driver: Jason M... Date of Receipt: 4-1-13
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) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type):
Signature of Driver: Date of Receipt: 4-1-13
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:

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# 607232

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2059			
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	
In	04/01/2013 12:23:54	PC301 Scale 1	DW		Tare	67360 1b
Out	04/01/2013 12:51:52	PC302 Scale2	kimbo3		Net	26960 1b
					Tons	40400 1b
						20.20

Comments

Product	LD%	Qty	UOM	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.

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. 2059

141

## 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: **T R**

\_\_\_\_\_ 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.

TYPE OF CONTAINERS	
TR	Truck
DM	Metal Drum
DP	Plastic Drum
BA	Bag
BB	6 ml. Plastic Bag
BC	12 ml. 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: 16 238

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] 9-1-13  
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) [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# 607233

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2075	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	04/01/2013 12:24:48	PC301 Scale 1	DW		Tare	68460 lb 31060 lb
Out	04/01/2013 12:53:33	PC302 Scale2	kimbo3		Net	37400 lb
					Tons	18.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.70	Tons			VA
2	TPT-Transportation	100	18.70	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 





NON-HAZARDOUS WASTE MANIFEST

41547

2075

If 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: (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

Waste Management Approval Code: 101400VA

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: 107-856
e) Trailer or Container No.: 41547
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:
b) Operator's Address:
c) Telephone Number: ( )
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) Signature of 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# 607235

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2065			
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	58880 lb
In	04/01/2013 12:28:06	PC301 Scale 1	kimbo3		Tare	35800 lb
Out	04/01/2013 12:55:05	PC302 Scale 2	kimbo3		Net	23080 lb
					Tons	11.54

Comments

Product	LD%	Qty	LOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.54	Tons				VA
2 TPT-Transportation	100	11.54	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.

Signature





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

Original  
 Ticket# 607240

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2094			
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	04/01/2013 12:51:26	PC301 Scale 1	kimbo3			82660 lb
Out	04/01/2013 13:11:38	PC302 Scale2	kimbo3			33120 lb
					Net	49540 lb
					Tons	24.77

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.77	Tons			VA
2	TPT-Transportation	100	24.77	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.





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

Original  
 Ticket# 607241

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2091			
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	77440 lb
In	04/01/2013 12:56:35	PC301 Scale 1	kimbo3		Tare	26240 lb
Out	04/01/2013 13:18:45	PC302 Scale 2	kimbo3		Net	51200 lb
					Tons	25.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.60	Tons				VA
2 TPT-Transportation	100	25.60	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.

*JR Warner*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2091

Handwritten initials 'PH'

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-188P
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: 4-1-13
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: 4-1-13

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] 4-1-13
f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: James Harvey Date of Receipt: 4-1-13
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# 607242

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/01/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2090  
 Destination 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	04/01/2013 12:58:18	PC301 Scale 1	kimbo3		Tare	26860 lb
Out	04/01/2013 13:20:34	PC302 Scale2	kimbo3		Net	39980 lb
					Tons	19.99

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.99	Tons				VA
2 TPT-Transportation	100	19.99	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  
 403WM

*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. 2090

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)

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:
c) 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: 4-1-13
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: 4-1-13

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): KAC 4-1-13
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# 607247

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/01/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2092			
Destination		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	04/01/2013 13:20:02	PC301 Scale 1	kimbo3		Tare	76380 lb 26460 lb
Out	04/01/2013 13:42:19	PC302 Scale2	kimbo3		Net	49920 lb
					Tons	24.96

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.96	Tons				VA
2 TPT-Transportation	100	24.96	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 





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. 2092

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 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, 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 Trucking
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 16221P
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 4-1
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 4-1

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# 607255

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2084	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	85760 lb
In	04/01/2013 13:45:22	PC301 Scale 1	kimbo3		Tare	33320 lb
Out	04/01/2013 14:15:48	PC302 Scale2	kimbo3		Net	52440 lb
					Tons	26.22

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	26.22	Tons			VA
2	TPT-Transportation	100	26.22	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# 607256

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2093	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

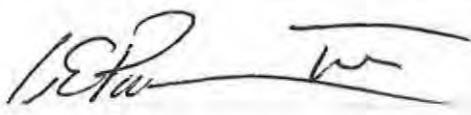
	Time	Scale	Operator	Inbound	Gross	
In	04/01/2013 13:45:55	PC301 Scale 1	kimbo3		Tare	68720 lb 29040 lb
Out	04/01/2013 14:17:43	PC302 Scale2	kimbo3		Net	39680 lb
					Tons	19.84

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.84	Tons				VA
2 TPT-Transportation	100	19.84	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

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

Manifest No. 2093

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32123
e) Trailer or Container No.: 32123
f) Name of Driver: George E Power
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 607261

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2097			
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	04/01/2013 13:55:19	PC301 Scale 1	kimbo3		Tare	66500 lb 25800 lb
Out	04/01/2013 14:19:04	PC302 Scale2	kimbo3		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.

*John 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. 2097

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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 Mans Date of Receipt: 4-1-13
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): Koa H-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# 507262

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/01/2013 Vehicle# 141 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2069 Grid P4C3  
 Destination  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

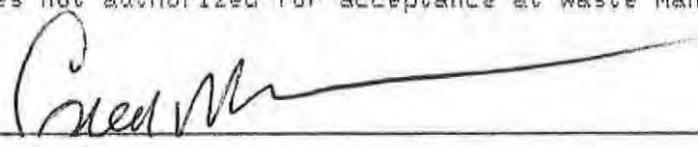
	Time	Scale	Operator	Inbound	Gross	67300 lb
In	04/01/2013 13:55:49	PC301 Scale 1	kimbo3		Tare	26500 lb
Out	04/01/2013 14:20:17	PC302 Scale2	kimbo3		Net	40800 lb
					Tons	20.40

Comments

Product	LD%	Qty	UDM	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 







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

Original  
 Ticket# 607260

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2096			
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	78820 lb
In	04/01/2013 13:54:41	PC301 Scale 1	kimbo3		Tare	26100 lb
Out	04/01/2013 14:22:07	PC302 Scale2	kimbo3		Net	52720 lb
					Tons	26.36

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.36	Tons				VA
2 TPT-Transportation	100	26.36	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

*Keith Watts*





NON-HAZARDOUS WASTE MANIFEST

142

Manifest No. 2096

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, 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:
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 Truck
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 16-2540
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 4-1-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-1-13

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:
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) 986-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 4-1-13
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# 607264

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2099			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67520 lb
In	04/01/2013 14:00:45	PC301 Scale 1	kimbo3		Tare	30740 lb
Out	04/01/2013 14:24:19	PC302 Scale2	kimbo3		Net	36780 lb
					Tons	18.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.39	Tons				VA
2 TPT-Transportation	100	18.39	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

41547

Manifest No. 2099

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)
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
Transporter's Address:
Telephone Number:
Vehicle License No./State: 107-856
Trailer or Container No.: 41547
Name of Driver: James Davis
Signature of Driver Date of Receipt: 4-1-13

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) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type)
Signature of Driver Date of Receipt: 4-1-13

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.
Telephone Number:
Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 607263

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2100			
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	04/01/2013 13:56:21	PC301 Scale 1	kimbo3		Tare	57440 lb
Out	04/01/2013 14:27:08	PC302 Scale2	kimbo3		Net	31960 lb
					Tons	25480 lb
						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.

Driver's Signature

*[Handwritten 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. 2100

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: (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

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:
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: IECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: AU3562
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) Jill 4-1-13
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# 607267

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2101			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57860 lb
In	04/01/2013 14:15:17	PC301 Scale 1	kimbo3		Tare	28960 lb
Out	04/01/2013 14:35:48	PC302 Scale2	kimbo3		Net	28900 lb
					Tons	14.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.45	Tons				VA
2 TPT-Transportation	100	14.45	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# 607268

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2102	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	04/01/2013 14:21:45	PC301 Scale 1	kimbo3		Tare	69460 lb 25540 lb
Out	04/01/2013 15:08:29	PC302 Scale2	kimbo3		Net	43920 lb
					Tons	21.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.96	Tons				VA
2 TPT-Transportation	100	21.96	Tons				VA

Total Tax  
 Total Ticket

*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. 2102

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

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

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

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: 4-1-13

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: 4-1-13

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] 4-1-13

f) The material delivered by the Transporter has been received at the Disposal Facility. [Signature] 4-1-13

Signature of Driver Date of Receipt

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

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

a) Operator's Name:

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# 607271

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2103			
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	04/01/2013 14:28:31	PC301 Scale 1	kimbo3		69080 lb	
Out	04/01/2013 15:10:43	PC302 Scale2	kimbo3		25900 lb	
					Net	43180 lb
					Tons	21.59

Comments

Product	LDX	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  
 403W/M

*Jeremy 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. 2103

## SECTION 1

### GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek  
 b) Generator's Address: Joint 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 Leroy Davis Date of Receipt 4-1-13  
 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 4-1-13

## 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]  
 f) The material delivered by the Transporter has been received at the Disposal Facility.  
 Signature of Driver \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.  
 Signature of Driver \_\_\_\_\_ Date of Receipt \_\_\_\_\_

## SECTION 6

### ASBESTOS (operator to complete)

"Operator" is defined as the company which 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

Reprint  
 Ticket# 607272

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2050			
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	04/01/2013 14:35:21	PC301 Scale 1	kimbo3		Tare	78660 lb 26400 lb
Out	04/01/2013 15:13:17	PC302 Scale2	kimbo3		Net	52260 lb
					Tons	26.13

Comments

Product	LD%	Qty	UDM	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

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. 2050

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: % 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
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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



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

Original  
 Ticket# 607282

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2105			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	93760 lb
In	04/01/2013 15:15:47	PC301 Scale 1	kimbo3		Tare	33400 lb
Out	04/01/2013 15:41:58	PC302 Scale2	kimbo3		Net	60360 lb
					Tons	30.18

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.18	Tons				VA
2 TPT-Transportation	100	30.18	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



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. 2105

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 13119
e) Trailer or Container No.: 4000A
f) Name of Driver: Kevin Selver
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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 4-1-13
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# 607283

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2073			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	10140VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/01/2013 15:16:26	PC301 Scale 1	kimbo3			65840 lb
					Tare	28260 lb
Out	04/01/2013 15:44:41	PC302 Scale2	kimbo3		Net	37580 lb
					Tons	18.79

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.79	Tons			VA
2	TPT-Transportation	100	18.79	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# 607287

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/01/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2110			
Destination		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	04/01/2013 15:25:52	PC301 Scale 1	kimbo3		Tare	63220 lb 32760 lb
Out	04/01/2013 15:52:27	PC302 Scale2	kimbo3		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



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. 2110

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: VA 3562
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 4-1-13
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 4-1-13

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

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 507292

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/01/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2112			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	56440 lb
In	04/01/2013 15:41:25	PC301 Scale 1	kimbo3		Tare	29460 lb
Out	04/01/2013 15:59:47	PC302 Scale 2	kimbo3		Net	26980 lb
					Tons	13.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.49	Tons				VA
2 TPT-Transportation	100	13.49	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





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

Original  
 Ticket# 607291

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2085			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	74760 lb
In	04/01/2013 15:39:46	PC301 Scale 1	kimbo3		Tare	31560 lb
Out	04/01/2013 16:01:58	PC302 Scale2	kimbo3		Net	43200 lb
					Tons	21.60

Comments

Product	LD%	Qty	UDM	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2085

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 - 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 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: 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) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Kirel 4-143
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# 607284

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2100	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	64100 lb
In	04/01/2013 15:17:01	PC301 Scale 1	kimbo3		Tare	25860 lb
Out	04/01/2013 16:46:20	PC302 Scale2	kimbo3		Net	38240 lb
					Tons	19.12

Comments

Product	LD%	Qty	UOM	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

*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. 2108

## SECTION 1

### GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek  
 b) Generator's Address: Joint 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: 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 Mans 4-1-13  
 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) Full 4-1-13  
 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: \_\_\_\_\_

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# 607285

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	141	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2079	Grid	R4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/01/2013 15:17:34	PC301 Scale 1	kimbo3			62820 lb
Out	04/01/2013 16:47:36	PC302 Scale2	kimbo3		Tare	25840 lb
					Net	36980 lb
					Tons	18.49

Comments

Product	LD%	Qty	UDM	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.

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. 2079

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

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: 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 4-1-13

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] 4-1-13

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 \_\_\_\_\_

l) Responsible Agency Name and Address: \_\_\_\_\_



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

Original  
 Ticket# 607298

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/01/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2115			
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	59440 lb
In	04/01/2013 16:06:02	PC301 Scale 1	kimbo3		Tare	26000 lb
Out	04/01/2013 16:49:14	PC302 Scale2	kimbo3		Net	33440 lb
					Tons	16.72

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.72	Tons				VA
2 TPT-Transportation	100	16.72	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# 607290

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/01/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2107	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	68240 lb
In	04/01/2013 15:39:06	PC301 Scale 1	kimbo3		Tare	25480 lb
Out	04/01/2013 16:50:43	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

*Keith Watts*







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

Original  
 Ticket# 607467

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/04/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2114			
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	04/04/2013 07:33:44	PC301 Scale 1	kimbo3			64720 lb
Out	04/04/2013 07:50:37	PC302 Scale2	kimbo3		Tare	33520 lb
					Net	31200 lb
					Tons	15.60

Comments

Product	LD%	Qty	UDM	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# 607469

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2001			
Destination		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	04/04/2013 07:35:48	PC301 Scale 1	kimbo3		68660 lb	
Out	04/04/2013 07:55:29	PC302 Scale2	kimbo3		26080 lb	
					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

*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. 2081

Handwritten number 2081

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: 16-219
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: 4-4-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: Leroy Davis Date of Receipt: 4-4-13

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): Kool Date of Receipt: 4-4-13
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# 607470

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2113			
Destination		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	04/04/2013 07:36:28	PC301 Scale 1	kimbo3		Tare	75800 lb 25680 lb
Out	04/04/2013 07:57:41	PC302 Scale 2	kimbo3		Net	50200 lb
					Tons	25.10

Comments

Product	LD%	Qty	UOM	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



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. 2113

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
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: 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: 4-4-13
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: James Harvey Date of Receipt: 4-4-13

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) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) JOC 4-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-4-13
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# 607471

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2110	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	04/04/2013 07:37:20	PC301 Scale 1	kimbo3			66380 lb
Out	04/04/2013 07:59:02	PC302 Scale2	kimbo3			26180 lb
					Net	40200 lb
					Tons	20.10

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.10	Tons				VA
2 TPT-Transportation	100	20.10	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

*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. 2118

## SECTION 1

### GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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	- 5 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.: 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 Mannis 4-4-13  
 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) KRC 4-4-13

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# 607472

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/04/2013	Vehicle#	142	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2121			
Destination		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	04/04/2013 07:39:14	PC301 Scale 1	kimbo3		Tare	67460 lb
Out	04/04/2013 08:01:29	PC302 Scale2	kimbo3		Net	25920 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.

Driver's Signature

*Keith Watts*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2121

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

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: 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: Keith Watts 4-4-13
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 4-4-13
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): Rice 4-4-13
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# 607480

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/04/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2125			
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	83100 lb
In	04/04/2013 08:38:11	PC301 Scale 1	kimbo3		Tare	33840 lb
Out	04/04/2013 08:56:13	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





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. 2125

281

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECK
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P15352-1
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# 607491

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/04/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2080 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	71520 lb
In	04/04/2013 09:11:22	PC301 Scale 1	kimbo3		Tare	25580 lb
Out	04/04/2013 09:34:29	PC302 Scale2	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

*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. 2080

10A

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) Tons X Other Load

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

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: 16-188P

d) Vehicle License No./State:

e) Trailer or Container No.: 199

e) Trailer or Container No.:

f) Name of Driver: JAMES HARVEY

f) Name of Driver:

g) I 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: 4-4-13

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

h) 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: 4-4-13

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 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): KOC 4-4-13

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

f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver: James Harvey Date of Receipt: 4-4-13

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:

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

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 607489

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2070			
Destination		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	04/04/2013 09:08:47	PC301 Scale 1	kimbo3			69280 lb
Out	04/04/2013 09:37:05	PC302 Scale2	kimbo3			25940 lb
					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

*Jason Mauro*







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

Original  
 Ticket# 607481

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2117			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70680 lb
In	04/04/2013 08:46:59	PC301 Scale 1	kimbo3		Tare	32100 lb
Out	04/04/2013 09:38:25	PC302 Scale2	kimbo3		Net	38580 lb
					Tons	19.29

Comments

Product	LD%	Qty	UCM	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# 607488

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2132			
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	04/04/2013 09:08:12	PC301 Scale 1	kimbo3		25760	1b
Out	04/04/2013 09:39:57	PC302 Scale2	kimbo3		43700	1b
						21.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.85	Tons				VA
2 TPT-Transportation	100	21.85	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

*Jeremy Douse*



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. 2132

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) 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

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: 016-219
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 Watts Date of Receipt: 4-4-13
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: Jerry Davis Date of Receipt: 4-4-13

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 4-4-13
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# 607496

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2155			
Destination		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	04/04/2013 09:25:32	PC301 Scale 1	kimbo3		Tare	77560 lb 25980 lb
Out	04/04/2013 09:43:19	PC302 Scale2	kimbo3		Net	51580 lb
					Tons	25.79

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.79	Tons				VA
2 TPT-Transportation	100	25.79	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

*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. 2155

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 - 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 TRK
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: Keith Watts 4-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-4-13

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) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) McC 4-4-13
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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607485

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/04/2013	Vehicle#	40401	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2095			
Destination		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	04/04/2013 09:05:29	PC301 Scale 1	kimbo3			94280 lb
					Tare	32700 lb
Out	04/04/2013 09:48:16	PC302 Scale2	kimbo3		Net	61580 lb
					Tons	30.79

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.79	Tons				VA
2 IPT-Transportation	100	30.79	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

40401

Manifest No. 2095

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: THOMPSON
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 4-4-13
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 4-4-13

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

SECTION 6 ASBESTOS (operator to complete)

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 607486

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2122			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83160 lb
In	04/04/2013 09:06:39	PC301 Scale 1	kimbo3		Tare	31940 lb
Out	04/04/2013 09:50:13	PC302 Scale 2	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

*Rusty*



# NON-HAZARDOUS WASTE MANIFEST

41547

If 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     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: 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 4-4-13  
 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:  
Rusty 4-4-13  
 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) PKC 4-4-13

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 \_\_\_\_\_



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

Original  
 Ticket# 607487

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2116			
Destination		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	04/04/2013 09:07:17	PC301 Scale 1	kimbo3		76300 lb	
Out	04/04/2013 09:51:57	PC302 Scale2	kimbo3		28740 lb	
					Net	47560 lb
					Tons	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



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. 2116

Handwritten number 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

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: ADMISS
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Kevin Smith Date of Receipt 4-4-13
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 Kevin Smith Date of Receipt 4-4-13

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) JOC 4-4-13
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# 607500

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/04/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2126			
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	04/04/2013 09:49:25	PC301 Scale 1	kimbo3			76340 lb
Out	04/04/2013 10:18:44	PC302 Scale2	kimbo3			33380 lb
					Net	42960 lb
					Tons	21.48

Comments:

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2126

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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) 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# 607507

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2140			
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	78580 lb
In	04/04/2013 10:26:34	PC301 Scale 1	kimbo3		Tare	25540 lb
Out	04/04/2013 10:43:45	PC302 Scale2	kimbo3		Net	53040 lb
					Tons	26.52

Comments

Product	LDX	Qty	UOM	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 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# 607508

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2138	Grid	P4C3	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAV-FACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/04/2013 10:27:06	PC301 Scale 1	kimbo3		Tare	71040 lb 25780 lb
Out	04/04/2013 10:45:27	PC302 Scale2	kimbo3		Net	45260 lb
					Tons	22.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.63	Tons				VA
2 TPT-Transportation	100	22.63	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

*Jason Mauro*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2138

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 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: 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 Mann 4-4-13
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:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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] 4-4-13
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# 607512

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2133			
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	04/04/2013 10:37:59	PC301 Scale 1	kimbo3			73020 lb
Out	04/04/2013 10:51:54	PC302 Scale2	kimbo3		Tare	25980 lb
					Net	47040 lb
					Tons	23.52

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.52	Tons				VA
2 TPT-Transportation	100	23.52	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

*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. 2135

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

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: Jerry Davis Date of Receipt: 4-4-13
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: Jerry Davis Date of Receipt: 4-4-13

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): Joe 4-4-13
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# 607511

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2106			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

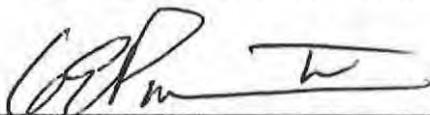
	Time	Scale	Operator	Inbound	Gross	60040 lb
In	04/04/2013 10:33:07	PC301 Scale 1	kimbo3		Tare	28340 lb
Out	04/04/2013 10:53:21	PC302 Scale2	kimbo3		Net	31700 lb
					Tons	15.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.85	Tons			VA
2	TPT-Transportation	100	15.85	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. 2106

*Powers*

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: ( ) \_\_\_\_\_

d) Vehicle License No./State: 32123

e) Trailer or Container No.: 32123

f) Name of Driver: George S 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: 4-4-13

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: 4-4-13

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): AOC 4-4-13

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# 607513

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/04/2013 Vehicle# 142 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2154  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	76520 lb
In	04/04/2013 10:41:29	PC301 Scale 1	kimbo3		Tare	26040 lb
Out	04/04/2013 11:02:15	PC302 Scale 2	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 TPI-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

*Kevin Watts*





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

Original  
 Ticket# 607516

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/04/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2156			
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	71860 lb
In	04/04/2013 11:07:29	PC301 Scale 1	kimbo3		Tare	33480 lb
Out	04/04/2013 11:22:37	PC302 Scale 2	kimbo3		Net	38380 lb
					Tons	19.19

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2156

281

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: DK3561
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) 986-7210
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# 607522

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2134			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/04/2013 11:15:21	PC301 Scale 1	kimbo3		Tare	87120 1b 32740 1b
Out	04/04/2013 11:47:08	PC302 Scale2	kimbo3		Net	54380 1b
					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





NON-HAZARDOUS WASTE MANIFEST 40401

2134

If 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: 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:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Date of Receipt: 4-4-13
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: 4-4-13

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) 986-7210
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# 607519

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/04/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2111 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	74150 lb
In 04/04/2013 11:11:35	PC301 Scale 1	kimbo3		Tare	30100 lb
Out 04/04/2013 11:51:04	PC302 Scale2	kimbo3		Net	44050 lb
				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

*Rusty*

403WM



**SECTION 6**

**ASBESTOS (operator to complete)**

"Operator" is defined as the company which 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# 607526

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/04/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2166			
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	04/04/2013 11:35:35	PC301 Scale 1	kimbo3			80320 lb
Out	04/04/2013 11:56:20	PC302 Scale2	DW			31080 lb
					Net	49240 lb
					Tons	24.62

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.62	Tons				VA
2 TPT-Transportation	100	24.62	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2166

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
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 Judd
b) Transporter's Address:
c) Telephone Number: (441) 4785
d) Vehicle License No./State: 27-075
e) Trailer or Container No.:
f) Name of Driver: A Judd
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.
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:
h) I hereby warrant that the above described material was delivered 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:
h) I hereby warrant that 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.
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, 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: 804-968-7210

Original  
 Ticket# 607529

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2157			
Destination		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	04/04/2013 11:41:27	PC301 Scale 1	kimbo3		76900	1b
Out	04/04/2013 12:03:54	PC302 Scale2	DM		25520	1b
					51380	1b
						25.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.69	Tons				VA
2 TPT-Transportation	100	25.69	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# 607532

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2160	Grid	R4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/04/2013 11:46:55	PC301 Scale 1	kimbo3		75440	1b
Out	04/04/2013 12:05:11	PC302 Scale2	DW		26040	1b
					49400	1b
						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

*Jeremy Davis*







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

Original  
 Ticket# 607530

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2139	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	04/04/2013 11:41:58	PC301 Scale 1	kimbo3		Tare	73160 1b 26160 1b
Out	04/04/2013 12:06:28	PC302 Scale2	DW		Net	47000 1b 23.50

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-	100	23.50	Tons			VA
2	TPT-Transportation	100	23.50	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 Mauris*





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

Original  
 Ticket# 607521

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2136	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	75400 lb
In	04/04/2013 11:14:37	PC301 Scale 1	kimbo3		Tare	27400 lb
Out	04/04/2013 12:18:50	PC302 Scale2	DW		Net	48000 lb
					Tons	24.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.00	Tons				VA
2 TPT-Transportation	100	24.00	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. 2136

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 - 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
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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 23050
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# 607534

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2159			
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	62720 lb
In	04/04/2013 11:52:47	PC301 Scale 1	DW		Tare	28560 lb
Out	04/04/2013 12:20:01	PC302 Scale2	DW		Net	34050 lb
					Tons	17.03

Comments:

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.03	Tons				VA
2 TPT-Transportation	100	17.03	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

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

Manifest No. 2159

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: Thompson. Address: . Telephone Number: ( ) . Vehicle License No./State: 32123. Trailer or Container No.: 32123. Name of Driver: George E. Powerton. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver Date of Receipt 4-4-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Signature of Driver Date of Receipt 4-4-13.

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 Date 4-4-13. 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: . 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# 607537

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2161			
Destination		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	04/04/2013 12:00:59	PC301 Scale 1	DW		77160	1b
Out	04/04/2013 12:26:43	PC302 Scale 2	kimbo3		26020	1b
					51140	1b
						25.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.57	Tons				VA
2 TPT-Transportation	100	25.57	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

*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.

142

Manifest No. 2161

SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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 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: Keith Watts 4-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-4-13

- 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:
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# 607539

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/04/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2164			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	76160 lb
In	04/04/2013 12:12:40	PC301 Scale 1	DW		Tare	33820 lb
Out	04/04/2013 12:32:07	PC302 Scale2	kimbo3		Net	42340 lb
					Tons	21.17

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.17	Tons				VA
2 TPT-Transportation	100	21.17	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# 607550

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/04/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2167			
Destination		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	04/04/2013 13:01:37	PC301 Scale 1	kimbo3			58580 lb
Out	04/04/2013 13:29:06	PC302 Scale2	kimbo3			30980 lb
					Net	37600 lb
					Tons	18.80

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.80	Tons				VA
2 TPT-Transportation	100	18.80	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

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. 2167

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 607547

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2165			
Destination		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	04/04/2013 12:59:25	PC301 Scale 1	kimbo3		Tare	99020 lb 32760 lb
Out	04/04/2013 13:33:45	PC302 Scale2	kimbo3		Net	66260 lb
					Tons	33.13

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	33.13	Tons				VA
2 TPT-Transportation	100	33.13	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



NON-HAZARDOUS WASTE MANIFEST

2010

Manifest No. 2165

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: (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 -
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 4-4-13
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 4-4-13

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

SECTION 6 ASBESTOS (operator to complete)

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 607548

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2162			
Destination		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	04/04/2013 13:00:36	PC301 Scale 1	kimbo3		Tare	87200 lb 30440 lb
Out	04/04/2013 13:37:14	PC302 Scale2	kimbo3		Net	56760 lb
					Tons	28.38

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.38	Tons				VA
2 TPT-Transportation	100	28.38	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

*Rusty*



NON-HAZARDOUS WASTE MANIFEST

41547

2162

If 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, % 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: 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: 4-4-13
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: Rusty Date of Receipt: 4-4-13

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) KQC 4-4-13
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# 607551

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/04/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2153 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	67120 lb
In	04/04/2013 13:00:43	PC301 Scale 1	kimbo3		Tare	25500 lb
Out	04/04/2013 13:39:19	PC302 Scale2	kimbo3		Net	41620 lb
					Tons	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				

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2153

Handwritten initials 'pm'

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: 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: 4-4-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: James Harvey Date of Receipt: 4-4-13

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): JCC 4-4-13
The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-4-13
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:
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# 607549

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/04/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2150			
Destination		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	04/04/2013 13:01:07	PC301 Scale 1	kimbo3		Tare	71820 lb 25980 lb
Out	04/04/2013 13:40:49	PC302 Scale2	kimbo3		Net	45840 lb
					Tons	22.92

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.92	Tons			VA
2	TPT-Transportation	100	22.92	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

190

Manifest No. 2158

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

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:  
Person Mours 4-4-13  
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) Kel 4-4-13

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# 607552

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2170			
Destination		Grid	P4C3	
PQ	555i-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/04/2013 13:09:20	PC301 Scale 1	kimbo3			74820 lb
					Tare	25860 lb
Out	04/04/2013 13:42:04	PC302 Scale 2	kimbo3		Net	48960 lb
					Tons	24.48

Comments

Product	LDX	Qty	UDM	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

*Jeroy Davis*





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

Original  
 Ticket# 607562

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/04/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2173  
 Destination Grid P403  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFAOMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	66600 lb
In	04/04/2013 13:31:41	PC301 Scale 1	Kimbo3		Tare	34100 lb
Out	04/04/2013 13:52:41	PC302 Scale2	kimbo3		Net	32500 lb
					Tons	16.25

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.25	Tons			VA
2	TPT-Transportation	100	16.25	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# 607561

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2163	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	04/04/2013 13:30:57	PC301 Scale 1	kimbo3		Tare	66660 lb
Out	04/04/2013 14:12:40	PC302 Scale2	kimbo3		Net	26700 lb
					Tons	39960 lb
						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

*155 (40)*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2163

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: 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

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: Kevin Smith
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 23050
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Kipe 4-4-13
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# 607559

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/04/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2131 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	63000 lb
In	04/04/2013 13:26:02	PC301 Scale 1	kimbo3		Tare	28740 lb
Out	04/04/2013 14:15:45	PC302 Scale 2	kimbo3		Net	34260 lb
					Tons	17.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.13	Tons				VA
2 TPT-Transportation	100	17.13	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# 607557

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2172	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	04/04/2013 13:24:04	PC301 Scale 1	kimbo3		72700	1b
Out	04/04/2013 14:18:26	PC302 Scale2	kimbo3		26100	1b
					Net	46600 1b
					Tons	23.30

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.30	Tons				VA
2 TPT-Transportation	100	23.30	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

*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. 2172

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 TRUCKING
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 76-2541D
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 4-4-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-4-13

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) Keith Watts 4-4-13
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# 607575

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier AL Fields  
 Ticket Date 04/04/2013 Vehicle# 279 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2175  
 Destination 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	04/04/2013 14:21:14	PC301 Scale 1	kimbo3		Tare	32500 lb
Out	04/04/2013 14:36:09	PC302 Scale2	kimbo3		Net	31860 lb
					Tons	15.93

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.93	Tons				VA
2 TPT-Transportation	100	15.93	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

*A Judd*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2175

219

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 J Roberts
b) Transporter's Address:
c) Telephone Number: (541) 478-4785
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 4-4-13

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) POC 4-4-13
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# 607578

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/04/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2169			
Destination		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	04/04/2013 14:34:34	PC301 Scale 1	kimbo3		Tare	67700 lb
Out	04/04/2013 15:11:10	PC302 Scale2	kimbo3		Net	25840 lb
					Tons	41850 lb
						20.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.93	Tons				VA
2 TPT-Transportation	100	20.93	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

*Jason Merris*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2169

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 44-222
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.
Signature of Driver Jason Marcus Date of Receipt 4-4-13
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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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] 4-4-13
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# 607577

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/04/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2160			
Destination		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	04/04/2013 14:34:02	PC301 Scale 1	kimbo3			73540 lb
Out	04/04/2013 15:12:58	PC302 Scale2	kimbo3		Tare	25740 lb
					Net	47800 lb
					Tons	23.90

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.90	Tons			VA
2	TPT-Transportation	100	23.90	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2168

pa

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 -
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: 76-188P
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: 4-4-13
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: James Harvey Date of Receipt: 4-4-13

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] 4-4-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-4-13
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# 607605

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/05/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2122			
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	04/05/2013 07:32:14	PC301 Scale 1	kimbo3		Tare	61840 lb 30450 lb
Out	04/05/2013 07:50:25	PC302 Scale2	kimbo3		Net	31390 lb
					Tone	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# 607505

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2183	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	70600 lb
In	04/05/2013 07:32:46	PC301 Scale 1	kimbo3		Tare	33400 lb
Out	04/05/2013 07:56:33	PC302 Scale 2	kimbo3		Net	37200 lb
					Tons	18.60

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	Tons	18.60			VA
2	TPT-Transportation	100	Tons	18.60			VA

Total Tax  
 Total Ticket

In accordance with Virginia 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 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.

279  
2183

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;  Non-Friable;  N/A

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:     

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  
DM - 55 gal. 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

a) Transfer Facility's Name:     

b) Transporter's Address:     

b) Transfer Facility's Address:     

c) Telephone Number: (804) 447-4853

c) Telephone Number: ( )     

d) Vehicle License No./State: 39-025

d) Vehicle License No./State:     

e) Trailer or Container No.: 279

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.

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 4-5-13  
Signature of Driver Date of Receipt

           
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery 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 Fields 4-5-13  
Signature of Driver Date of Receipt

           
Signature of Driver Date of Receipt

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) ACE 4-5-13

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.

           
Signature of Driver Date of Receipt

           
Signature of Driver Date of Receipt

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

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

           
Signature of Driver Date of Receipt

           
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 507511

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/05/2013	Vehicle#	142	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2180			
Destination		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	04/05/2013 07:40:34	PC301 Scale 1	kimbo3			61050 lb
Out	04/05/2013 08:00:53	PC302 Scale2	kimbo3		Tare	27000 lb
					Net	34050 lb
					Tons	17.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.03	Tons				VA
2 TPT-Transportation	100	17.03	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

*Keith Watts*





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

Original  
 Ticket# 607609

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/05/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2170			
Destination		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	04/05/2013 07:35:07	PC301 Scale 1	kimbo3		Tare	67960 lb
Out	04/05/2013 08:02:54	PC302 Scale 2	kimbo3		Net	26280 lb
					Tons	41680 lb
						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



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.

199

Manifest No. 2178

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-188P
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

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# 607610

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/05/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2177			
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	04/05/2013 07:36:39	PC301 Scale 1	kimbo3			62540 lb
Out	04/05/2013 08:05:02	PC302 Scale2	kimbo3		Tare	27680 lb
					Net	34860 lb
					Tons	17.43

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.43	Tons				VA
2 TPT-Transportation	100	17.43	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.

Manifest No. 2177

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
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: 14-222
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 Mann Date of Receipt: 4-5-12
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)
f) The material delivered by the Transporter has been received at the 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# 607612

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2137			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDRATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 07:42:29	PC301 Scale 1	kimbo2			65440 lb
Out	04/05/2013 08:08:35	PC302 Scale2	kimbo3		Tare	26690 lb
					Net	38750 lb
					Tons	19.38

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.38	Tons				VA
2 TPI-transportation	100	19.38	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 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. 2137

Handwritten initials

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: [blank]. Telephone Number: [blank]. Vehicle License No./State: 16-219. Trailer or Container No.: 223. Name of Driver: [blank]. Signature of Driver: Jerry Davis Date of Receipt: 4-5-13.

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): [blank] Signature of Driver: [blank] Date of Receipt: 4-5-13.

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# 607623

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/05/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2143 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	83760 lb
In	04/05/2013 08:32:21	PC301 Scale 1	kimbo3		Tare	33060 lb
Out	04/05/2013 09:01:18	PC302 Scale2	kimbo3		Net	50700 lb
					Tons	25.35

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.35	Tons				VA
2 TPT-Transportation	100	25.35	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# 607624

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2176	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	04/05/2013 09:33:59	PC301 Scale 1	kimbo3		75060	lb
Out	04/05/2013 09:05:23	PC302 Scale2	kimbo3		30880	lb
					Net	45180 lb
					Tons	22.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.59	Tons			VA
2	TPT-Transportation	100	22.59	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

*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. 2176

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 2
j) Generating Location (Name): Same
k) Address: Same
l) Telephone Number: Same
m) Asbestos ONLY: 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: 10784
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 4-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-5-13

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:
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 4-5-13
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# 607630

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/05/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001000	
State Waste Code		Gen EPA ID		
Manifest	2060			
Destination		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	04/05/2013 08:51:47	PC301 Scale 1	kimbo3			69340 lb
Out	04/05/2013 09:08:39	PC302 Scale2	kimbo3		Tare	30200 lb
					Net	39140 lb
					Tons	19.57

Comments:

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.57	Tons				VA
2 TPT-Transportation	100	19.57	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. 2060

280

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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: F.C.R.
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: #280
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: D. Reynolds Date of Receipt: 04-05-13
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: D. Reynolds Date of Receipt: 04-05-13

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. Lee 4-5-13
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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607631

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/05/2013	Vehicle#	22123	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2130			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

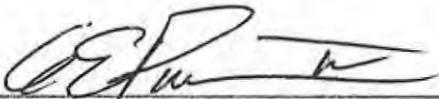
	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 08:52:30	PC301 Scale 1	kimbo3		Tare	62880 lb 28520 lb
Out	04/05/2013 09:16:46	PC302 Scale2	kimbo3		Net	34360 lb
					Tons	17.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.18	Tons				VA
2 TPT-Transportation	100	17.18	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 





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

Original  
 Ticket# 607632

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2219			
Destination		Grid	P4C3	
DD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 08:59:13	PC301 Scale 1	kimbo3		75080	lb
Out	04/05/2013 09:20:54	PC302 Scale2	kimbo3		34100	lb
					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

*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. 2219

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 607634

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2220	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	04/05/2013 09:04:59	PC301 Scale 1	kimbo3		Tare	58100 lb
Out	04/05/2013 09:36:38	PC302 Scale2	kimbo3		Net	25980 lb
					Tons	42120 lb
						21.06

Comments:

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

*JR 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.

199

Manifest No. 2220

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 4-5-13
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: James Harvey Date of Receipt: 4-5-13

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) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 4-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-5-13
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# 607635

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2105			
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	04/05/2013 09:06:25	PC301 Scale 1	kimbo3			68380 lb
Out	04/05/2013 09:43:05	PC302 Scale2	kimbo3			26400 lb
					Net	41980 lb
					Tons	20.99

Comments

Product	LD%	Qty	UDM	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

*Jason Maus*





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

Original  
 Ticket# 607638

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	21B1	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	04/05/2013 09:15:34	PC301 Scale 1	Kimbo3		Tare	74380 lb 28320 lb
Out	04/05/2013 09:46:14	PC302 Scale2	kimbo3		Net	46060 lb
					Tons	23.03

Comments

Product	LD%	Qty	UDM	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

*KSS*





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

Original  
 Ticket# 607639

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/05/2013 Vehicle# 142 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2222  
 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	04/05/2013 09:20:26	PC301 Scale 1	kimbo3		71520 lb	
Out	04/05/2013 09:52:03	PC302 Scale2	kimbo3		34360 lb	
					Net	37160 lb
					Tare	18.58

Comments

Product	LDX	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

*Keith Watts*







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

Original  
 Ticket# 607640

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2223	Grid	P4C3	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	103-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 09:22:31	PC301 Scale 1	kimbo3		Tare	73320 lb
Out	04/05/2013 09:54:22	PC302 Scale 2	kimbo3		Net	26260 lb
					Tons	47060 lb
						23.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-	100	23.53	Tons			VA
2	TPT-Transportation	100	23.53	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

*Jerry Lewis*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2223

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
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

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 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: 4-5-13
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: 4-5-13

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): Kior 04-5-13
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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607648

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/05/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2226			
Destination		Grid	P4C3	
PO	5551-001A			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 10:07:05	PC301 Scale 1	kimbo3			74040 lb
					Tare	26220 lb
Out	04/05/2013 10:26:55	PC302 Scale2	kimbo3		Net	47820 lb
					Tons	23.91

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.91	Tons				VA
2 TPT-Transportation	100	23.91	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. 2226

230

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: E.L.R.
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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# 607653

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2228	Grid	P4C3	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 10:18:46	PC301 Scale 1	kimbo3		63760	lb
Out	04/05/2013 10:43:30	PC302 Scale 2	kimbo3		28950	lb
					Net	34800 lb
					Tare	17.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.40	Tons				VA
2 TPI-Transportation	100	17.40	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

*AL 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. 2228

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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

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 4835
d) Vehicle License No./State: 39-093
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) [Signature] 4-5-13
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: 804-956-7210

Original  
 Ticket# 607651

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2135			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71380 lb
In	04/05/2013 10:17:06	PC301 Scale 1	kimbo3		Tare	28060 lb
Out	04/05/2013 10:55:50	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

*Rivty*





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

Original  
 Ticket# 607650

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2142	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	04/05/2013 10:16:17	PC301 Scale 1	kimbo3		84220 lb	
Out	04/05/2013 10:57:35	PC302 Scale 2	kimbo3		29080 lb	
					Net	55140 lb
					Tons	27.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.57	Tons				VA
2 TPT-Transportation	100	27.57	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

40401

Manifest No. 2142

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: 13129
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 23050
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# 607652

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2227			
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	04/05/2013 10:17:49	PC301 Scale 1	kimbo3			61500 lb
					Tare	27640 lb
Out	04/05/2013 11:01:03	PC302 Scale2	kimbo3		Net	33860 lb
					Tons	16.93

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.93	Tons			VA
2	TPT-Transportation	100	16.93	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. 2227

*Power*

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek  
 b) Generator's Address: Joint 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: 32123  
 e) Trailer or Container No.: 32123  
 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:  
 \_\_\_\_\_ 4-5-13  
 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:  
 \_\_\_\_\_ 4-5-13  
 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) KAC 4-5-13  
 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# 607658

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2184	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	04/05/2013 10:35:31	PC301 Scale 1	kimbo3		63080 lb	
Out	04/05/2013 11:07:59	PC301 Scale 1	kimbo3		25700 lb	
					Net	37380 lb
					Tons	18.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.69	Tons			VA
2	TPT-Transportation	100	18.69	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 JR 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. 2184

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek  
b) Generator's Address: Joint 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 X Other Load

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: 16-188P  
e) Trailer or Container No.: 199  
f) Name of Driver: James Horvey  
g) I 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 Horvey Date of Receipt: 4-5-13  
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: James Horvey Date of Receipt: 4-5-13

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 23050  
c) Telephone Number: (804) 966-7210  
d) Mailing Address: Same as Above  
e) Name of Disposal Facility's Authorized Agent (print/type): ALC  
f) The material delivered by the Transporter has been received at the Disposal Facility:  
Signature of Driver: James Horvey Date of Receipt: 4-5-13  
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# 607659

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2221	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	04/05/2013 10:37:15	PC301 Scale 1	kimbo3			64860 lb
Out	04/05/2013 11:09:17	PC301 Scale 1	kimbo3			26280 lb
					Net	38580 lb
					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

*Jason Mann*





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

Original  
 Ticket# 607671

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2232	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	75340 lb*
In	04/05/2013 11:27:15	PC301 Scale 1	kimbo3		Tare	26180 lb
Out	04/05/2013 11:27:35	PC301 Scale 1	kimbo3		Net	49160 lb
					Tons	24.58

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.58	Tons			VA
2	TPT-Transportation	100	24.58	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*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2232

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: Keith Watts 4-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-5-13

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: 804-966-7210

Original  
 Ticket# 607663

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2231			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	1014@VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 10:48:36	PC301 Scale 1	kimbo3		Tare	77620 lb 27960 lb
Out	04/05/2013 11:32:19	PC301 Scale 1	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.



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. 2231

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

a) Transporter's Name: THOMPSON
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13-896
e) Trailer or Container No.: 75390, 1169
f) Name of Driver: KEVIN SMITH
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# 607666

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2233			
Destination		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	04/05/2013 10:59:16	PC301 Scale 1	kimbo3		Tare	63200 1b 26140 1b
Out	04/05/2013 11:37:32	PC301 Scale 1	kimbo3		Net	39060 1b
					Tons	19.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.53	Tons			VA
2	TPT-Transportation	100	19.53	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

*Deroy 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. 2233

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: Leroy Davis 4-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Leroy Davis 4-5-13

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: 804-966-7210

Original  
 Ticket# 607670

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/05/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2235	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

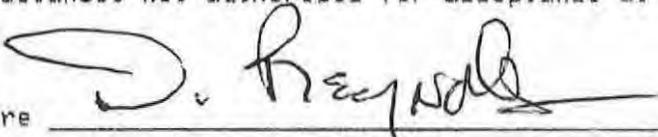
	Time	Scale	Operator	Inbound	Gross	81140 lb
In	04/05/2013 11:22:19	PC301 Scale 1	kimbo3		Tare	30940 lb
Out	04/05/2013 11:47:22	PC301 Scale 1	kimbo3		Net	50200 lb
					Tons	25.10

Comments

Product	LD%	Qty	UOM	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 









NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2238

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 470115
b) Transporter's Address:
c) Telephone Number: 804 447-4755
d) Vehicle License No./State: 039-75
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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# 607678

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2229			
Destination		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	04/05/2013 12:03:28	PC301 Scale 1	DW		Tare	62260 lb 25580 lb
Out	04/05/2013 12:37:52	PC301 Scale 1	kimbo3		Net	36680 lb
					Tons	18.34

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.34	Tons			VA
2	TPT-Transportation	100	18.34	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

*JR 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.

199 Manifest No. 2229

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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.
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# 607679

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2230	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	04/05/2013 12:04:09	PC301 Scale 1	DW		68120	1b
Out	04/05/2013 12:39:43	PC301 Scale 1	kimbo3		26380	1b
					Net	41740 1b
					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 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. 192 2230

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 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 Mann 4-5-13
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:
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  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 607685

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/05/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2243			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71260 lb
In	04/05/2013 12:30:01	PC301 Scale 1	kimbo3		Tare	26000 lb
Out	04/05/2013 12:57:01	PC301 Scale 1	kimbo3		Net	45260 lb
					Tons	22.63

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.63	Tons				VA
2 TPT-Transportation	100	22.63	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.

403WMM

Driver's Signature

*Jeroy 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. 2243

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

Tons Cubic Yards X Other Load

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: Jerry Davis Date of Receipt: 4-5-13
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: Jerry Davis Date of Receipt: 4-5-13

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] 4-5-13
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# 607684

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2242			
Destination		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	04/05/2013 12:29:21	PC301 Scale 1	kimbo3		Tare	67380 lb 26800 lb
Out	04/05/2013 12:59:10	PC301 Scale 1	kimbo3		Net	40580 lb
					Tons	20.29

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-	100	Tons	20.29			VA
2	TPT-Transportation	100	Tons	20.29			VA

Total Tax  
 Total Ticket

In accordance with Virginia 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# 607682

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2174	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	04/05/2013 12:25:32	PC301 Scale 1	kimbo3		Tare	79500 lb 32620 lb
Out	04/05/2013 13:04:08	PC301 Scale 1	kimbo3		Net	46880 lb
					Tons	23.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.44	Tons			VA
2	TPT-Transportation	100	23.44	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# 607683

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2237			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63360 lb
In	04/05/2013 12:26:05	PC301 Scale 1	kimbo3		Tare	31220 lb
Out	04/05/2013 13:05:30	PC301 Scale 1	kimbo3		Net	32140 lb
					Tons	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# 607692

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/05/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2244	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	04/05/2013 12:58:35	PC301 Scale 1	kimbo3		Tare	68340 lb 30980 lb
Out	04/05/2013 13:17:06	PC301 Scale 1	kimbo3		Net	37360 lb
					Tons	18.68

Comments

Product	LD%	Qty	UDM	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





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. 2244

20

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: E.G.H.
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of 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.



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

Original  
 Ticket# 607695

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/05/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2273			
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	63620 lb
In	04/05/2013 13:02:58	PC301 Scale 1	kimbo3		Tare	32780 lb
Out	04/05/2013 13:25:39	PC301 Scale 1	kimbo3		Net	30840 lb
					Tons	15.42

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.42	Tons			VA
2	TPT-Transportation	100	15.42	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

403WM

*A Fields*





NON-HAZARDOUS WASTE MANIFEST

2273

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

Manifest No. 2273

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: A Fields, Address: (804) 442-5134, Vehicle License No./State: 39-075, Trailer or Container No.: 279, Name of Driver: A Fields, Date of Receipt: 4-5-13. Transfer Facility: Name: Charles City Landfill, 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: [Blank].

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

Transporter 2: Name: [Blank], Address: [Blank], Telephone Number: [Blank], Vehicle License No./State: [Blank], Trailer or Container No.: [Blank], Name of Driver: [Blank], Date of Receipt: [Blank]. Destination: 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: [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: 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# 607694

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2234			
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	04/05/2013 13:01:43	PC301 Scale 1	kimbo3		Tare	69400 lb 31040 lb
Out	04/05/2013 13:31:42	PC301 Scale 1	kimbo3		Net	38360 lb
					Tons	19.18

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.18	Tons			VA
2	TPT-Transportation	100	19.18	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

*Rusty*





NON-HAZARDOUS WASTE MANIFEST

41547

Manifest No. 2234

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

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:
Signature of Driver Date of Receipt
h) I hereby warrant that 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# 607693

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2241			
Destination		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	04/05/2013 13:00:40	PC301 Scale 1	kimbo3		Tare	73900 lb
Out	04/05/2013 14:00:42	PC301 Scale 1	kimbo3		Net	28860 lb
					Tons	45040 lb
						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                     1655 (LD)





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

Original  
 Ticket# 607709

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2278	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	04/05/2013 14:04:17	PC301 Scale 1	kimbo3		Tare	62760 1b 29900 1b
Out	04/05/2013 14:34:46	PC301 Scale 1	kimbo3		Net	32860 1b
					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







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

Original  
 Ticket# 607710

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2277	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	04/05/2013 14:04:54	PC301 Scale 1	kimbo3			83000 lb
Out	04/05/2013 14:36:52	PC301 Scale 1	kimbo3			33400 lb
						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.

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. 2277

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
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: 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 4-5-13
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 4-5-13

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

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 607712

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/05/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2282			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

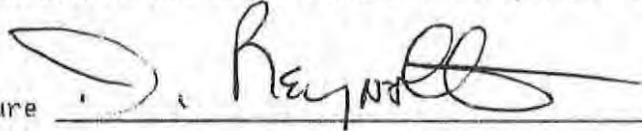
	Time	Scale	Operator	Inbound	Gross	
In	04/05/2013 14:14:10	PC301 Scale 1	kimbo3			58580 lb
Out	04/05/2013 14:39:11	PC301 Scale 1	kimbo3		Tare	29460 lb
					Net	29120 lb
					Tons	14.56

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.

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. 2282

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: E.C.H.
b) Transporter's Address: 1300 Bellwood ed
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: # 280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: J. Reynolds Date of Receipt: 04-05-13
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: J. Reynolds Date of Receipt: 04-05-13

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) KDC 4-5-13
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:





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. 2285

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: A. Full
b) Transporter's Address:
c) Telephone Number: (547) 4853
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.
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) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KFC 4-5-13
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



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

Original  
 Ticket# 607705

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2280	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	04/05/2013 13:57:36	PC301 Scale 1	kimbc3		Tare	62160 lb
Out	04/05/2013 14:41:45	PC301 Scale 1	kimbo3		Net	26020 lb
					Tons	36140 lb
						18.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.07	Tons			VA
2	TPT-Transportation	100	18.07	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

*Jerry Davis*

403VMM





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2280

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) 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 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: 4-5-13
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: 4-5-13

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] 4-5-13
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# 607704

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/05/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2240  
 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	63340 lb
In	04/05/2013 13:57:03	PC301 Scale 1	kimbo3		Tare	25820 lb
Out	04/05/2013 14:49:30	PC301 Scale 1	kimbo3		Net	37520 lb
					Tone	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.

Driver's Signature *Jim Maruo*

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. 192 2240

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 Date of Receipt
h) I hereby warrant that the above described material was delivered 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



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

Original  
 Ticket# 607703

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/05/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2239			
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	73440 lb
In	04/05/2013 13:56:31	PC301 Scale 1	kimbo3		Tare	25520 lb
Out	04/05/2013 14:52:12	PC301 Scale 1	kimbo3		Net	47920 lb
					Tons	23.96

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.96	Tons				VA
2 TPT-Transportation	100	23.96	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



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. 2239

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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, 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.: 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: 4-5-13
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: James Harvey Date of Receipt: 4-5-13

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] 4-5-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-5-13
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# 607707

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2279			
Destination		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	04/05/2013 13:59:45	PC301 Scale 1	kimbo3		Tare	69940 lb 25780 lb
Out	04/05/2013 14:58:19	PC301 Scale 1	kimbo3		Net	44160 lb
					Tons	22.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.08	Tons				VA
2 TPT-Transportation	100	22.08	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

*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. 2279

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 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 TRUCKING
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 76-354P
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 4-5-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-5-13

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): [Signature] 4-5-13
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# 607719

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/05/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen ERA ID		
Manifest	2276			
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	48700 lb
In	04/05/2013 14:46:21	PC301 Scale 1	kimbo3		Tare	31380 lb
Out	04/05/2013 15:08:09	PC301 Scale 1	kimbo3		Net	17320 lb
					Tons	8.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	8.66	Tons			VA
2	TPT-Transportation	100	8.66	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

*Rints*





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

Original  
 Ticket# 607952

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2286			
Destination		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	04/10/2013 07:36:33	PC301 Scale 1	kimbo3		Tare	67480 lb
Out	04/10/2013 08:07:23	PC301 Scale 1	kimbo3		Net	26640 lb
					Tone	40840 lb
						20.42

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.42	Tons			VA
2	TPT-Transportation	100	20.42	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

*Keroy 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. 2286

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 -
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: 16-219
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: 4-10-13
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: 4-10-13

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): KEO 4-10-13
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# 607954

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2275			
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	04/10/2013 07:38:20	PC301 Scale 1	kimbo3		66750 lb	Tare
Out	04/10/2013 08:08:53	PC301 Scale 1	kimbo3		26280 lb	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

*Jason Maris*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2275

197

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-222
e) Trailer or Container No.: 122
f) Name of Driver:
g) I 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 Marcus Date of Receipt 4-10-13
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) HOC 4-10-13
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# 607953

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/10/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2274 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	74920 lb
In	04/10/2013 07:37:46	PC301 Scale 1	kimbo3		Tare	25940 lb
Out	04/10/2013 08:10:20	PC301 Scale 1	kimbo3		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





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

Original  
 Ticket# 607956

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2104	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	69300 lb
In	04/10/2013 07:45:22	PC301 Scale 1	kimbo3		Tare	26800 lb
Out	04/10/2013 08:12:00	PC301 Scale 1	kimbo3		Net	42500 lb
					Tons	21.25

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.25	Tons				VA
2 TPT-Transportation	100	21.25	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

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. 222

SECTION 1 GENERATOR INFORMATION (generator to complete)

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



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

Original  
 Ticket# 607966

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2308	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	04/10/2013 08:21:11	PC301 Scale 1	kimbo3		Tare	66720 lb
Out	04/10/2013 08:49:02	PC302 Scale 1	kimbo3		Net	28720 lb
					Tons	38000 lb
						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 *Rusty*



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. 2308

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

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: Rusty Date of Receipt: 4-10-13
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: 4-10-13
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] 4-10-13
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# 607967

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2288			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	62680 lb
In	04/10/2013 08:28:51	PC301 Scale 1	kimbo3		Tare	31680 lb
Out	04/10/2013 09:02:25	PC301 Scale 1	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.

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. 2288

Handwritten signature/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 Management Approval Code grid: 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

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: [Signature] Date of Receipt: 4-10-13
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: 4-10-13

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 4-10-13
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# 607973

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2284			
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	04/10/2013 09:01:43	PC301 Scale 1	kimbo3			83580 lb
Out	04/10/2013 09:33:32	PC302 Scale2	kimbo3		Tare	26920 lb
					Net	56660 lb
					Tons	26.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.33	Tons				VA
2 TPT-Transportation	100	28.33	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 Mauer*



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. 2284

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 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: 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 Mann Date of Receipt 4-10-13
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] 4-10-13
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# 607980

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2303			
Destination		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	04/10/2013 09:17:51	PC301 Scale 1	kimbo3			67960 lb
Out	04/10/2013 09:41:19	PC302 Scale2	kimbo3			27080 lb
					Net	40880 lb
					Tons	20.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.44	Tons				VA
2 TPT-Transportation	100	20.44	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

*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. 2303

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/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: Leroy Davis Date of Receipt: 4-10-13
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: 4-10-13

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 4-10-13
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# 607977

Customer Name	MCLEARN CONTRACTING CO MCLEARN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2304			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72520 lb
In	04/10/2013 09:09:35	PC301 Scale 1	kimbo3		Tare	25900 lb
Out	04/10/2013 09:42:49	PC302 Scale2	kimbo3		Net	46620 lb
					Tons	23.31

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.31	Tons				VA
2 TPT-Transportation	100	23.31	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

*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. 2304

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) Tons

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.: 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: 4-10-13
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: 4-10-13

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 23050
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JOC 4-10-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-10-13
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# 607979

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2306			
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	04/10/2013 09:12:25	PC301 Scale 1	kimbo3		Tare	79780 lb 27040 lb
Out	04/10/2013 09:44:21	PC302 Scale2	kimbo3		Net	52740 lb
					Tons	26.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.37	Tons				VA
2 TPT-Transportation	100	26.37	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



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. 2306

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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 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.
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# 607986

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2314			
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	04/10/2013 09:53:07	PC301 Scale 1	kimbo3		Tare	90840 lb
Out	04/10/2013 10:18:29	PC302 Scale2	kimbo3		Net	29280 lb
					Tons	61560 lb
						30.78

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	30.78	Tons			VA
2	TPT-Transportation	100	30.78	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*



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. 2314

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

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: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 107836
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: 4-10-13
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: 4-10-13

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] 4-10-13
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# 607993

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2305			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82480 lb
In	04/10/2013 10:20:21	PC301 Scale 1	kimbo3		Tare	26600 lb
Out	04/10/2013 10:34:58	PC302 Scale2	kimbo3		Net	55880 lb
					Tons	27.94

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.94	Tons				VA
2 TPT-Transportation	100	27.94	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 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. 2305

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC 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) 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: 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 Date of Receipt
h) I hereby warrant 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: 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# 607988

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2281			
Destination		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	04/10/2013 10:02:09	PC301 Scale 1	kimbo3		Tare	89600 lb 30620 lb
Out	04/10/2013 10:39:16	PC302 Scale2	kimbo3		Net	58980 lb
					Tons	29.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.49	Tons				VA
2 TPT-Transportation	100	29.49	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

*RSS*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2281

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 607995

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2309			
Destination		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	04/10/2013 10:29:27	PC301 Scale 1	kimbo3			69360 lb
					Tare	35620 lb
Out	04/10/2013 10:50:32	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  
 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. 2309

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: 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: 32115
e) Trailer or Container No.: 41509
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:
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# 607997

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2313	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	04/10/2013 10:41:56	PC301 Scale 1	kimbo3		Tare	74760 lb 26320 lb
Out	04/10/2013 11:06:01	PC302 Scale2	kimbo3		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

*Deroy 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. 2313

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 216-219
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 4-10-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Leroy Davis 4-10-13

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:
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# 607999

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2311			
Destination		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	04/10/2013 10:46:30	PC301 Scale 1	kimbo3		Tare	75840 lb
Out	04/10/2013 11:07:44	PC302 Scale2	kimbo3		Net	25680 lb
					Tons	50160 lb
						25.08

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.08	Tons				VA
2 TPT-Transportation	100	25.08	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

*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. 2311

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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

Signature of Driver Date of Receipt
h) I hereby warrant 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)
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
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  
 5000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608000

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2312			
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	04/10/2013 10:48:04	PC301 Scale 1	kimbo3		Tare	70100 lb 26760 lb
Out	04/10/2013 11:10:21	PC302 Scale2	kimbo3		Net	43340 lb
					Tons	21.67

Comments

Product	LD%	Qty	UDM	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

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

2312

084

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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

101 400VA

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: 1B-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 4-10

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

Signature of Driver Date of Receipt 4-10

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] 4-10-1B

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

Signature of Driver Date of Receipt

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

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

\*Operator\* is defined as the company which 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# 608009

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2310			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/10/2013 11:23:33	PC301 Scale 1	kimbo3		Tare	80500 lb 26580 lb
Out	04/10/2013 11:40:34	PC302 Scale2	kimbo3		Net	53920 lb
					Tons	26.96

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.96	Tons				VA
2 TPT-Transportation	100	26.96	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

*Jason Mann*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2310

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: 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 Mans Date of Receipt: 4-10-13
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:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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] 4-10-13
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# 608012

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2322			
Destination		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	04/10/2013 11:38:18	PC301 Scale 1	kimbo3		Tare	75840 lb
Out	04/10/2013 12:04:04	PC302 Scale2	DW		Net	28800 lb
					Tons	47040 lb
						23.52

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.52	Tons			VA
2	TPT-Transportation	100	23.52	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 Rusty

403WM







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

Original  
 Ticket# 608017

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2315			
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	04/10/2013 12:00:48	PC301 Scale 1	DW		Tare	76740 lb 32600 lb
Out	04/10/2013 12:30:15	PC302 Scale2	DW		Net	44140 lb
					Tons	22.07

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.07	Tons				VA
2 TPT-Transportation	100	22.07	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.

1169 Manifest No. 2315

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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: THOMAS 010
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of 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# 608016

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	32115	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2317			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75000 lb
In	04/10/2013 12:00:01	PC301 Scale 1	DW		Tare	28640 lb
Out	04/10/2013 12:48:57	PC302 Scale2	kimbo3		Net	46350 lb
					Tons	23.18

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.18	Tons			VA
2	TPT-Transportation	100	23.18	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



NON-HAZARDOUS WASTE MANIFEST

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

32115

Manifest No. 2317

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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.: 41504
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.
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# 608023

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2319			
Destination		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	04/10/2013 12:23:20	PC301 Scale 1	DW			72900 lb
					Tare	25860 lb
Out	04/10/2013 12:56:01	PC302 Scale2	kimbo3		Net	47040 lb
					Tons	23.52

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.52	Tons			VA
2	TPT-Transportation	100	23.52	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



NON-HAZARDOUS WASTE 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. 2319

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: Thompson, James Harvey, 4-10-13. Transfer Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, 4-10-13.

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, 4-10-13.

SECTION 6 ASBESTOS (operator to complete)

Operator's Name, Address, Telephone Number, and Certification statement regarding asbestos handling.

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# 608022

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2318			
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	04/10/2013 12:22:37	PC301 Scale 1	DW			81100 lb
Out	04/10/2013 12:57:29	PC302 Scale2	kimbo3			26860 lb
					Net	54240 lb
					Tons	27.12

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.12	Tons				VA
2 TPT-Transportation	100	27.12	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

*Joseph Davis*

403WM







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

Original  
 Ticket# 608027

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2316			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	83280 lb
In	04/10/2013 12:35:52	PC301 Scale 1	DW		Tare	26080 lb
Out	04/10/2013 12:58:56	PC302 Scale2	kimbo3		Net	57200 lb
					Tons	28.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.60	Tons				VA
2 TPT-Transportation	100	28.60	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

*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. 192 2316

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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, 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: 16-222
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 Mann Date of Receipt: 4-10-13
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) 966-7810
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: 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



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

Original  
 Ticket# 608024

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2320			
Destination		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	04/10/2013 12:25:44	PC301 Scale 1	DW		Tare	89060 lb
Out	04/10/2013 13:00:27	PC302 Scale 2	kimbo3		Net	26860 lb
					Tons	62200 lb
						31.10

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	31.10	Tons				VA
2 TPT-Transportation	100	31.10	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  
 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.

089 Manifest No. 2320

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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, Signature, and Shipment Date fields.

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.

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: 4-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver, Date of Receipt: 4-16

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] 4-10-13
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# 608034

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2297			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	85660 lb
In	04/10/2013 13:16:17	PC301 Scale 1	kimbo3		Tare	29320 lb
Out	04/10/2013 13:40:30	PC302 Scale2	kimbo3		Net	56340 lb
					Tons	28.17

Comments

Product	LD%	Qty	UOM	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





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. 2297

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: RAMPTON
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# 508039

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	41509	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2322			
Destination		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	04/10/2013 13:51:32	PC301 Scale 1	kimbo3			56000 lb
Out	04/10/2013 14:10:21	PC302 Scale2	kimbo3			31340 lb
						Net 24660 lb
						Tons 12.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.33	Tons				VA
2 TPT-Transportation	100	12.33	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







Charles City County Landfill  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608037

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2324	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	04/10/2013 13:31:31	PC301 Scale 1	kimbo3			90320 lb
Out	04/10/2013 14:27:09	PC302 Scale2	kimbo3			31060 lb
					Net	59260 lb
					Tons	29.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.63	Tons				VA
2 TPT-Transportation	100	29.63	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2324

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

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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: KEVIN SMITH
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# 608045

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2321			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	63280 lb
In	04/10/2013 14:05:08	PC301 Scale 1	kimbo3		Tare	27000 lb
Out	04/10/2013 14:38:29	PC302 Scale2	kimbo3		Net	36280 lb
					Tons	18.14

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.14	Tons				VA
2 TPT-Transportation	100	18.14	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

*Jason Mann*







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

Original  
 Ticket# 508042

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2294	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	85540 lb
In	04/10/2013 14:03:03	PC301 Scale 1	kimbo3		Tare	25960 lb
Out	04/10/2013 14:41:42	PC302 Scale2	kimbo3		Net	59580 lb
					Tons	29.79

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.79	Tons				VA
2 TPT-Transportation	100	29.79	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

*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. 2294

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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: 16-188P
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: 4-10-13
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: 4-10-13

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): JOL 4-10-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-10-13
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# 608043

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2292			
Destination		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	04/10/2013 14:03:57	PC301 Scale 1	kimbo3		85300	lb
Out	04/10/2013 14:44:17	PC302 Scale2	kimbo3		26900	lb
					Net	58400 lb
					Tons	29.20

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.20	Tons				VA
2 TPT-Transportation	100	29.20	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

*Gary 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. 2292

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 4-10-13
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: 4-10-13

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) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOC 4-10-13
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# 608044

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2295	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	
In	04/10/2013 14:04:33	PC301 Scale 1	kimbo3		77080	1b
Out	04/10/2013 14:46:40	PC302 Scale2	kimbo3		26860	1b
					Net	50220 1b
					Tons	25.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.11	Tons				VA
2 TPT-Transportation	100	25.11	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

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. 2295

085

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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.
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)
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# 608055

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2246			
Destination		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	04/10/2013 14:54:48	PC301 Scale 1	kimbo3			90280 lb
Out	04/10/2013 15:20:52	PC302 Scale2	kimbo3			30100 lb
					Net	60180 lb
					Tons	30.09

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.09	Tons				VA
2 TPT-Transportation	100	30.09	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





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.

454

Manifest No. 2246

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: Runtz
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 4-10-13
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# 608057

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013		Vehicle#	41509	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	2299				
Destination			Grid	P4C3	
PO	5551-0014				
Profile	101400VA (DREDGE SEDIMENT)				
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2				

	Time	Scale	Operator	Inbound	Gross	69140 lb
In	04/10/2013 15:08:52	PC301 Scale 1	kimbo3		Tare	30320 lb
Out	04/10/2013 15:45:08	PC302 Scale2	kimbo3		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





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.

41509

Manifest No. 2299

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32115
e) Trailer or Container No.: 41509
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:
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) Kille 4-10-13
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# 608062

Customer Name	MCLEAN CONTRACTING CO	MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/10/2013		Vehicle#	1169	Volume
Payment Type	Credit Account		Container		
Manual Ticket#			Driver		
Hauling Ticket#			Check#		
Route			Billing #	0001200	
State Waste Code			Gen EPA ID		
Manifest	2298				
Destination			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	04/10/2013 15:32:56	PC301 Scale 1	kimbo3		93300 lb	
Out	04/10/2013 16:06:40	PC302 Scale2	kimbo3		32140 lb	
					Net	61160 lb
					Tons	30.58

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.58	Tons				VA
2 TPT-Transportation	100	30.58	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

*KSS* 

*we close @ 4:30pm*  
*Jim Collins*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2298

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: 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: K. Smith
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 4-10-13
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# 608064

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2296			
Destination		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	04/10/2013 15:35:50	PC301 Scale 1	kimbo3		Tare	70800 1b 26740 1b
Out	04/10/2013 16:31:01	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  
 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.

Handwritten initials

Manifest No. 2296

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: 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
Transporter's Address:
Telephone Number:
Vehicle License No./State: 116-222
Trailer or Container No.: 192
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: Jason Mann Date of Receipt: 4-10-13
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.
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)

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.

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] 4-10-13
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.

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined 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# 608073

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2301			
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	04/10/2013 15:56:44	PC301 Scale 1	kimbo3			66320 lb
Out	04/10/2013 16:32:25	PC302 Scale2	kimbo3			27380 lb
					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

*Gerry Davis*

403WM







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

Original  
 Ticket# 608067

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2124	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	77460 lb
In	04/10/2013 15:40:42	PC301 Scale 1	kimbo3		Tare	27260 lb
Out	04/10/2013 15:33:55	PC302 Scale2	kimbo3		Net	50200 lb
					Tons	25.10

Comments

Product	LD%	Qty	UOM	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





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.

088

Manifest No. 2124

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 Trenching
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 4-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 4-10

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) Kice 4-10-13
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# 608072

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2300			
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	
In	04/10/2013 15:55:35	PC301 Scale 1	kimbo3		26620	1b
Out	04/10/2013 16:36:58	PC302 Scale2	kimbo3		60760	1b
					Tare	30.38
					Net	
					Tons	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	30.38	Tons				VA
2 TPT-Transportation	100	30.38	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



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. 2300

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: 4-10-13
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: 4-10-13

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): Kille 4-10-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-10-13
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# 608075

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2252	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	04/10/2013 16:21:58	PC301 Scale 1	kimbo3			60340 lb
Out	04/10/2013 16:46:36	PC302 Scale2	kimbo3			30160 lb
					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 Rusty







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

Original  
 Ticket# 608079

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/10/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2247	Grid	P4C2	
Destination				
PG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/10/2013 16:38:04	PC301 Scale 1	kimbo3		66460 lb	
					Tare	30080 lb
Out	04/10/2013 16:58:34	PC302 Scale2	kimbo3		Net	36380 lb
					Tons	18.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.19	Tons			VA
2	TPT-Transportation	100	18.19	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

403WMP







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

Original  
 Ticket# 608063

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2182	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	65160 lb
In	04/11/2013 07:33:08	PC301 Scale 1	kimbo3		Tare	34240 lb
Out	04/11/2013 07:49:40	PC302 Scale2	kimbo3		Net	30920 lb
					Tons	15.46

Comments

Product	LD%	Qty	UDM	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  
 403WM








Charles City County Landfill  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608085

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/11/2013 Vehicle# 200 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2290 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	04/11/2013 07:35:44	PC301 Scale 1	kimbo3		70940 lb	Tare
Out	04/11/2013 07:53:25	PC302 Scale2	kimbo3		30320 lb	Net
					40620 lb	Tons
					20.31	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.31	Tons				VA
2 TPI-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  
 403WM







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

Original  
 Ticket# 608086

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2249			
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	71380 lb
In	04/11/2013 07:36:18	PC301 Scale 1	kimbo3		Tare	25960 lb
Out	04/11/2013 08:08:09	PC302 Scale2	kimbo3		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

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. 2249

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
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

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: 76-188P
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: 4-11-13
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: 4-11-13

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): KOC 4-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-11-13
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# 608087

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2250	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	04/11/2013 07:37:01	PC301 Scale 1	kimbo3		74140	lb
Out	04/11/2013 08:09:36	PC302 Scale2	kimbo3		27400	lb
					Net	46740 lb
					Tons	23.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.37	Tons			VA
2	TPT-Transportation	100	23.37	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

*Jeroy 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. 2250

203

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

1 0 1 4 0 0 V A

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 - 5 mil. Plastic Bag BC - 12 mil. Plastic Bag

Tons Cubic Yards X Other Load

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

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:

g) I 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 4-11-13

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.

h) 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 4-11-13

Signature of Driver Date of Receipt

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): Kroll 4-11-13

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:

Signature of Driver Date of Receipt

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

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

Signature of Driver Date of Receipt

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 608088

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/11/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2245 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	75420 lb
In	04/11/2013 07:37:32	PC301 Scale 1	kimbo3		Tare	25780 lb
Out	04/11/2013 08:11:32	PC302 Scale2	kimbo3		Net	50640 lb
					Tons	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

*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. 2245

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: 

--	--	--	--	--	--	--	--

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	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: 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:  
Jason Muns 4-11-13  
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 23030
- c) Telephone Number: (804) 968-7210
- d) Mailing Address: Same as Above
- e) Name of Disposal Facility's Authorized Agent (print/type): Kill 4-11-13
- 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 \_\_\_\_\_



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

Original  
 Ticket# 608089

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2302			
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	04/11/2013 07:38:14	PC301 Scale 1	kimbo3		Tare	76020 lb 26520 lb
Out	04/11/2013 08:17:32	PC302 Scale2	kimbo3		Net	49500 lb
					Tons	24.75

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.75	Tons				VA
2 TPT-Transportation	100	24.75	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

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. 2302

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

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 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 9.11
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 Date of Receipt 4.11

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] 4-11-13
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# 608099

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2120			
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	71600 lb
In	04/11/2013 08:24:32	PC301 Scale 1	kimbo3		Tare	32400 lb
Out	04/11/2013 08:43:29	PC302 Scale2	kimbo3		Net	39200 lb
					Tons	19.60

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.60	Tons				VA
2 TPT-Transportation	100	19.60	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. 2120

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)
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: FCB
b) Transporter's Address: 1330 Bellwood Rd
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State:
e) Trailer or Container No.: 282
f) Name of Driver: RICK DEFELICE
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 4-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-11-13

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:
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: 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# 608100

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/11/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2329  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	79360 lb
In 04/11/2013 08:25:20	PC301 Scale 1	kimbo3		Tare	30040 lb
Out 04/11/2013 08:56:47	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

*Rusty*

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. 2329

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 - 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: 107 856
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 4-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-11-13

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

Original  
 Ticket# 608101

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2253			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/11/2013 08:26:39	PC301 Scale 1	kimbo3		85520 lb	
Out	04/11/2013 08:59:10	PC302 Scale2	kimbo3		Tare 34100 lb	
					Net 51420 lb	
					Tons 25.71	

Comments

Product	LD%	Qty	UOM	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

*KS*







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

Original  
 Ticket# 508103

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/11/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2331			
Destination		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	04/11/2013 08:41:20	PC301 Scale 1	kimbo3			86040 1b
Out	04/11/2013 09:00:40	PC302 Scale2	kimbo3			35120 1b
					Net	51720 1b
					Tons	25.86

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.86	Tons			VA
2	TPT-Transportation	100	25.86	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. 2331

281

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: ECD
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: PLS3561
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.

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): JOC 4-11-13
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# 608107

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/11/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2334			
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	04/11/2013 08:51:21	PC301 Scale 1	kimbo3			78040 lb
Out	04/11/2013 09:09:54	PC302 Scale 2	kimbo3		Tare	30620 lb
					Net	47420 lb
					Tons	23.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	23.71	Tons			VA
2	TPT-Transportation	100	23.71	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

*[Handwritten Signature]*





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2334

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) 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: E.C.R.
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: D. Reynolds Date of Receipt: 04-11-13
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: D. Reynolds Date of Receipt: 04-11-13

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

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ( )
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to 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# 608106

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2251			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

Time	Scale	Operator	Inbound	Gross	67060 lb
In 04/11/2013 08:47:14	PC301 Scale 1	kimbo3		Tare	31360 lb
Out 04/11/2013 09:18:00	PC302 Scale2	kimbo3		Net	35700 lb
				Tons	17.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.85	Tons				VA
2 TPT-Transportation	100	17.85	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

4030MM





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2251

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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, 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: 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# 608117

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2261			
Destination		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	04/11/2013 09:22:39	PC301 Scale 1	kimbo3			67960 lb
Out	04/11/2013 09:50:42	PC302 Scale2	kimbo3		Tare	26140 lb
					Net	41820 lb
					Tons	20.91

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2261

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) 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: 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: 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 Mumm 4-11-13
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:
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) [Signature] 4-11-13
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# 608113

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2327	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	83300 lb
In	04/11/2013 09:09:24	PC301 Scale 1	kimbo3		Tare	26340 lb
Out	04/11/2013 09:52:00	PC302 Scale2	kimbo3		Net	56960 lb
					Tons	28.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	28.48	Tons				VA
2 TPT-Transportation	100	28.48	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





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. 2327

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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# 608122

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/11/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2330  
 Destination 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	04/11/2013 09:36:09	PC301 Scale 1	kimbo3		68060 lb	
Out	04/11/2013 09:54:45	PC302 Scale2	kimbo3		34520 lb	
					Net	33540 lb
					Tons	16.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.77	Tons				VA
2 TPT-Transportation	100	16.77	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  
 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. 2330

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECK
b) Transporter's Address: 1330 Bellwood Rd.
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State:
e) Trailer or Container No.: 282
f) Name of Driver: Rick DEFELICE
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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 4-11-13
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# 608115

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2283	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	04/11/2013 09:20:21	PC301 Scale 1	kimbo3		Tare	79580 lb 26020 lb
Out	04/11/2013 09:57:07	PC302 Scale2	kimbo3		Net	53560 lb
					Tons	26.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.78	Tons				VA
2 TPT-Transportation	100	26.78	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





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. 2283

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 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

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 Horvey
g) I 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 Horvey Date of Receipt: 4-11-13
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 Horvey Date of Receipt: 4-11-13

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) KRC Date of Receipt: 4-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Horvey Date of Receipt: 4-11-13
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# 608115

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2325			
Destination		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	04/11/2013 09:20:58	PC301 Scale 1	kimbo3			75480 lb
Out	04/11/2013 09:58:25	PC302 Scale2	kimbo3			26580 lb
					Net	48900 lb
					Tons	24.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.45	Tons			VA
2	TPT-Transportation	100	24.45	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

*Jersey Davis*







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

Original  
 Ticket# 608124

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2332			
Destination		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	04/11/2013 09:47:25	PC301 Scale 1	kimbo3		57400	1b
Out	04/11/2013 10:05:01	PC302 Scale2	kimbo3		34380	1b
					Net	33020 1b
					Tons	16.51

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.51	Tons				VA
2 TPT-Transportation	100	16.51	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





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. 2332

281

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: PJ53561
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.

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# 608128

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Value
Ticket Date	04/11/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2335			
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	04/11/2013 10:08:23	PC301 Scale 1	kimbo3		74040 lb	
Out	04/11/2013 10:29:50	PC302 Scale2	kimbo3		30080 lb	
					Net	43960 lb
					Tons	21.98

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.98	Tons				VA
2 TPT-Transportation	100	21.98	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

Manifest No. 2335

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
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: E.C.H.
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5859
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 608126

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2345	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	04/11/2013 10:06:49	PC301 Scale 1	kimbo3		Tare	75840 lb
Out	04/11/2013 10:37:21	PC302 Scale2	kimbo3		Net	29840 lb
					Tons	46000 lb
						23.00

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.00	Tons				VA
2 TPT-Transportation	100	23.00	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  
 403WMM

*Routy*







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

Original  
 Ticket# 608131

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2337			
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	04/11/2013 10:16:19	PC301 Scale 1	kimbo3		48260	1b
Out	04/11/2013 10:47:36	PC302 Scale2	kimbo3		32060	1b
					Net	16200
					Tons	8.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	8.10	Tons			VA
2	TPT-Transportation	100	8.10	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 

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. 2337

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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. Pount
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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  
 Ticket# 608127

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2328			
Destination		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	04/11/2013 10:07:38	PC301 Scale 1	kimbo3			80080 lb
Out	04/11/2013 10:49:46	PC302 Scale2	kimbo3		Tare	26920 lb
					Net	53160 lb
					Tons	26.58

Comments:

Product	LD%	Qty	UOM	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2328

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: Kelvin Smith
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.

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

Original  
 Ticket# 608140

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2343			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	04/11/2013 10:51:01	Scale 1	kimbo3	Inbound	Gross	64180 lb
Out	04/11/2013 11:08:48	Scale 2	kimbo3		Tare	34800 lb
					Net	29380 lb
					Tons	14.69

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.69	Tons				VA
2 TPT-Transportation	100	14.69	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 





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2343

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 - 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: 1330 Bellwood Rd
c) Telephone Number: (504) 328-1144
d) Vehicle License No./State:
e) Trailer or Container No.: 282
f) Name of Driver: RICK DEFALICE
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 4-11-13
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 4-11-13

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) [Signature] 4.11.13
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: 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# 608136

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/11/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2326			
Destination		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	04/11/2013 10:39:23	PC301 Scale 1	kimbo3			60120 lb
Out	04/11/2013 11:12:00	PC302 Scale2	kimbo3		Tare	25840 lb
					Net	34280 lb
					Tons	17.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.14	Tons				VA
2 TPT-Transportation	100	17.14	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 Maurus*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2326

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: % 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 Jason Mans Date of Receipt 4-11-13
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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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) Kell 4-11-13
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# 608139

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2339			
Destination		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	04/11/2013 10:49:21	PC301 Scale 1	kimbo3			73440 lb
					Tare	26780 lb
Out	04/11/2013 11:15:54	PC302 Scale2	kimbo3		Net	46660 lb
					Tons	23.33

Comments

Product	LDX	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.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2339

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 Trucking
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 16 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:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 608145

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/11/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2127			
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	04/11/2013 11:02:37	PC301 Scale 1	kimbo3		Tare	64740 lb
Out	04/11/2013 11:19:41	PC302 Scale2	kimbo3		Net	35280 lb
					Tons	29460 lb
						14.73

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.73	Tons				VA
2 TPT-Transportation	100	14.73	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

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. 2127

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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: ECB
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)

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)
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# 608143

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2341	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 04/11/2013 11:01:07	PC301 Scale 1	kimbo3		59380	1b
Out 04/11/2013 11:28:55	PC302 Scale2	kimbo3		26400	1b
				Net	32980
				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

*Leroy Davis*







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

Original  
 Ticket# 608142

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2340			
Destination		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	04/11/2013 10:59:20	PC301 Scale 1	kimbo3		63440 lb	
Out	04/11/2013 11:30:46	PC302 Scale2	kimbo3		26060 lb	
					Net	37380 lb
					Tons	18.69

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.69	Tons				VA
2 TPT-Transportation	100	18.69	Tons				VA

*JR Harner*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2340

CGH

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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: 4-11-13
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: 4-11-13

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): JCO 4-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-11-13
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# 608149

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/11/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2338			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

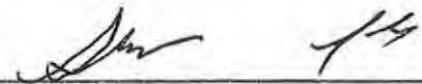
	Time	Scale	Operator	Inbound	Gross	74160 lb
In	04/11/2013 11:19:54	PC301 Scale 1	kimbo3		Tare	30560 lb
Out	04/11/2013 11:34:24	PC302 Scale2	kimbo3		Net	43600 lb
					Tons	21.80

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 







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

Original  
 Ticket# 608155

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2356	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	04/11/2013 11:52:49	PC301 Scale 1	DW		Tare	67420 lb 30080 lb
Out	04/11/2013 12:20:04	PC302 Scale 2	DW		Net	37340 lb
					Tons	18.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.67	Tons			VA
2	TPT-Transportation	100	18.67	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

*Rusty*





NON-HAZARDOUS WASTE MANIFEST

41547

2356

If 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

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: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 107 866
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 4-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-11-13

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:
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] 4-11-13
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# 608158

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2346			
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	73120 lb
In	04/11/2013 11:59:33	PC301 Scale 1	DW		Tare	27860 lb
Out	04/11/2013 12:25:09	PC302 Scale 2	DW		Net	45260 lb
					Tons	22.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.63	Tons				VA
2 TPT-Transportation	100	22.63	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







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

Original  
 Ticket# 608162

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2342			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	72220 lb
In	04/11/2013 12:09:07	PC301 Scale 1	DW		Tare	25860 lb
Out	04/11/2013 12:30:18	PC302 Scale2	DW		Net	46360 lb
					Tons	23.18

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.18	Tons				VA
2 TPT-Transportation	100	23.18	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 Mann*







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

Original  
 Ticket# 608156

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	32115	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2171			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	60620 lb
In	04/11/2013 11:54:03	PC301 Scale 1	DW		Tare	29140 lb
Out	04/11/2013 12:33:24	PC302 Scale2	DW		Net	31480 lb
					Tons	15.74

Comments

Product	LD%	Qty	UDM	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.

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

32115

2171

If 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 -
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
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: Eddie Brown
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: 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)
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# 608157

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/11/2013	Vehicle#	32123	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2340			
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	04/11/2013 11:55:18	PC301 Scale 1	DW		Tare	67580 lb
Out	04/11/2013 12:34:37	PC302 Scale2	DW		Net	29980 lb
					Tons	37600 lb
						18.80

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.80	Tons				VA
2 TPT-Transportation	100	18.80	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







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

Original  
 Ticket# 608163

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/11/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2248			
Destination		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	04/11/2013 12:09:52	PC301 Scale 1	DW			63340 lb
Out	04/11/2013 12:38:33	PC302 Scale2	DW			26580 lb
					Net	36760 lb
					Tons	18.38

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.38	Tons				VA
2 TPT-Transportation	100	18.38	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

089

2248

If 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: 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 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 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.
Signature of Driver Date of Receipt 4-11
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 Date of Receipt 4-11

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# 608165

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2336			
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	71600 lb
In	04/11/2013 12:16:35	PC301 Scale 1	DW		Tare	35280 lb
Out	04/11/2013 12:40:30	PC302 Scale2	DW		Net	36320 lb
					Tons	18.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.16	Tons				VA
2 TPT-Transportation	100	18.16	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2336

281

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: PT 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.
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# 608167

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	260	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2347			
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	04/11/2013 12:22:04	PC301 Scale 1	DW			73980 lb
					Tare	30880 lb
Out	04/11/2013 12:43:20	PC302 Scale2	DW		Net	43100 lb
					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





NON-HAZARDOUS WASTE MANIFEST

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

280

Manifest No. 2347

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: Fig. 6
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: # 280
f) Name of 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# 608159

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	292	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2351			
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	72720 lb
In	04/11/2013 12:00:40	PC301 Scale 1	DW		Tare	34960 lb
Out	04/11/2013 12:45:25	PC302 Scale2	DW		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





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

Original  
 Ticket# 608169

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2352			
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	76280 lb
In	04/11/2013 12:36:03	PC301 Scale 1	DW		Tare	26260 lb
Out	04/11/2013 13:01:38	PC302 Scale 2	kimbo3		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 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. 2352

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)
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: 16-188P
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: 4-11-13
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: 4-11-13

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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-11-13
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# 608170

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2353			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VF (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/11/2013 12:38:06	PC301 Scale 1	DW			77000 lb
Out	04/11/2013 13:03:07	PC302 Scale2	kimbo3			26600 lb
					Net	50320 lb
					Tons	25.16

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.16	Tons				VA
2 TPT-Transportation	100	25.16	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*





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.

2353

273

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 4-11-13
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: 4-11-13

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) 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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608182

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2367			
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	04/11/2013 13:28:39	PC301 Scale 1	kimbo3		Tare	81700 1b 30300 1b
Out	04/11/2013 13:53:28	PC302 Scale2	kimbo3		Net	51400 1b
					Tons	25.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.70	Tons				VA
2 TPT-Transportation	100	25.70	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  
 403WMM

*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.

Manifest No. 41547 2367

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
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: Rusty 4-11-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-11-13

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): KRC 4-11-13
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# 608183

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2358			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	55980 lb
In	04/11/2013 13:29:24	PC301 Scale 1	kimbo3		Tare	30700 lb
Out	04/11/2013 13:55:37	PC302 Scale2	kimbo3		Net	25280 lb
					Tons	12.64

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.64	Tons				VA
2 TPT-Transportation	100	12.64	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

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

Manifest No. 2358

4150A

## SECTION 1

### GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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: 32115

e) Trailer or Container No.: 4150A

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 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 Eddie Craft Date of Receipt 4-11-13

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 Eddie Craft Date of Receipt 4-11-13

## 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] 4-11-13

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: \_\_\_\_\_ 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# 608185

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2357			
Destination		Grid	P4C3	
PQ	5551-2014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/11/2013 13:32:33	PC301 Scale 1	kimbo3			67260 lb
Out	04/11/2013 13:56:54	PC302 Scale2	kimbo3		Tare	35120 lb
					Net	32140 lb
					Tons	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2357

32123

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32123
e) Trailer or Container No.: 32123
f) Name of Driver: George T. Fawcett
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# 608190

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/11/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2363			
Destination		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	04/11/2013 13:42:53	PC301 Scale 1	kimbo3		68340	1b
Out	04/11/2013 14:04:00	PC302 Scale2	kimbo3		35400	1b
					Net	32940 1b
					Tons	16.47

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.47	Tons				VA
2 TPT-Transportation	100	16.47	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

4/23/11





NON-HAZARDOUS WASTE MANIFEST

280

Manifest No. 2363

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: ECR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 0153561
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) 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) KRC 4-11-13
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# 608192

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/11/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2364			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67520 lb
In	04/11/2013 13:48:19	PC301 Scale 1	kimbo3		Tare	30920 lb
Out	04/11/2013 14:05:31	PC302 Scale2	kimbo3		Net	36600 lb
					Tons	18.30

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.30	Tons				VA
2 TPT-Transportation	100	18.30	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. 2364

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: E.K.A.
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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.

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 608188

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2359			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	66260 lb
In	04/11/2013 13:37:32	PC301 Scale 1	kimbo3		Tare	26540 lb
Out	04/11/2013 14:09:01	PC302 Scale2	kimbo3		Net	39720 lb
					Tons	19.86

Comments:

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

Total Tax  
 Total Ticket

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

Driver's Signature KS (LD)





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. 2359

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
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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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# 608181

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/11/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2349			
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	04/11/2013 13:27:53	PC301 Scale 1	kimbo3			66700 lb
Out	04/11/2013 14:48:20	PC302 Scale2	kimbo3		Tare	25320 lb
					Net	41380 lb
					Tons	20.69

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.69	Tons			VA
2	TPT-Transportation	100	20.69	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

*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.

192

Manifest No. 2349

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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.: 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 Mann Date of Receipt 4-11-13
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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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] 4-11-13
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# 608189

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2362			
Destination		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	04/11/2013 13:40:43	PC301 Scale 1	kimbo3			67900 lb
Out	04/11/2013 14:52:01	PC302 Scale2	kimbo3		Tare	26020 lb
					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





NON-HAZARDOUS WASTE 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. 2362

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 16-287P
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# 602203

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/11/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2377  
 Destination 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	04/11/2013 14:45:14	PC301 Scale 1	kimbo3		66760 lb	
Out	04/11/2013 15:03:51	PC302 Scale 2	kimbo3		35960 lb	
					Net	30800 lb
					Tons	15.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.40	Tons				VA
2 TPT-Transportation	100	15.40	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





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. 2377

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: X Other Load

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: E.C.R.
Transporter's Address: 1308 Bellwood Rd
Telephone Number: (804) 447-5859
Vehicle License No./State: # 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: 04-11-13

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: 04-11-13

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: 04-11-13

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] 4-11-13
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# 505210

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/11/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2333			
Destination		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	04/11/2013 15:00:51	PC301 Scale 1	kimbo3		52500 lb	
					Tare	33060 lb
Out	04/11/2013 15:26:17	PC302 Scale2	kimbo3		Net	19440 lb
					Tone	9.72

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	9.72	Tons			VA
2	TPT-Transportation	100	9.72	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





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

281

Manifest No. 2333

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
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: 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) KRC 4-11-13
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# 608211

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/11/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2380			
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	65100 lb
In	04/11/2013 15:01:59	PC301 Scale 1	kimbo3		Tare	30240 lb
Out	04/11/2013 15:34:57	PC302 Scale2	kimbo3		Net	34860 lb
					Tons	17.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.43	Tons				VA
2 TPT-Transportation	100	17.43	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

*Ruthy*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2380

Handwritten number 41547

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, Non-Friable, N/A
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's Name: Thompson
Transporter's Address:
Telephone Number:
Vehicle License No./State: 107856
Trailer or Container No.: 41547
Name of Driver: Rusty
Signature of Driver: Rusty Date of Receipt: 4-11-13

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] 4-11-13
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:
Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 608201

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2365			
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	81200 lb
In	04/11/2013 14:27:38	PC301 Scale 1	kimbo3		Tare	25100 lb
Out	04/11/2013 15:37:11	PC302 Scale 2	kimbo3		Net	56100 lb
					Tons	28.05

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.05	Tons				VA
2 TPT-Transportation	100	28.05	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

*J.R. Harvey*





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

PPA

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

Manifest No. 2365

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-188P
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: 4-11-13
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: 4-11-13

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) JC 4-11-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-11-13
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# 608200

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/11/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2366  
 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	04/11/2013 14:26:47	PC301 Scale 1	kimbo3		63920 lb	
Out	04/11/2013 15:38:31	PC302 Scale2	kimbo3		25660 lb	
					Net	38260 lb
					Tons	19.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.13	Tons				VA
2 TPT-Transportation	100	19.13	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

*Jerry Davis*

403WM





NON-HAZARDOUS WASTE MANIFEST

203

Manifest No. 2366

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). 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's Name: Thompson Trucking. Address: [blank]. Telephone: [blank]. Vehicle License No./State: 16-219. Trailer or Container No.: 223. Name of Driver: [blank]. Signature of Driver: Leroy Davis. Date of Receipt: 4-11-13.

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] 4-11-13. 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# 608214

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/11/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2374			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DBEDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/11/2013 15:07:03	PC301 Scale 1	kimbo3		29960 lb	61000 lb
Out	04/11/2013 15:41:22	PC302 Scale2	kimbo3		31040 lb	
					Tare	
					Net	15.52
					Tons	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.52	Tons				VA
2 TPT-Transportation	100	15.52	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2374

Handwritten initials

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: F.C.H. Address: 1300 Bellwood ed. Telephone Number: (804) 447-5854. Vehicle License No./State: #280. Name of Driver: [Signature]. Date of Receipt: 09-11-13.

SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transfer Facility's Name: [Blank]. Transfer Facility's 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]. Transporter's Address: [Blank]. Telephone Number: [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: 09-11-13.

SECTION 6 ASBESTOS (operator to complete)

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# 608215

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8371			
Destination		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	04/11/2013 15:13:07	PC301 Scale 1	kimbo3		Tare	57720 lb 28140 lb
Out	04/11/2013 15:43:55	PC302 Scale2	kimbo3		Net	29580 lb
					Tons	14.79

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.79	Tons				VA
2 TPT-Transportation	100	14.79	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 \_\_\_\_\_

*KS*



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. 2371

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
m) Asbestos ONLY - Friable, Both, % 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: 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: Kevin Smith
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# 608205

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/11/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2369 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	52600 lb
In	04/11/2013 14:54:39	PC301 Scale 1	kimbo3		Tare	29920 lb
Out	04/11/2013 16:14:41	PC302 Scale2	kimbo3		Net	22680 lb
					Tons	11.34

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.34	Tons				VA
2 TPT-Transportation	100	11.34	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





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. 2369

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) 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# 608207

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/11/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2370			
Destination		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	04/11/2013 14:56:42	PC301 Scale 1	kimbo3		56800 lb	
					Tare	32780 lb
Out	04/11/2013 16:17:52	PC302 Scale2	kimbo3		Net	24020 lb
					Tons	12.01

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	12.01	Tons			VA
2	TPT-Transportation	100	12.01	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







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

Original  
 Ticket# 608231

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2344			
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	04/12/2013 07:35:14	PC301 Scale 1	kimbo3			51740 lb
Out	04/12/2013 07:50:46	PC302 Scale2	kimbo3		Tare	33120 lb
					Net	28620 lb
					Tons	14.31

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.31	Tons				VA
2 TPT-Transportation	100	14.31	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

Manifest No. 2344

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
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: 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

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

SECTION 6 ASBESTOS (operator to complete)

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

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ( )
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, 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# 608233

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2355			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65820 lb
In	04/12/2013 07:36:59	PC301 Scale 1	kimbo3		Tare	30380 lb
Out	04/12/2013 07:54:21	PC302 Scale 2	kimbo3		Net	35440 lb
					Tons	17.72

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.72	Tons				VA
2 TPT-Transportation	100	17.72	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# 508235

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2376			
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	04/12/2013 07:38:30	PC301 Scale 1	kimbo3			64980 lb
					Tare	25660 lb
Out	04/12/2013 07:58:41	PC302 Scale2	kimbo3		Net	39320 lb
					Tone	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

*J.R. Harvey*

4120MM





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. 2376

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-188P
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: 4-12-13
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: 4-12-13

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) JOC 4-12-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-12-13
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# 608234

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/12/2013	Vehicle#	223	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2375			
Destination		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	04/12/2013 07:37:44	PC301 Scale 1	kimbo3		63240	1b
Out	04/12/2013 08:01:13	PC302 Scale2	kimbo3		26100	1b
					Net	37140 1b
					Tons	18.57

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.57	Tons				VA
2 TPT-Transportation	100	18.57	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  
 403WM

*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. 2375

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
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: Heroy Davis Date of Receipt: 4-12-13
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: 4-12-13

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] 4-12-13
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# 608236

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/12/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2361			
Destination		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	04/12/2013 07:39:26	PC301 Scale 1	kimbo3		50280	lb
Out	04/12/2013 08:02:56	PC302 Scale 2	kimbo3		26080	lb
					Net	32200 lb
					Tons	16.10

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.10 Tons				VA
2	TPT-Transportation	100	16.10 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

*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. 2361

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 -
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: 16-202
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 Mann Date of Receipt 4-12-12
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 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 4-12-13
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# 608238

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2372	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	04/12/2013 07:41:15	PC301 Scale 1	kimbo3		Tare	74400 lb
Out	04/12/2013 08:04:22	PC302 Scale2	kimbo3		Net	26400 lb
					Tons	48000 lb
						24.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.04	Tons				VA
2 TPT-Transportation	100	24.04	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.

WM'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. 2372

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 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 4-12
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt 4-12

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] 4-12-13
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# 608244

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	1159	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2257			
Destination		Grid	P4C3	
DD	5551-0014			
Profile	1014000A (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2013 08:14:25	PC301 Scale 1	kimbo3			73460 lb
					Tare	27780 lb
Out	04/12/2013 08:44:25	PC302 Scale2	kimbo3		Net	45680 lb
					Tons	22.84

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons- 100	22.84	Tons				VA
2	TPT-Transportation 100	22.84	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

*KS*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2257

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 - 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: 13-370
e) Trailer or Container No.: 1169
f) Name of Driver: KEVIN SMITH
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 608249

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/12/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2210			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75600 lb
In	04/12/2013 08:36:19	PC301 Scale 1	kimbo3		Tare	33560 lb
Out	04/12/2013 08:57:33	PC302 Scale 2	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



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.

2210

251

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.

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: E. Carter, License: P153561, Trailer: 1281, Date of Receipt: 4-12-13. Transfer Facility: Name: Charles City Landfill, Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone: (804) 986-7810, Mailing Address: Same as Above, Date of Receipt: 4-2-13.

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

Transporter 2: (empty). Destination: Name: Charles City Landfill, Address: 8000 Chambers Rd, Charles City, VA 23030, Telephone: (804) 986-7810, Mailing Address: Same as Above, Date of Receipt: 4-2-13.

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:



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

Original  
 Ticket# 608248

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2254			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	Time	Scale	Operator	Inbound	Gross	78620 lb
04/12/2013	08:35:29	PC301 Scale 1	kimbo3		Tare	30660 lb
Out	04/12/2013	09:03:34	PC302 Scale2		Net	47960 lb
					Tons	23.98

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		23.98	Tons		VA
2	TPT-Transportation	100		23.98	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

*Rusty*





NON-HAZARDOUS WASTE MANIFEST

41547

Manifest No. 2254

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 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: 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: Rusty 4-12-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-12-13

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) 966-7810
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): Rusty 4-12-13
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# 608250

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/12/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2213			
Destination		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	04/12/2013 08:40:04	PC301 Scale 1	kimbo3		Tare	77080 lb
Out	04/12/2013 09:05:53	PC302 Scale2	kimbo3		Net	50880 lb
					Tons	26200 lb
						13.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	13.10	Tons			VA
2	TPT-Transportation	100	13.10	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

*[Handwritten Signature]*

6



NON-HAZARDOUS WASTE MANIFEST

280

2213

If 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

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: ECVL
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447 5854
d) Vehicle License No./State:
e) Trailer or Container No.: 282
f) Name of Driver: Shawn West
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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) Rice 4-12-13
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# 608251

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2263	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	04/12/2013 08:45:55	PC301 Scale 1	kimbo3			79940 lb
Out	04/12/2013 09:07:12	PC302 Scale2	kimbo3		Tare	32280 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  
403WM







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

Original  
 Ticket# 608256

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2350			
Destination		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	04/12/2013 09:03:04	PC301 Scale 1	kimbo3		75820	1b
Out	04/12/2013 09:35:51	PC302 Scale2	kimbo3		26740	1b
					Net	49080 1b
					Tons	24.54

Comments

Product	LD%	Qty	UDM	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





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.

087

Manifest No. 2350

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-221P
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 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 Date of Receipt 4-12

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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) KIRK 4-12-13
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# 608265

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2216			
Destination		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	04/12/2013 09:31:24	PC301 Scale 1	kimbo3		59400 lb	
					Tare	24860 lb
Out	04/12/2013 09:56:05	PC302 Scale2	kimbo3		Net	34540 lb
					Tons	17.27

Comments:

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.27	Tons				VA
2 TRT-Transportation	100	17.27	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

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

Manifest No. 2216

60343

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: HA 103904 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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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: HA 103904 VA
e) Trailer or Container No.: 60343
f) Name of Driver: DA - d 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) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, 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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608267

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/12/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2354			
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	04/12/2013 09:46:55	PC301 Scale 1	kimbo3		66520 lb	
					Tare	33020 lb
Out	04/12/2013 10:02:28	PC302 Scale2	kimbo3		Net	33500 lb
					Tons	16.75

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.75	Tons			VA
2	TPT-Transportation	100	16.75	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

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

Manifest No. 2354

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
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)

Transporter 1 details: Name: FCR, Address, Telephone Number, Vehicle License No./State: D153561, Trailer or Container No.: 281, Name of Driver, Signature of Driver, Date of Receipt: 4-12-13

Transfer Facility details: 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) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2 details: Name, Address, Telephone Number, 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) 966-7210, Mailing Address: Same as Above, Name of Disposal Facility's Authorized Agent (print/type), Signature of Driver, Date of Receipt: 4-12-13

SECTION 6 ASBESTOS (operator to complete)

Operator information: 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# 508262

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2258			
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	71720 lb
In	04/12/2013 09:29:01	PC301 Scale 1	kimbo3		Tare	25760 lb
Out	04/12/2013 10:04:28	PC302 Scale2	kimbo3		Net	45960 lb
					Tons	22.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.98	Tons				VA
2 TPT-Transportation	100	22.98	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

*J.R. Harvey*







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

Original  
 Ticket# 608263

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2211			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70560 lb
In	04/12/2013 09:29:46	PC301 Scale 1	kimbo3		Tare	26180 lb
Out	04/12/2013 10:06:59	PC302 Scale2	kimbo3		Net	44380 lb
					Tons	22.19

Comments

Product	LD%	Qty	UOM	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

*Jeroy J 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.

2013

Manifest No. 2211

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
j) Address: Same
k) 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 Trucking
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 16-219
e) Trailer or Container No.: 293
f) Name of Driver:
g) I 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: 4-12-13
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: 4-12-13

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] 4-12-13
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# 608264

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2368			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	75480 lb
In	04/12/2013 09:30:35	PC301 Scale 1	kimbo3		Tare	26060 lb
Out	04/12/2013 10:08:19	PC302 Scale2	kimbo3		Net	49420 lb
					Tons	24.71

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.71	Tons			VA
2	TPT-Transportation	100	24.71	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

*Jason Morris*

403WM







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 608269

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2269			
Destination		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	04/12/2013 09:50:18	PC301 Scale 1	kimbo3		53780	lb
Out	04/12/2013 10:11:24	PC302 Scale2	kimbo3		26160	lb
					Net	37620 lb
					Tons	18.81

Comments

Product	LDX	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

*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. 2269

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) Tons Cubic Yards X Other Load

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

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: 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) 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: 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# 600266

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/12/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2212  
 Destination 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	04/12/2013 09:45:59	PC301 Scale 1	kimbo3		79060 lb	
Out	04/12/2013 10:15:53	PC302 Scale2	kimbo3		27740 lb	
					Net	51320 lb
					Tons	25.66

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	25.66	Tons			VA
2	TPT-Transportation	100	25.66	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

*KS*







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

Original  
 Ticket# 608270

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/12/2013	Vehicle#	292	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2271			
Destination		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	04/12/2013 09:51:28	PC301 Scale 1	kimbo3			84900 lb
Out	04/12/2013 10:17:25	PC302 Scale2	kimbo3			31750 lb
						Net 53120 lb
						Tons 26.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.56	Tons				VA
2 TPT-Transportation	100	26.56	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# 808273

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/12/2013 Vehicle# 280 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2214  
 Destination 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	04/12/2013 09:55:31	PC301 Scale 1	kimbo3		Tare	30740 lb
Out	04/12/2013 10:22:23	PC302 Scale2	kimbo3		Net	39080 lb
					Tons	19.54

Comments

Product	LDX	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

200

2214

If 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) 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: E.C.R. b) Transporter's Address: 1300 Ballwood rd c) Telephone Number: (804) 497-5854 d) Vehicle License No./State: e) Trailer or Container No.: #280 f) Name of Driver: g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt h) I hereby warrant that 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: a) Transfer Facility's Name: b) Transfer Facility's Address: c) Telephone Number: d) Vehicle License No./State: e) Trailer or Container No.: f) Name of Driver: g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt h) I hereby warrant that the above described material was delivered 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)

- 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. Signature of Driver Date of Receipt h) I hereby warrant that 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: a) Disposal Facility's Name: Charles City Landfill b) Physical Address: 8000 Chambers Rd, Charles City, 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# 608279

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2186			
Destination		Brid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	81860 lb
In	04/12/2013 10:23:49	PC301 Scale 1	kimbo3		Tare	30740 lb
Out	04/12/2013 10:52:03	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

*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.

41549

Manifest No. 2186

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: T. Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 107854
e) Trailer or Container No.: 41549
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 4-12-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-12-13

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): Rusty 4-12-13
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# 608287

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/12/2013	Vehicle#	60343	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2265			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	52780 lb
In	04/12/2013 10:45:07	PC301 Scale 1	kimbo3		Tare	25020 lb
Out	04/12/2013 11:03:37	PC302 Scale2	kimbo3		Net	27760 lb
					Tons	13.88

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.88	Tons				VA
2 TPT-Transportation	100	13.88	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

60343

Manifest No. 2266

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: 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: HA103804 VA
e) Trailer or Container No.: 00343
f) Name of Driver: David 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) 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:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill  
 3000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608290

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/12/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2373  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	70660 lb
In	04/12/2013 10:54:34	PC301 Scale 1	kimbo3		Tare	32840 lb
Out	04/12/2013 11:11:50	PC302 Scale2	kimbo3		Net	37820 lb
					Tons	18.91

Comments

Product	LD%	Qty	UDM	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2373

281

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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# 608261

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2381	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	04/12/2013 09:26:16	PC301 Scale 1	kimbo3		67060 lb	
Out	04/12/2013 11:15:46	PC302 Scale2	kimbo3		27780 lb	
					Net	39280 lb
					Tons	19.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.64	Tons				VA
2 TPT-Transportation	100	19.64	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.

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.

32700

Manifest No. 2381

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: (304) 321-123
d) Vehicle License No./State: 32123
e) Trailer or Container No.: 32123
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
h) I hereby warrant 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: 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# 608285

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2260			
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	04/12/2013 10:41:17	PC301 Scale 1	kimbo3			73180 lb
Out	04/12/2013 11:18:43	PC302 Scale 2	kimbo3			26780 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.

Operator's Signature





NON-HAZARDOUS WASTE MANIFEST

089

2260

If 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

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: 1E-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
h) I hereby warrant 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: 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# 608297

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2204			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61420 lb
In	04/12/2013 11:11:17	PC301 Scale 1	kimbo3		Tare	32540 lb
Out	04/12/2013 11:27:14	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

*[Handwritten 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. 2204

280

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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) 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: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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: 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# 608293

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/12/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2218  
 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	71850 lb
In 04/12/2013 11:05:10	PC301 Scale 1	kimbo3		Tare	25960 lb
Out 04/12/2013 11:28:55	PC302 Scale2	kimbo3		Net	45900 lb
				Tons	22.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.95	Tons				VA
2 TPT-Transportation	100	22.95	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  
 403WM

*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. 2218

223

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: Cheryl Davis Date of Receipt: 4-12-13
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: Cheryl Davis Date of Receipt: 4-12-13

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] 4-12-13
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# 608295

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2259			
Destination		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	04/12/2013 11:06:49	PC301 Scale 1	kimbo3		Tare	70440 lb 26000 lb
Out	04/12/2013 11:31:37	PC302 Scale2	kimbo3		Net	44440 lb
					Tons	22.22

Comments

Product	LD%	Qty	UOM	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

*Jason Marcus*

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. 2259

AR

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary 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, % 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: ( )
d) Vehicle License No./State: 14-222
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: 4-12-13
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): AR 4-12-13
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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608294

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2217			
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	69640 lb
In	04/12/2013 11:05:58	PC301 Scale 1	kimbo3		Tare	25980 lb
Out	04/12/2013 11:40:25	PC302 Scale2	kimbo3		Net	43660 lb
					Tons	21.83

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.83	Tons				VA
2 TPT-Transportation	100	21.83	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# 608296

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/12/2013 Vehicle# 160 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2270  
 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	72520 lb
In	04/12/2013 11:09:27	PC301 Scale 1	kimbo3		Tare	26500 lb
Out	04/12/2013 11:42:19	PC302 Scale 2	kimbo3		Net	46020 lb
					Tons	23.01

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.01	Tons				VA
2 TPT-Transportation	100	23.01	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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2270

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) 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) 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: 54-0661 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# 608300

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/12/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2272			
Destination		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	04/12/2013 11:20:02	PC301 Scale 1	kimbo3		Tare	69920 lb 29600 lb
Out	04/12/2013 11:44:28	PC302 Scale2	kimbo3		Net	40320 lb
					Tons	20.16

Comments

Product	LD%	Qty	UDM	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







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

Original  
 Ticket# 608299

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2268			
Destination		Grid	P4C3	
PO	55E1-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80640 lb
In	04/12/2013 11:18:12	PC301 Scale 1	kimbo3		Tare	27360 lb
Out	04/12/2013 11:46:58	PC302 Scale2	DW		Net	53280 lb
					Tons	26.64

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	26.64	Tons			VA
2	TPT-Transportation	100	26.64	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

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

Manifest No. 2268

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)

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 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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: Kevin Smith Date of Receipt: 4-12-13
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: Kevin Smith Date of Receipt: 4-12-13

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] 4-12-13
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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 608309

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/12/2013 Vehicle# 60343 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2108  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	55840 lb
In	04/12/2013 12:10:18	PC301 Scale 1	DW		Tare	24820 lb
Out	04/12/2013 12:30:58	PC302 Scale2	kimbo3		Net	31020 lb
					Tons	15.51

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.51	Tons				VA
2 TPT-Transportation	100	15.51	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

60343

2188

If 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
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: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: VA 130803
e) Trailer or Container No.: 60343
f) Name of Driver: David 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: [Signature] Date of Receipt: 4-12-13
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) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 4-12-13
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# 608311

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2382	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	04/12/2013 12:12:33	PC301 Scale 1	DW			73300 lb
Out	04/12/2013 12:33:10	PC302 Scale2	kimbo3			32900 lb
					Net	40400 lb
					Tons	20.20

Comments

Product	LD%	Qty	UOM	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





NON-HAZARDOUS WASTE MANIFEST

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

281

Manifest No. 2382

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: FCP
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

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





NON-HAZARDOUS WASTE MANIFEST

282

2199

If 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

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: ECL
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5850
d) Vehicle License No./State:
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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: 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which 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  
 8005 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608310

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/12/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2201  
 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	88160 lb
In	04/12/2013 12:11:27	PC301 Scale 1	DW		Tare	31060 lb
Out	04/12/2013 12:37:50	PC302 Scale2	kimbo3		Net	57100 lb
					Tons	28.55

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.55	Tons				VA
2 TPT-Transportation	100	28.55	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

*Renty*





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

2201

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

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: 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: 4-12-13
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: 4-12-13

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] 4-12-13
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  
 3000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608320

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2256	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	77680 lb
In	04/12/2013 12:32:49	PC301 Scale 1	kimbo3		Tare	29560 lb
Out	04/12/2013 12:49:23	PC302 Scale2	kimbo3		Net	48120 lb
					Tons	24.06

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	24.06	Tons			VA
2	TPT-Transportation	100	24.06	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





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. 2256

22

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: E.C.K.
b) Transporter's Address: 1360 Bellwood Rd
c) Telephone Number: (804) 442-5859
d) Vehicle License No./State:
e) Trailer or Container No.: #280
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 09-12-13
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 09-12-13

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# 608322

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2207	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	04/12/2013 12:37:26	PC301 Scale 1	kimbo3		Tare	63120 lb 25920 lb
Out	04/12/2013 12:50:48	PC302 Scale2	kimbo3		Net	37200 lb
					Tons	18.60

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.60	Tons				VA
2 TPT-Transportation	100	18.60	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  
 403WM

*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. 2207

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
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: 16-188P
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: 4-12-13
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: 4-12-13

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: James Harvey Date of Receipt: 4-12-13
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# 608318

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2208			
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	04/12/2013 12:27:08	PC301 Scale 1	DW		Tare	72000 lb 26100 lb
Out	04/12/2013 12:52:24	PC302 Scale2	kimbo3		Net	45900 lb
					Tons	22.95

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.95	Tons				VA
2 TPT-Transportation	100	22.95	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

*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.

223 Manifest No. 2208

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-219
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: 4-12-13
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: 4-12-13

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# 608319

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/12/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2264			
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	04/12/2013 12:28:11	PC301 Scale 1	DW		Tare	58760 lb
Out	04/12/2013 12:57:44	PC302 Scale 2	kimbo3		Net	25980 lb
					Tons	42780 lb
						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

*Jason Mann*







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

Original  
 Ticket# 608303

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/12/2013	Vehicle#	160	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2205			
Destination		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	04/12/2013 12:39:19	PC301 Scale 1	kimbo3		68400 lb	
Out	04/12/2013 13:02:28	PC302 Scale2	kimbo3		26400 lb	
					Net	42000 lb
					Tons	21.00

Comments:

Product	LDX	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*





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. 2205

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 54 D61P
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: 4/12/13
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): [Signature] 4-12-13
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# 608317

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2215			
Destination		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	04/12/2013 12:26:17	PC301 Scale 1	DW		Tare	73340 lb 26240 lb
Out	04/12/2013 13:08:21	PC302 Scale2	kimbo3		Net	47100 lb
					Tons	23.55

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.55	Tons				VA
2 TPT-Transportation	100	23.55	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   
 403WM





NON-HAZARDOUS WASTE MANIFEST

089 Manifest No. 2215

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 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) 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  
 3000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 608336

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2209			
Destination		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	04/12/2013 13:25:42	PC301 Scale 1	kimbo3		69420 lb	
Out	04/12/2013 13:47:15	PC302 Scale2	kimbo3		32820 lb	
					Net	36600 lb
					Tons	18.30

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.30	Tons				VA
2 TPT-Transportation	100	18.30	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.

281

Manifest No. 2209

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECD
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: PLS 7561
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:

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# 608337

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2195			
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	04/12/2013 13:30:16	PC301 Scale 1	kimbo3		59240 lb	
Out	04/12/2013 13:49:31	PC302 Scale2	kimbo3		32560 lb	
					Net	26680 lb
					Tons	13.34

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.34	Tons				VA
2 TPI-Transportation	100	13.34	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

403WM







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 608339

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/12/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2202			
Destination		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	04/12/2013 13:37:03	PC301 Scale 1	kimbo3		69700 lb	
					Tare	30060 lb
Out	04/12/2013 13:53:04	PC302 Scale2	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

403WM







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

Original  
 Ticket# 608314

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2265	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	04/12/2013 12:22:05	PC301 Scale 1	DW		55660	lb
Out	04/12/2013 14:26:18	PC302 Scale2	kimbo3		27840	lb
					Net	27820 lb
					Tons	13.91

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.91	Tons				VA
2 TPT-Transportation	100	13.91	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

32123

2265

If 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
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: 32123
e) Trailer or Container No.: 32123
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:
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) 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.
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# 608335

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	60343	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2200	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	04/12/2013 13:24:52	PC301 Scale 1	kimbo3		Tare	52160 lb
Out	04/12/2013 14:28:20	PC302 Scale2	kimbo3		Net	24560 lb
					Tons	27600 lb
						13.80

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2200

60343

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 -
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: HA130 803 VA
e) Trailer or Container No.: 60343
f) Name of Driver: David 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 608346

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2384			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	82120 lb
In	04/12/2013 13:56:37	PC301 Scale 1	kimbo3		Tare	28600 lb
Out	04/12/2013 14:29:43	PC302 Scale2	kimbo3		Net	53520 lb
					Tons	26.76

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.76	Tons				VA
2 TPT-Transportation	100	26.76	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         Routy        





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

Original  
 Ticket# 608327

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/12/2013	Vehicle#	1159	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2203			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTID NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2013 12:55:39	PC301 Scale 1	kimbo3		65040 lb	
Out	04/12/2013 14:32:26	PC302 Scale2	kimbo3		25680 lb	
					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.

Driver's Signature KS [Signature]







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

Original  
 Ticket# 608343

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2189	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	04/12/2013 13:51:41	PC301 Scale 1	kimbo3		Tare	25740 lb
Out	04/12/2013 14:45:27	PC302 Scale2	kimbo3		Net	30540 lb
					Tons	15.27

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.27	Tons				VA
2 TPI-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

*Teroy Davis*







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

Original  
 Ticket# 608344

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2206			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	42960 lb
In	04/12/2013 13:52:33	PC301 Scale 1	kimbo3		Tare	25720 lb
Out	04/12/2013 14:47:25	PC302 Scale2	kimbo3		Net	17260 lb
					Tons	8.63

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	8.63	Tons				VA
2 TPT-Transportation	100	8.63	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 Jason Morris







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

Original  
 Ticket# 608352

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/12/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Handling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2197	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	61720 lb
In	04/12/2013 14:09:12	PC301 Scale 1	kimbo3		Tare	25000 lb
Out	04/12/2013 14:48:48	PC302 Scale2	kimbo3		Net	35720 lb
					Tons	17.86

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.86	Tons				VA
2 TPT-Transportation	100	17.86	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

403WM






NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2197

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
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: 16-2211
e) Trailer or Container No.: 3889
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 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 4-12
a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 508342

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/12/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2192 Grid P4C3  
 Destination  
 PO 5531-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	52560 lb
In	04/12/2013 13:50:54	PC301 Scale 1	kimbo3		Tare	25480 lb
Out	04/12/2013 14:49:59	PC302 Scale2	kimbo3		Net	27080 lb
					Tons	13.54

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.54	Tons				VA
2 TPT-Transportation	100	13.54	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  
 403WM

*JR Harveys*





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. 2192

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 16-188P
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: 4-12-13
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: 4-12-13

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) KEO 4-12-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-12-13
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# 608565

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/17/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2128  
 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	55300 lb
In	04/17/2013 07:33:32	PC301 Scale 1	kimbo3		Tare	33080 lb
Out	04/17/2013 07:53:17	PC302 Scale2	kimbo3		Net	22220 lb
					Tons	11.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.11	Tons				VA
2 TPT-Transportation	100	11.11	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# 608568

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/17/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2383	Grid	P4C3	
Destination				
PO	5551-2014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 07:37:08	PC301 Scale 1	kimbo3			64220 lb
Out	04/17/2013 07:55:10	PC302 Scale2	kimbo3		Tare	30020 lb
					Net	34200 lb
					Tons	17.10

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.10	Tons				VA
2 TPT-Transportation	100	17.10	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# 608567

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2360	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	56620 lb
In	04/17/2013 07:35:55	PC301 Scale 1	kimbo3		Tare	33100 lb
Out	04/17/2013 07:56:27	PC302 Scale 2	kimbo3		Net	23520 lb
					Tons	11.76

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

*SM* *MA*





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. 2360

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: (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

i) 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: ECK
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: P153 362
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608569

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2385			
Destination		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	04/17/2013 07:37:50	PC301 Scale 1	kimbo3		59620 lb	
Out	04/17/2013 08:06:45	PC302 Scale2	kimbo3		25500 lb	
					Net	34120 lb
					Tons	17.06

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.06	Tons				VA
2 TPT-Transportation	100	17.06	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

*J.R. Harvey*







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

Original  
 Ticket# 608570

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2190			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101400V3 (DREDGE SEDIMENT)			
Generator	105-NAV-FAC-MID-ATLANTIC NAV-FAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	56780 lb
In	04/17/2013 07:38:44	PC301 Scale 1	kimbo3		Tare	25660 lb
Out	04/17/2013 08:08:18	PC302 Scale2	kimbo3		Net	31120 lb
					Tons	15.56

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	15.56	Tons			VA
2	TPT-Transportation	100	15.56	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 Morris







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

Original  
 Ticket# 608585

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/17/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2129			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	62080 lb
In	04/17/2013 08:39:29	PC301 Scale 1	kimbo3		Tare	32820 lb
Out	04/17/2013 08:57:19	PC302 Scale2	kimbo3		Net	29260 lb
					Tons	14.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.63	Tons				VA
2 TPT-Transportation	100	14.63	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  
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. 2129

281

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.

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 details: Name: ECR, Address, Telephone, Vehicle License No./State: P157561, Trailer or Container No.: 251, Name of Driver, Signature, Date of Receipt: 4-17-13.

Transfer Facility details: Name, Address, Telephone, Vehicle License No./State, Trailer or Container No., Name of Driver, Signature, 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, 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): KRL, Signature, Date of Receipt: 4-17-13.

SECTION 6 ASBESTOS (operator to complete)

Operator details: Name, Address, Telephone, Recommended special handling instructions, Operator's Certification, Signature of Operator's Authorized Agent, Date.

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 608590

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2379  
 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	57800 lb*
In 04/17/2013 09:03:02	PC302 Scale 1	kimbo3		Tare	28780 lb
Out 04/17/2013 09:03:11	PC302 Scale2	kimbo3		Net	29020 lb
				Tons	14.51

Comments weighed wrong truck out

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.51	Tons				VA
2 TPT-Transportation	100	14.51	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







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

Original  
 Ticket# 608581

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	41547	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2392			
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	04/17/2013 08:21:37	PC301 Scale 1	kimbo3		Tare	59040 lb
Out	04/17/2013 09:00:47	PC302 Scale2	kimbo3		Net	20980 lb*
					Tons	30060 lb
						15.03

Comments weighed wrong truck out

Product	LD%	Qty	UOM	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

*File*





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

Original  
 Ticket# 608587

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2388			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	61920 lb
In	04/17/2013 08:46:03	PC301 Scale 1	kimbo3		Tare	33700 lb
Out	04/17/2013 09:07:21	PC302 Scale 2	kimbo3		Net	28220 lb
					Tons	14.11

Comments

Product	LDX	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





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. 2388

288

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

a) Transporter's Name: ECR
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: P153 562
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ( )
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
Operator's Name (print/type) Signature of 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# 608586

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/17/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2389			
Destination		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	04/17/2013 08:43:57	PC301 Scale 1	kimbo3		67720 lb	
					Tare	30220 lb
Out	04/17/2013 09:09:29	PC302 Scale2	kimbo3		Net	37500 lb
					Tons	18.75

Comments

Product	LDX	Qty	UDM	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

Manifest No. 2389

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). Type of Containers: TR. 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: ECR. Address: P153580. Telephone: 280. Vehicle License No./State: P153580. Trailer or Container No.: 280. Name of Driver: DAVID LANCY. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below. Signature of Driver Date of Receipt 4-17-13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Signature of Driver Date of Receipt 4-17-13.

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) KILL 4-17-13. 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



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

Original  
 Ticket# 508588

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2107			
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	61050 lb
In	04/17/2013 08:53:58	PC301 Scale 1	kimbo3		Tare	26440 lb
Out	04/17/2013 09:34:43	PC302 Scale2	kimbo3		Net	35420 lb
					Tons	17.71

Comments:

Product	LDX	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.

Driver's Signature







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

Original  
 Ticket# 608591

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2386			
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	04/17/2013 09:06:54	PC301 Scale 1	kimbo3		66340 lb	
Out	04/17/2013 09:37:55	PC302 Scale 2	kimbo3		26260 lb	
					Net	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.

*Thomas L 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. 2386

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:
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: 4-17-13
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: 4-17-13

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

SECTION 6 ASBESTOS (operator to complete)

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

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

f) Responsible Agency Name and Address:



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-955-7210

Original  
 Ticket# 608593

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2390			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71460 lb
In	04/17/2013 09:11:01	PC301 Scale 1	kimbo3		Tare	25700 lb
Out	04/17/2013 09:39:57	PC302 Scale2	kimbo3		Net	45680 lb
					Tons	22.84

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.84	Tons				VA
2 TPT-Transportation	100	22.84	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.

*J.R. Harver*

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. 2390

109

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: 16-188P. Trailer or Container No.: 199. Name of Driver: James Harvey. Signature of Driver: James Harvey. Date of Receipt: 4-17-13.

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): [blank]. Signature of Driver: James Harvey. Date of Receipt: 4-17-13.

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# 608594

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2387			
Destination		Grid	R4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 09:11:38	PC301 Scale 1	kimbo3		67220 lb	
Out	04/17/2013 09:41:12	PC302 Scale2	kimbo3		26240 lb	
					Net	40980 lb
					Tons	20.49

Comments

Product	LDX	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

*Jason Mauer*







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 608599

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2253			
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	04/17/2013 09:42:33	PC301 Scale 1	kimbo3		Tare	61380 lb 32920 lb
Out	04/17/2013 10:00:40	PC302 Scale2	kimbo3		Net	28460 lb
					Tons	14.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.23	Tons				VA
2 TPT-Transportation	100	14.23	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



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

281

Manifest No.

2255

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, 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: KCC
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: DIS 3561
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.

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) 966-7310
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KCC 4-17-13
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# 608600

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	1159	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2194			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 09:43:15	PC301 Scale 1	kimbo3		68200	lb
					Tare	27100 lb
Out	04/17/2013 10:09:03	PC302 Scale2	kimbo3		Net	41100 lb
					Tons	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

*KS (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. 2194

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  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: 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: Bryan Smith

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:  
Bryan Smith 4-17-13  
 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:  
Bryan Smith 4-17-13  
 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] 4-17-13

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# 608606

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2409			
Destination		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	04/17/2013 09:59:31	PC301 Scale 1	kimbo3		Tare	58380 lb
Out	04/17/2013 10:17:13	PC302 Scale2	kimbo3		Net	30680 lb
					Tons	27700 lb
						13.85

Comments

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

Total Tax  
 Total Ticket

In 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  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608607

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/17/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2412			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	62180 lb
In	04/17/2013 10:00:13	PC301 Scale 1	kimbo3		Tare	33400 lb
Out	04/17/2013 10:10:33	PC302 Scale2	kimbo3		Net	28780 lb
					Tons	14.39

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	14.39	Tons			VA
2	TPT-Transportation	100	14.39	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

*[Handwritten 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. 2412

260

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: KCVL
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: 0153 SGL
e) Trailer or Container No.: 282
f) Name of Driver: Steven Lee
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): HQ 4-17-13
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# 508608

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2420			
Destination		Grid	P4C3	
PO	5351-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 10:02:12	PC301 Scale 1	kimbc3			70540 lb
Out	04/17/2013 10:27:15	PC302 Scale2	kimbc3			29260 lb
						41280 lb
						20.64

Comments

Product	LD%	Qty	UDM	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.

*D. D.*



NON-HAZARDOUS WASTE 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. 2420

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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:
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: 4-17-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-17-13

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] 4-17-13
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# 608611

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/17/2013 Vehicle# 280 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2411 Grid P4C3  
 Destination  
 PU 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	63900 lb
In 04/17/2013 10:06:01	PC301 Scale 1	kimbo3		Tare	30750 lb
Out 04/17/2013 10:30:28	PC302 Scale2	kimbo3		Net	33120 lb
				Tons	16.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.56	Tons				VA
2 TPT-Transportation	100	16.56	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





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. 2411

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
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 reference d 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: PL53560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANCY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 4-12-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-17-13

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) KRL 4-17-13
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# 608618

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2415			
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	04/17/2013 10:37:14	PC301 Scale 1	kimbo3		Tare	70400 lb
Out	04/17/2013 11:06:15	PC302 Scale2	kimbo3		Net	25420 lb
					Tons	43980 lb
						21.99

Comments:

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.99	Tons				VA
2 TPT-Transportation	100	21.99	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.

*Jamou 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. 2415

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: 4-17-13
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: 4-17-13

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): KAL 4-17-13
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# 608617

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2414 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	74220 lb
In	04/17/2013 10:33:42	PC301 Scale 1	kimbo3		Tare	26520 lb
Out	04/17/2013 11:08:22	PC302 Scale2	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.

FORM 10-1 (12/2008)

6





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

Original  
 Ticket# 608620

Customer Name	MCLEAN CONTRACTING CO MCLEARN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2391			
Destination		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	04/17/2013 10:38:30	PC301 Scale 1	kimbo3		Tare	26320 lb
Out	04/17/2013 11:09:56	PC302 Scale2	kimbo3		Net	29320 lb
					Tons	14.66

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.66	Tons				VA
2 TPT-Transportation	100	14.66	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.

*Jason Marub*





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. 2391

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 16-222
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 Mervis 4-17-13

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. Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered 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

a) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, 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

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

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

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 608619

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2416			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VF: (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 10:37:50	PC301 Scale 1	kimbo3			66280 lb
					Tare	26040 lb
Out	04/17/2013 11:12:02	PC302 Scale2	kimbo3		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 TPF-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.

*JR* *Hammers*





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. 2416

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

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: 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: 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: 4-17-13
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: 4-17-13

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): JOL 4-17-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-17-13
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# 608621

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2419			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	57180 lb
In	04/17/2013 10:47:17	PC301 Scale 1	kimbo3		Tare	33260 lb
Out	04/17/2013 11:14:14	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







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

Original  
 Ticket# 600625

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/17/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2422			
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	65660 lb
In	04/17/2013 11:03:12	PC301 Scale 1	kimbo3		Tare	33480 lb
Out	04/17/2013 11:22:24	PC302 Scale2	kimbo3		Net	32180 lb
					Tons	16.09

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                     *SM*                    *JK*





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

280

Manifest No. 2422

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

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: TYPE OF CONTAINERS, and 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: 1200 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: P153562
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 04/17/13
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 04/17/13

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) Ale 4-17-13
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# 608628

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2421	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	57980 lb
In	04/17/2013 11:11:24	PC301 Scale 1	kimbo3		Tare	30200 lb
Out	04/17/2013 11:29:17	PC302 Scale 2	kimbo3		Net	27780 lb
					Tons	13.89

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.89	Tons				VA
2 TPT-Transportation	100	13.89	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# 608624

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2418	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	04/17/2013 11:02:28	PC301 Scale 1	kimbo3			58800 lb
Out	04/17/2013 11:31:07	PC302 Scale2	kimbo3		Tare	27400 lb
					Net	31400 lb
					Tons	15.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.70	Tons				VA
2 TPT-Transportation	100	15.70	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

*KS (LD)*

WMA







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

Original  
 Ticket# 608632

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/17/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2423			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	71820 lb
In	04/17/2013 11:21:38	PC301 Scale 1	kimbo3		Tare	30120 lb
Out	04/17/2013 11:39:53	PC302 Scale2	kimbo3		Net	41700 lb
					Tone	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.





WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

280

Manifest No. 2423

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: PJ53560
e) Trailer or Container No.: 280
f) Name of Driver: David Long
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:



0001 Charles City, Crabby Landfill  
 Charles City, VA, 23030  
 Ph: 804-966-7210

0100001608633

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2432 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	71260 lb
In 04/17/2013 11:37:23	PC301 Scale 1	kimbo3		Tare	29220 lb
Out 04/17/2013 12:04:42	PC302 Scale 2	DW		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

*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. 2433

11547

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
j) Address: Same
k) 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 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: 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: 4-17-13
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: 4-17-13
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): KCC 4-17-13
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# 508638

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2424	Grid	P4C3	
Destination				
PQ	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACKIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 12:00:17	PC301 Scale 1	DW		67020	lb
Out	04/17/2013 12:25:55	PC302 Scale2	DW		26560	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







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 608641

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	242B	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	04/17/2013 12:08:13	PC301 Scale 1	DW			62480 lb
Out	04/17/2013 12:30:14	PC302 Scale2	DW			33320 lb
					Net	29160 lb
					Tons	14.58

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.58	Tons				VA
2 IPT-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





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.

281

Manifest No. 2428

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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: EOD
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: PJ53561
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 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: 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# 808643

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/17/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2413 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	63260 lb
In 04/17/2013 12:13:14	PC301 Scale 1	DW		Tare	33540 lb
Out 04/17/2013 12:33:59	PC302 Scale2	kimbo3		Net	29720 lb
				Tons	14.86

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.86	Tons				VA
2 TPT-Transportation	100	14.86	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 





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.

282

Manifest No. 2413

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5554
d) Vehicle License No./State: 0153SC2
e) Trailer or Container No.: 282
f) Name of Driver: Shauna Lee
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)
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# 608639

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2417  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	69360 lb*
In	04/17/2013 12:04:13	PC301 Scale 1	DW		Tare	26460 lb
Out	04/17/2013 12:35:27	PC302 Scale2	kimbo3		Net	42900 lb
					Tons	21.45

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.45	Tons				VA
2 TPT-Transportation	100	21.45	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

*Jason Marino*







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

Original  
 Ticket# 608640

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2426	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	65040 lb
In	04/17/2013 12:06:51	PC301 Scale 1	DW		Tare	25980 lb
Out	04/17/2013 12:37:07	PC302 Scale2	kimbo3		Net	39060 lb
					Tons	19.53

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	19.53	Tons			VA
2	TPT-Transportation	100	19.53	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

*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.

199

Manifest No. 2426

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). 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

SECTION 3

TRANSFER FACILITY - (complete if applicable)

Transporter 1: Thompson, 16-188P, James Harvey, 4-17-13. Transfer Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, James Harvey, 4-17-13.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

Disposal Facility: Charles City Landfill, 8000 Chambers Rd, Charles City, VA 23030, (804) 966-7210, Mailing Address: Same as Above, James Harvey, 4-17-13.

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.

f) Responsible Agency Name and Address:



Charles City County Landfill  
 9000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608644

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2431			
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	04/17/2013 12:25:24	PC301 Scale 1	DW		55940	lb
					Tare	29660 lb
Out	04/17/2013 12:42:42	PC302 Scale2	kimbo3		Net	26280 lb
					Tons	13.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.14	Tons				VA
2 TPT-Transportation	100	13.14	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





NON-HAZARDOUS WASTE MANIFEST

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

4/509 Manifest No. 2431

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 - Frangible, Both, Non-Frangible, 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 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: 32113
e) Trailer or Container No.: 41509
f) Name of Driver: George C Powers
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# 608647

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	1169	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2429			
Destination		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	04/17/2013 12:34:03	PC301 Scale 1	DW		76420	lb
Out	04/17/2013 12:59:03	PC302 Scale2	kimbo3		27060	lb
					Net	48560 lb
					Tons	24.28

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.28	Tons				VA
2 TPT-Transportation	100	24.28	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 \_\_\_\_\_





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.

1169

Manifest No. 2429

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
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# 608657

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2425  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	67500 lb*
In	04/17/2013 13:01:06	PC302 Scale 1	kimbo3		Tare	26660 lb
Out	04/17/2013 13:01:15	PC302 Scale2	kimbo3		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

*Sherry 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.

223 Manifest No. 2425

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 4-17-13
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: 4-17-13

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.
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: 804-965-7210

Original  
 Ticket# 608652

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/17/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2432			
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	04/17/2013 12:47:20	PC301 Scale 1	kimbo3		75760	1b
Out	04/17/2013 13:07:40	PC302 Scale2	kimbo3		30800	1b
					Net	44960 1b
					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

280

Manifest No. 2432

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: ELC

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: ( ) \_\_\_\_\_

d) Vehicle License No./State: P153560

e) Trailer or Container No.: 280

f) Name of Driver: DAVID LANEY

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

Signature of Driver \_\_\_\_\_ Date of Receipt 4-17-13

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 4-17-13

## 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): ALL 4-17-13

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# 608662

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/17/2013 Vehicle# 201 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2410 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	65040 lb
In	04/17/2013 13:17:01	PC301 Scale 1	kimbo3		Tare	32940 lb
Out	04/17/2013 13:40:22	PC302 Scale2	kimbo3		Net	32100 lb
					Tons	16.05

Comments

Product	LD%	Qty	UDM	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



NON-HAZARDOUS WASTE MANIFEST

281

Manifest No. 2410

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

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 3561
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.

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# 608660

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2442	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	74060 lb
In	04/17/2013 13:15:11	PC301 Scale 1	kimbo3		Tare	29220 lb
Out	04/17/2013 13:42:22	PC302 Scale 2	kimbo3		Net	44840 lb
					Tons	22.42

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.42	Tons				VA
2 TPT-Transportation	100	22.42	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. 2442

41597

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...

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
Transporter's Address:
Telephone Number:
Vehicle License No./State: 107856
Trailer or Container No.: 41597
Name of Driver: RUSSEY
I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: RUSSEY Date of Receipt: 4-17-13
I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver: RUSSEY Date of Receipt: 4-17-13

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) 968-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): AOC 4-17-13
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# 608665

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2445			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

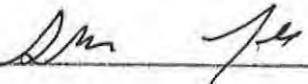
	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 13:24:12	PC301 Scale 1	kimbo3			56760 lb
					Tare	32880 lb
Out	04/17/2013 13:45:29	PC302 Scale 2	kimbo3		Net	33880 lb
					Tons	16.94

Comments

Product	LD%	Qty	LOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.94	Tons				VA
2 TPT-Transportation	100	16.94	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

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

Manifest No. 2445

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECR
b) Transporter's Address:
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: P150562
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 04-17-13
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 04-17-13

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 4-17-13
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# 608661

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2262  
 Destination Grid P403  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 13:15:57	PC301 Scale 1	kimbo3		72560 lb	
Out	04/17/2013 14:09:43	PC302 Scale2	kimbo3		26860 lb	
					Net	45900 lb
					Tons	22.95

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.95	Tons				VA
2 TPT-Transportation	100	22.95	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  
 403WM







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

Original  
 Ticket# 608668

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2427			
Destination		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	04/17/2013 13:29:59	PC301 Scale 1	kimbo3		Tare	70600 lb
Out	04/17/2013 14:12:34	PC302 Scale 2	kimbo3		Net	26580 lb
					Tons	44020 lb
						22.01

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.01	Tons				VA
2 TPT-Transportation	100	22.01	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 Jason Morris





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 608671

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/17/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2435			
Destination		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	04/17/2013 13:35:58	PC301 Scale 1	kimbo3		70820	lb
Out	04/17/2013 14:19:02	PC302 Scale2	kimbo3		26320	lb
					Net	44500 lb
					Tare	22.25

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.25	Tons			VA
2	TPT-Transportation	100	22.25	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# 608673

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2440			
Destination		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	04/17/2013 13:57:54	PC301 Scale 1	kimbo3		74040	lb
Out	04/17/2013 14:20:58	PC302 Scale2	kimbo3		26780	lb
					47260	lb
						Tons
						23.63

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.63	Tons				VA
2 TPT-Transportation	100	23.63	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 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. 2440

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 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: 4-17-13
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: 4-17-13

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] 4-17-13
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# 608680

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/17/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2441			
Destination		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	04/17/2013 14:06:03	PC301 Scale 1	kimbo3		72680	lb
Out	04/17/2013 14:27:04	PC302 Scale2	kimbo3		30660	lb
					Net	42000 lb
					Tons	21.00

Comments

Product	LDX	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







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

Original  
 Ticket# 608674

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2439			
Destination		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	04/17/2013 13:58:30	PC301 Scale 1	kimbo3		73300	1b
Out	04/17/2013 14:30:30	PC302 Scale2	kimbo3		28320	1b
					44980	1b
					22.49	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.49	Tons				VA
2 TPT-Transportation	100	22.49	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. 2439

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
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: THOMASON
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13-390
e) Trailer or Container No.: 1169
f) Name of 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: 804-965-7210

Original  
 Ticket# 608678

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2438			
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	04/17/2013 14:03:40	PC301 Scale 1	kimbo3		Tare	58320 lb 27660 lb
Out	04/17/2013 14:32:36	PC302 Scale2	kimbo3		Net	30660 lb
					Tons	15.33

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.33	Tons				VA
2 TPT-Transportation	100	15.33	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. 2438

41509

MANAGEMENT

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: George E Powerster
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 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.
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# 608667

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2436	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	04/17/2013 14:30:05	PC301 Scale 1	kimbo3		62920 lb	
Out	04/17/2013 14:49:38	PC302 Scale2	kimbo3		33200 lb	
					Net	29720 lb
					Tons	14.86

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	14.86	Tons			VA
2	TPT-Transportation	100	14.86	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







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

Original  
 Ticket# 608689

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/17/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2437			
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	04/17/2013 14:34:03	PC301 Scale 1	kimbo3		53380	lb
Out	04/17/2013 14:51:04	PC302 Scale 2	kimbo3		32960	lb
					Net	30420 lb
					Tons	15.21

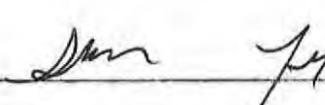
Comments

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.

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. 2437

250

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: 804 447 5854
d) Vehicle License No./State: P153562
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that 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# 600692

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2454			
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	74620 lb
In	04/17/2013 14:47:12	PC301 Scale 1	kimbo3		Tare	29440 lb
Out	04/17/2013 15:11:29	PC302 Scale2	kimbo3		Net	45180 lb
					Tons	22.59

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	22.59	Tons			VA
2	TPT-Transportation	100	22.59	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

*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. 2454

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 1D7 BSL
e) Trailer or Container No.: 41547
f) Name of Driver: Kenty
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: 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# 608698

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/17/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2447  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	62120 lb
In	04/17/2013 15:15:21	PC301 Scale 1	kimbo3		Tare	26440 lb
Out	04/17/2013 15:28:23	PC302 Scale2	kimbo3		Net	35680 lb
Comments					Tons	17.84

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.84	Tons				VA
2 TPT-Transportation	100	17.84	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

*J.R. Harvey*





NON-HAZARDOUS WASTE MANIFEST

109

Manifest No. 2447

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

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: 4-17-13
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: 4-17-13

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) 966-7310
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): KDO 4-17-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-17-13
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# 608698

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Value
Ticket Date	04/17/2013	Vehicle#	089	
Payment Type	Credit Account	Container#		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2442	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	04/17/2013 15:10:11	PC301 Scale 1	kimbo3		59180	lb
Out	04/17/2013 15:30:01	PC302 Scale2	kimbo3		26820	lb
					42360	lb
						21.18

Comments

Product	LDX	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







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

Original  
 Ticket# 508700

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2449	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	58860 lb
In	04/17/2013 15:16:24	PC301 Scale 1	kimbo3		Tare	27300 lb
Out	04/17/2013 15:32:45	PC302 Scale2	kimbo3		Net	31560 lb
					Tons	15.78

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.78	Tons				VA
2 TPT-Transportation	100	15.78	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

*Doray Davis*







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 608697

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2434			
Destination		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	04/17/2013 15:07:29	PC301 Scale 1	kimbo3		Tare	71740 lb 26500 lb
Out	04/17/2013 15:34:12	PC302 Scale2	kimbo3		Net	45240 lb
					Tons	22.62

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.62	Tons				VA
2 TPT-Transportation	100	22.62	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

*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. 2434

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.

Table with 1 column and 5 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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

Transporter 1: Name Thompson, Address, Telephone, Vehicle License No. 11e-222, Trailer or Container No. 192, Name of Driver Jason Moore. Transfer Facility: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver.

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

Transporter 2: Name, Address, Telephone, Vehicle License No., Trailer or Container No., Name of Driver. 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.

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# 606702

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/17/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2451			
Destination		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	04/17/2013 15:18:21	PC301 Scale 1	kimbo3		Tare	53260 lb
Out	04/17/2013 15:41:37	PC302 Scale2	kimbo3		Net	30200 lb
					Tons	23060 lb
						11.53

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.53	Tons				VA
2 TPT-Transportation	100	11.53	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.

Manifest No.

2451

280

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 X Other Load

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: ECK

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: P153660

d) Vehicle License No./State:

e) Trailer or Container No.: 280

e) Trailer or Container No.:

f) Name of Driver: DAVID LANEY

f) Name of Driver:

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

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

Signature of Driver Date of Receipt 4-17-13

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:

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

Signature of Driver Date of Receipt 4-17-13

Signature of Driver Date of Receipt

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) 966-7810

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) KILL 4-17-13

f) Name of Driver:

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

Signature of Driver Date of Receipt

Signature of Driver Date of Receipt

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

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

Signature of Driver Date of Receipt

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 608705

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2444			
Destination	5551-0014	Grid	P4C3	
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 15:37:40	PC301 Scale 1	kimbo3		67160 lb	
Out	04/17/2013 15:59:22	PC302 Scale2	kimbo3		32900 lb	
					Net	34260 lb
					Tons	17.13

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.13	Tons				VA
2 TPT-Transportation	100	17.13	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# 608707

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/17/2013	Vehicle#	282	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2453	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	66980 lb
In	04/17/2013 15:39:43	PC301 Scale 1	kimbo2		Tare	32800 lb
Out	04/17/2013 16:01:45	PC302 Scale2	kimbo3		Net	34100 lb
					Tons	17.05

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.05	Tons				VA
2 TPT-Transportation	100	17.05	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 \_\_\_\_\_ *[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.

280

Manifest No. 2453

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: ECM
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State: P153 SG2
e) Trailer or Container No.: 282
f) Name of Driver: Shawn Lee
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# 606783

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2450	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	
In	04/17/2013 15:31:47	PC301 Scale 1	kimbo3		56020 lb	
Out	04/17/2013 16:10:48	PC302 Scale2	kimbo3		26760 lb	
					Net	29260 lb
					Tons	14.63

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.63	Tons				VA
2 TPT-Transportation	100	14.63	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







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

Original  
 Ticket# 608704

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2448			
Destination		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	04/17/2013 15:36:59	PC301 Scale 1	kimbo3			70020 lb
Out	04/17/2013 16:15:55	PC302 Scale2	kimbo3			27480 lb
					Net	42540 lb
					Tons	21.27

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.27	Tons				VA
2 TPT-Transportation	100	21.27	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 \_\_\_\_\_

*K.S*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2448

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

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 - 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: 13-39D
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
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) KLO 4-17-13
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# 608712

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/17/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2408	Grid	R403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2013 16:11:56	PC301 Scale 1	kimbo3			59260 lb
Out	04/17/2013 16:29:23	PC302 Scale2	kimbo3			29480 lb
					Net	29780 lb
					Tons	14.89

Comments:

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	14.89	Tons			VA
2	TPT-Transportation	100	14.89	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

*Busty*





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. 2408

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/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: 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.
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) KOL 4-12-13
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# 608720

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/18/2013	Vehicle#	282	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2396			
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	04/18/2013 07:37:15	PC301 Scale 1	kimbo3			63980 lb
Out	04/18/2013 07:53:59	PC302 Scale2	kimbo3		Tare	35020 lb
					Net	28960 lb
					Tons	14.48

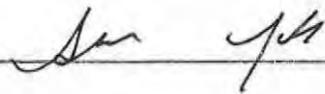
Comments

Product	LD%	Dty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.48	Tons				VA
2 TPT-Transportation	100	14.48	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  
 8020 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 800719

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/18/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2452	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	04/18/2013 07:36:11	PC301 Scale 1	kimbo3		Tare	62720 lb 33440 lb
Out	04/19/2013 07:57:49	PC302 Scale2	kimbo3		Net	29280 lb
					Tons	14.64

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	14.64 Tons				VA
2	TPT-Transportation	100	14.64 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# 608721

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/18/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2459			
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	04/18/2013 07:40:39	PC301 Scale 1	kimbo3		Tare	71150 lb 31420 lb
Out	04/18/2013 08:00:19	PC302 Scale2	kimbo3		Net	39740 lb
					Tons	19.87

Contents

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.87	Tons				VA
2 TPT-Transportation	100	19.87	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



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. 2459

280

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: ECP
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: P153560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 4-18-13
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 4-18-13

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# 608721

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2457  
 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	04/18/2013 07:32:06	PC301 Scale 1	kimbo3		67660	1b
Out	04/18/2013 08:02:07	PC302 Scale2	kimbo3		26320	1b
					Net	41340 1b
					Tons	20.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.67	Tons				VA
2 TPT-Transportation	100	20.67	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

*JR Harvey*





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

Original  
 Ticket# 600722

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2450  
 Destination Grid P403  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	71840 lb
In	04/18/2013 07:28:50	PC301 Scale 1	kimbo2		Tare	25420 lb
Out	04/18/2013 08:04:07	PC302 Scale 2	kimbo2		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

*Teroy Davis*





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

Original  
 Ticket# 608723

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 244E 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	04/18/2013 07:39:53	PC301 Scale 1	kimbo3		69400	lb
Out	04/18/2013 08:06:30	PC302 Scale2	kimbo3		26820	lb
					42580	lb
						21.29

Comments

Product	LD%	Qty	LOM	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

*Jason Marcus*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2446

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 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)

- SECTION 2: 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 M... 4-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
SECTION 3: a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of 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): KDC 4-18-13
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# 600726

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/18/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2401			
Destination		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	04/18/2013 07:43:04	PC301 Scale 1	kimbo3		62320	lb
Out	04/18/2013 08:07:52	PC302 Scale2	kimbo3		31940	lb
					Net	30380 lb
					Tons	15.19

Comments

Product	LDX	Qty	UDM	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 \_\_\_\_\_



NON-HAZARDOUS WASTE MANIFEST

209

Manifest No. 2401

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, 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: A Fields
b) Transporter's Address:
c) Telephone Number: ( ) 447-5859
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 Fields Date of Receipt: 4-18-13
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: A Juk Date of Receipt: 4-18-13

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) 988-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): MOC 4-18-13
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:
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# 808732

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2393			
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	04/18/2013 08:01:43	PC301 Scale 1	kimbo3		Tare	52040 lb 27700 lb
Out	04/18/2013 08:29:24	PC302 Scale2	kimbo3		Net	24340 lb
					Tax	12.17

Comments

Product	LD%	Qty	UOM	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.

Driver's Signature

*REC*





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-955-7210

Original  
 Ticket# 608730

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/16/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8451	Grid	P4C3	
Destination				
OC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/16/2013 07:57:22	PC301 Scale 1	kimbo3			69300 lb
					Tare	30960 lb
Out	04/16/2013 08:32:13	PC302 Scale2	kimbo3		Net	38340 lb
					Tons	19.17

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.17	Tons				VA
2 TPT-Transportation	100	19.17	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

*Rusty*



NON-HAZARDOUS WASTE MANIFEST

41549

Manifest No. 2461

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) 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)

- SECTION 2: a) Transporter's Name: Thompson, b) Address, c) Telephone, d) Vehicle License No./State: 107856, e) Trailer or Container No.: 41549, 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, 4-18-13, h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty, 4-18-13.
SECTION 3: a) Transfer Facility's Name, b) Address, c) Telephone, d) Vehicle License No./State, e) Trailer or Container No., f) Name of Driver, g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver, Date of Receipt, h) I hereby warrant that the above described material was delivered 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)

- SECTION 4: a) Transporter's Name, b) Address, c) Telephone, d) Vehicle License No./State, e) Trailer or Container No., f) Name of Driver, g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: Signature of Driver, Date of Receipt, h) I hereby warrant that 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: a) Disposal Facility's Name: Charles City Landfill, b) Physical Address: 8000 Chambers Rd, Charles City, VA 23030, c) Telephone Number: (804) 966-7210, d) Mailing Address: Same as Above, e) Name of Disposal Facility's Authorized Agent (print/type): ACC 4-18-13, 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# 608734

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2455 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 04/18/2013 08:06:06	PC301 Scale 1	kimbo3		65940	1b
Out 04/18/2013 08:34:28	PC302 Scale 2	kimbo3		27400	1b
				Net	38540 1b
				Tons	19.27

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.27	Tons				VA
2 IPT-Transportation	100	19.27	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  
 8002 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608739

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 1159 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2394 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	66180 lb
In	04/18/2013 08:24:02	PC301 Scale 1	kimbo3		Tare	28960 lb
Out	04/18/2013 08:56:19	PC302 Scale 2	kimbo3		Net	37220 lb
					Tone	18.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.61	Tons				VA
2 TPT-Transportation	100	18.61	Tone				VA

Total Tax  
 Total Ticket

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

Driver's Signature \_\_\_\_\_

*KS*



# NON-HAZARDOUS WASTE MANIFEST

1169

Manifest No. 2394

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 - 

<input type="checkbox"/> Friable	<input type="checkbox"/> Both	_____ % Friable
<input type="checkbox"/> Non-Friable	<input type="checkbox"/> N/A	_____ % non-Friable

n) Type of Containers: 

<b>T</b>	<b>R</b>
----------	----------

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: 13-390

e) Trailer or Container No.: 1169

f) Name of Driver: Kevin Smith

g) I 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: 4-18-13

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: [Signature] Date of Receipt: 4-18-13

## 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) 986-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 4-18-13

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# 606740

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Value
Ticket Date	04/18/2013	Vehicle#	801	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001000	
State Waste Code		Gen EPA ID		
Manifest	2398			
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	04/18/2013 08:43:45	PC301 Scale 1	kimbo3		52140	lb
Out	04/18/2013 09:01:58	PC302 Scale2	kimbo3		33380	lb
					Net	28760
					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 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# 608741

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/18/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2397			
Destination		Grid	P403	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 08:44:26	PC201 Scale 1	kimbo3			50480 lb
					Tare	29900 lb
Out	04/18/2013 09:12:32	PC302 Scale2	kimbo3		Net	30580 lb
					Tons	15.29

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.29	Tons				VA
2 TPT-Transportation	100	15.29	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



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2397

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

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: FCR
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153540
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANCY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 4-18-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-18-13

- 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:
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): K... 4-18-13
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# 502745

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2455			
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	04/18/2013 08:58:25	PC301 Scale 1	kimbo2		64980	lb
					Tare	27020 lb
Out	04/18/2013 09:16:15	PC302 Scale 2	kimbo3		Net	37960 lb
					Tons	18.98

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.98	Tons				VA
2 TRT-Transportation	100	18.98	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 Mann*





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

Original  
 Ticket# 608743

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/18/2013	Vehicle#	199	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2399			
Destination		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	04/18/2013 08:55:51	PC301 Scale 1	kimbo3		71060 lb	
Out	04/18/2013 09:18:19	PC302 Scale2	kimbo3		26420 lb	
					Net	44640 lb
					Tons	28.32

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	28.32	Tons			VA
2	TPT-Transportation	100	28.32	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

2399

Manifest No. 2399

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: 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: James Harvey Date of Receipt: 4-18-13
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: 4-18-13

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) Kyle 4-18-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Harvey Date of Receipt: 4-18-13
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# 608744

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2400  
 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	04/18/2013 08:57:48	PC301 Scale 1	kimbo3		67120 lb	
Out	04/18/2013 09:21:07	PC302 Scale2	kimbo3		26960 lb	
					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.

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. 2400

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 -
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 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 4-18-13
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 Jerry Davis Date of Receipt 4-18-13

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) Klee 4-18-13
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# 508749

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier AL Fields  
 Ticket Date 04/18/2013 Vehicle# 279 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2407  
 Destination Grid PAC3  
 PG 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NA1FACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 09:03:23	PC301 Scale 1	kimbo3		53180	lb
Out	04/18/2013 09:22:49	PC302 Scale 2	kimbo3		32280	lb
					Net	30900
					Tons	15.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.45	Tons				VA
2 TPT-Transportation	100	15.45	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. 2407

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)
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

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. F. LEADS
b) Transporter's Address:
c) Telephone Number: ( ) 447-5589
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

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

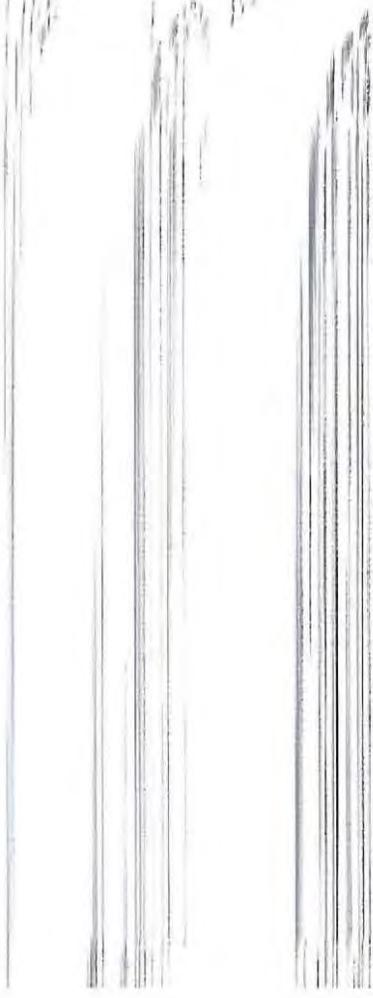
"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.
a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ( )
d) Recommended special handling instructions and 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)

Original  
Ticket# 528752

Charles City County Landfill  
Lanes Road





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

Original  
 Ticket# 608752

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2462	Grid	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	04/18/2013 09:22:23	PC301 Scale 1	kimbo3		54960	lb
Out	04/18/2013 09:58:26	PC302 Scale2	kimbo3		27600	lb
					Net	27360 lb
					Tons	13.68

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	13.68	Tons			VA
2	YPT-Transportation	100	13.68	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

*REC*



NON-HAZARDOUS WASTE MANIFEST

41509

Manifest No. 2462

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 -
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: 30115
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) SECTION 5 DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 30115
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) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, 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 4-18-13
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:
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# 608756

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2465 Grid P403  
 Destination  
 PO 5551-0214  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 09:36:28	PC301 Scale 1	kimbo3		89300	lb
Out	04/18/2013 10:02:50	PC302 Scale 2	kimbo3		30460	lb
					Net	38840
					Tons	19.42

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.42	Tons				VA
2 TPT-Transportation	100	19.42	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# 608754

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2453  
 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	04/18/2013 09:29:42	PC301 Scale 1	kimbo3		67150	lb
Out	04/18/2013 10:05:43	PC302 Scale2	kimbo3		27680	lb
					Net	39470 lb
					Tons	19.64

Comments:

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.64	Tons				VA
2 TPT-Transportation	100	19.64	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

089

Manifest No. 2463

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

- 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 4-18
- 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 4-18

## 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) KAR 4-18-13
- 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# 608758

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/18/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2466  
 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	64540 lb
In 04/18/2013 09:49:24	PC301 Scale 1	kimbo2		Tare	33140 lb
Out 04/19/2013 10:05:44	PC302 Scale 2	kimbo3		Net	31400 lb
				Tons	15.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.70	Tons				VA
2 TBT-Transportation	100	15.70	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



NON-HAZARDOUS WASTE MANIFEST

281

Manifest No. 2466

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: ECP
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: P153561
e) Trailer or Container No.: 587
f) Name of 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: 804-965-7210

Original  
 Ticket# 608763

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/18/2013	Vehicle#	250	Value
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2402			
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	04/18/2013 10:04:19	PC301 Scale 1	kimbo3		70280	lb
					Tare	30280 lb
Out	04/18/2013 10:25:31	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





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 506767

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2460	Grid	P403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 10:15:51	PC301 Scale 1	kimbo3		Tare	70640 lb
Out	04/18/2013 10:29:09	PC302 Scale2	kimbo3		Net	27140 lb
					Tons	43700 lb
						21.85

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	Tons	21.85			VA
2	TOT-Transportation	100	Tons	21.85			VA

Total Tax  
 Total Ticket

In accordance with Virginia 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

pro

Manifest No. 2460

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.

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]. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] 4-18-13. 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: [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.

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.

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] 4-18-13. 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. Responsible Agency Name and Address: [blank].



Charles City County Landfill  
 8000 Chamber's Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608766

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier AL Fields  
 Ticket Date 04/18/2013 Vehicle# 279 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2406  
 Destination 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	04/18/2013 10:14:49	PC301 Scale 1	kimbo3		62920	lb
Out	04/18/2013 10:30:28	PC302 Scale 2	kimbo3		32720	lb
					Net	30200 lb
					Tare	15.10

Comments

Product	UDM	Qty	UDM	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

*A Fields*





Charles City County Landfill  
 8020 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608765

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	1159	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2454	Grid	P4C3	
Destination				
PO	5351-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 10:36:30	PC301 Scale 1	kimbo3		66940 lb	
					Tare	29340 lb
Out	04/18/2013 10:39:43	PC302 Scale 2	kimbo3		Net	38600 lb
					Tons	19.30

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tone-	100	19.30	Tons				VA
2 YPT-Transportation	100	19.30	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 \_\_\_\_\_

*KS* *(LD)*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2464

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
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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Keene
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) KDC 4-18-13
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# 608769

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2424			
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	
In	04/18/2013 10:26:55	PC301 Scale 1	kimbo3		59080	15
					Tare	25820 15
Out	04/18/2013 10:51:06	PC302 Scale2	kimbo3		Net	42260 15
					Tons	21.13

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.13	Tons				VA
2 TPT-Transportation	100	21.13	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

*Jerry Davis*





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

Original  
 Ticket# 608768

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2403	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	04/18/2013 10:22:26	PC301 Scale 1	kimbo3		68680	lb
Out	04/18/2013 10:53:09	PC302 Scale2	kimbo3		26220	lb
					Net	42460 lb
					Tons	21.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.23	Tons				VA
2 TPT-Transportation	100	21.23	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

*J.R. Harvey*





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

Original  
 Ticket# 608772

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2468  
 Destination Grid P403  
 PU 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/18/2012 10:50:34	PC301 Scale 1	kimbo3		70580	lb
Out 04/18/2013 11:13:31	PC302 Scale 2	kimbo3		27320	lb
				Net	43260 lb
				Tare	21.63

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.63	Tons				VA
2 TPT-Transportation	100	21.63	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

089

Manifest No. 2468

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

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

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

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)

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# 600771

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2467  
 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	60100 lb
In 04/18/2013 10:47:05	PC301 Scale 1	kimbo3		Tare	27300 lb
Out 04/18/2013 11:16:14	PC302 Scale 2	kimbo3		Net	32720 lb
				Tons	16.36

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.36	Tons				VA
2 IPT-Transportation	100	16.36	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 REC





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

Original  
 Ticket# 608777

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EDR  
 Ticket Date 04/18/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2470 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	53200 lb
In 04/18/2013 11:01:22	PC301 Scale 1	kimbo3		Tare	33320 lb
Out 04/18/2013 11:25:07	PC302 Scale 2	kimbo3		Net	29880 lb
				Tons	14.94

Comments

Product	LDX	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

4031111



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

281

Manifest No. 2470

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: ECK
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of 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# 608780

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2400	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	04/18/2013 11:15:04	PC301 Scale 1	kimbo3		Tare	72000 lb 30540 lb
Out	04/18/2013 11:44:09	PC302 Scale2	kimbo3		Net	41460 lb
					Tons	20.73

Comments

Product	LDX	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# 608784

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/18/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001800	
State Waste Code		Gen EPA ID		
Manifest	2473			
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	04/18/2013 11:26:41	PC301 Scale 1	kimbo3			55300 lb
					Tare	32720 lb
Out	04/18/2013 11:46:24	PC302 Scale 2	kimbo3		Net	32580 lb
					Tons	16.29

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.29	Tons			VA
2	TPT-Transportation	100	16.29	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, 22030  
 Ph: 804-966-7210

Original  
 Ticket# 608783

Customer Name MCLEAN CONTRACTING DO MCLEAN Carrier ECR  
 Ticket Date 04/18/2013 Vehicle# 280 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2471  
 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	71380 lb
In 04/18/2013 11:24:04	PC301 Scale 1	kimbo3		Tare	29550 lb
Out 04/18/2013 11:51:25	PC302 Scale 2	kimbo3		Net	41820 lb
				Tons	20.91

Comments

Product	LDK	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.91	Tons				VA
2 TPT-Transportation	100	20.91	Tons				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



NON-HAZARDOUS WASTE MANIFEST

280

Manifest No. 2471

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.

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 details: Name: ECR, Address: [blank], Telephone: [blank], Vehicle License No./State: P153560, Trailer or Container No.: 286, Name of Driver: DAVID LANEY. Date of Receipt: 4-18-13.

Transfer Facility details: 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) SECTION 5 DESTINATION - (Disposal Facility)

Transporter 2 details: Name: [blank], Address: [blank], Telephone: [blank], Vehicle License No./State: [blank], Trailer or Container No.: [blank], Name of Driver: [blank]. Date of Receipt: [blank].

Destination details: 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, Date of Receipt: 4-18-13.

SECTION 6 ASBESTOS (operator to complete)

Operator details: 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# 608785

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Value
Ticket Date	04/18/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001202	
State Waste Code		Gen EPA ID		
Manifest	2472	Grid	P403	
Destination				
OP	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 11:35:41	PC301 Scale 1	kimco3		79980	lb
Out	04/18/2013 12:03:54	PC302 Scale 2	DW		26940	lb
					Net	51140
					Tons	25.57

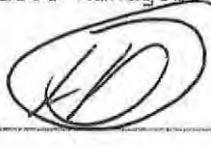
Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.57	Tons				VA
2 TPT-Transportation	100	25.57	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 \_\_\_\_\_

*KS* 





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

Original  
 Ticket# 606781

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 192 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2405  
 Destination Spic P403  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 11:17:25	PC301 Scale 1	kimbo2		59800	lb
Out	04/19/2013 12:06:41	PC302 Scale2	DW		26900	lb
					Net	42900
					Tons	21.41

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.41	Tons				VA
2 TPT-Transportation	100	21.41	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# 608790

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2475 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	68260 lb
In	04/18/2013 11:48:44	PC301 Scale 1	kimbo3		Tare	26180 lb
Out	04/18/2013 12:16:00	PC302 Scale 2	DW		Net	42080 lb
					Tons	21.04

Comments

Product	LDX	Qty	UOM	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





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

Original  
 Ticket# 508731

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2476			
Destination		Grid	94C3	
PC	3551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 11:45:26	PC301 Scale 1	kimbo3		66520	lb
Out	04/18/2013 12:17:31	PC302 Scale2	DW		27140	lb
					Net	39480 lb
					Tons	19.74

Comments

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

Total Tax  
 Total Ticket

*Jersey Davis*





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

Original  
 Ticket# 600795

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2478			
Destination		Grid	P403	
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	04/18/2013 12:08:46	PC301 Scale 1	DW		Tare	27080 lb
Out	04/18/2013 12:25:19	PC302 Scale2	DW		Net	43100 lb
					Tons	21.55

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.55	Tons				VA
2 TPT-Transportation	100	21.55	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# 608797

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/16/2013 Vehicle# 47509 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2477  
 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	57560 lb
In	04/18/2013 12:28:33	PC301 Scale 1	DW		Tare	27860 lb
Out	04/18/2013 12:32:50	PC302 Scale 2	DW		Net	29700 lb
					Tons	14.85

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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.

47509

Manifest No. 2477

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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 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

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 20115
e) Trailer or Container No.: 47509
f) Name of Driver: Eddie Crank
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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  
 Ticket# 600799

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/18/2013	Vehicle#	281	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2479	Grid	P403	
Destination				
PC	5551-2014			
Profile	101400VA (DREDGE BEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	65620 lb
In	04/18/2013 12:11:10	PC301 Scale 1	DW		Tare	33320 lb
Out	04/18/2013 12:34:06	PC302 Scale 2	DW		Net	32300 lb
					Tons	16.15

Comments

Product	LDX	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





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 608805

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 279 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2423 Spic P4C3  
 Destination PC 5551-0014  
 PC Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	74250	lb
In	04/18/2013 12:30:02	PC301 Scale 1	DN		Tare	32500	lb
Out	04/18/2013 12:59:29	PC302 Scale2	kimbo3		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

279

2483

If 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: (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 -
n) Type of Containers: T R

Table with 2 columns: TYPE OF CONTAINERS, and rows: 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: H 70145
b) Transporter's Address:
c) Telephone Number: ( ) 547-5846
d) Vehicle License No./State: 39-075
e) Trailer or Container No.:
f) Name of Driver: 279
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 608609

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Value
Ticket Date	04/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2474	Grid	P403	
Destination				
PO	5551-2014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 12:52:40	PC301 Scale 1	kimbo3		59480	lb
Out	04/18/2013 13:14:07	PC302 Scale2	kimbo3		26720	lb
					Net	41760
					Tons	20.88

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2474

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:
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 grid: 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

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.: K2
f) Name of Driver:
g) I 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: 4-18-13
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

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) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 4-18-13
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:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 22030  
 Ph: 804-956-7210

Original  
 Ticket# 608810

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2493	Grid	P4C3	
Destination				
DD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 12:52:27	PC301 Scale 1	kimba3		Tons	73000 lb
Out	04/18/2013 13:19:03	PC302 Scale 2	kimba3		Net	30700 lb
					Tons	42300 lb
						21.19

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	21.19	Tons				VA
2 TPT-Transportation	100	21.19	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



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

41547

Manifest No. 2493

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
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 107656
e) Trailer or Container No.: 41547
f) Name of Driver: Ruvy
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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# 606914

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2484	Grid	P403	
Destination				
PD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 13:22:26	PC301 Scale 1	kimbo2		76280	lb
Out	04/18/2013 13:26:00	PC302 Scale 2	kimbo3		28960	lb
					Net	47120
					Tons	23.56

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.56	Tons				VA
2 TPT-Transportation	100	23.56	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 \_\_\_\_\_

*KS*



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. 2484

1169

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
Transporter's Address:
Telephone Number:
Vehicle License No./State: 13-390
Trailer or Container No.: 1169
Name of Driver:
Signature of Driver: Date of Receipt: 4-18-13

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 of Driver: Date of Receipt: 4-18-13

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  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608817

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2485 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	69760 lb
In	04/18/2013 13:13:21	PC301 Scale 1	kimbo3		Tons	26880 lb
Out	04/18/2013 13:37:17	PC302 Scale 2	kimbo3		Net	42880 lb
					Tons	21.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.44	Tons				VA
2 TPT-Transportation	100	21.44	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

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. 2485

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: 4-18-13
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: 4-18-13

- 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) 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.
Signature of Driver: James Harvey Date of Receipt: 4-18-13
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  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 008818

Custoser Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2486 Grid P403  
 Destination  
 CO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	70200 lb
In	04/18/2013 13:15:28	PC301 Scale 1	kimbo3		Tare	27440 lb
Out	04/18/2013 13:55:39	PC302 Scale2	kimbo3		Net	62840 lb
					Tons	21.42

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.42	Tons				VA
2 TPT-Transportation	100	21.42	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

*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. 2486

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)
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

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: Lenny Davis Date of Receipt: 4-18-13
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: Jerry Davis Date of Receipt: 4-18-13

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): Joe 4-18-13
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:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 606819

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2487	Grid	P4C3	
Destination				
PO	3551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 13:16:06	PC301 Scale 1	kimbo2		59540	lb
Out	04/18/2013 13:58:08	PC302 Scale2	kimbo3		27600	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



# NON-HAZARDOUS WASTE MANIFEST

*0809*

Manifest No. 2487

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

a) Transporter's Name: Thompson Trucking

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: (    ) \_\_\_\_\_

d) Vehicle License No./State: 16 2219

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 4-18

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 [Signature] Date of Receipt 4-18

## 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] 4-18-13

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# 608821

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/18/2013	Vehicle#	281	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2489			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101420VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 13:20:23	PC301 Scale 1	kimbo3			65600 lb
					Tare	33340 lb
Out	04/18/2013 13:59:52	PC302 Scale2	kimbo3		Net	32260 lb
					Tons	16.13

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.13	Tons				VA
2 TPT-Transportation	100	16.13	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



NON-HAZARDOUS WASTE MANIFEST

251

Manifest No. 2489

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: ECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: DT53561
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: 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) HOE 4-18-13
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  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 600020

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2488	Grid	P403	
Destination				
PC	5551-0014			
Profile	101400VR (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 13:10:34	PC301 Scale 1	kimbo3		57540	lb
Out	04/18/2013 14:01:23	PC302 Scale 2	kimbo3		28560	lb
					Net	28980 lb
					Tons	14.49

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.49	Tons				VA
2 TPT-Transportation	100	14.49	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

*JEC*



NON-HAZARDOUS WASTE MANIFEST

41509

2488

If 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: (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: Thompson
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 3215
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.
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) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, 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] 4-18-13
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# 608828

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	AL Fields	Volume
Ticket Date	04/18/2013	Vehicle#	279	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8490	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	04/18/2013 13:51:30	PC301 Scale 1	kimbo2		55720	lb
Out	04/19/2013 14:05:28	PC302 Scale2	kimbo3		33160	lb
					Net	32560 lb
					Tons	15.28

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.28	Tons			VA
2	TPT-Transportation	100	16.28	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 \_\_\_\_\_

*A Fields*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2490

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: (787) 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 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: A Fields. Address: 447-3847. Telephone: ( ) 447-3847. Vehicle License No./State: 3A-075. Trailer or Container No.: 279. Name of Driver: A Fields. Date of Receipt: 4-18-13.

Transfer Facility's Name: Transfer Facility's Address: Telephone Number: ( ) Vehicle License No./State: Trailer or Container No.: Name of Driver: Date of Receipt: 4-18-13.

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: 4-18-13.

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): ROC 4-18-13. Date of Receipt: 4-18-13.

SECTION 6 ASBESTOS (operator to complete)

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 Chesters Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608832

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2481	Grid	P403	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	70240 lb
In	04/18/2013 14:04:14	PC301 Scale 1	Kimbo3		Tare	87220 lb
Out	04/18/2013 14:36:16	PC302 Scale2	Kimbo3		Net	43020 lb
					Tons	21.51

Comments

Product	LDX	Qty	LOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.51	Tons				VA
2 TPT-Transportation	100	21.51	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 Jason Maris





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

Original  
 Ticket# 000042

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2492 Grid P403  
 Destination  
 RC 5551-0014  
 Profile 131400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 14:38:08	PC301 Scale 1	kimbo3		69280	lb
Out	04/18/2013 15:11:42	PC302 Scale2	kimbo3		26420	lb
					Net	42860 lb
					Tons	21.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.43	Tons				VA
2 TPT-Transportation	100	21.43	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  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608840

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1179 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	04/18/2013 14:31:36	PC301 Scale 1	kimbo3		70860	lb
					Tare	30320 lb
Out	04/18/2013 15:13:19	PC302 Scale 2	kimbo3		Net	40540 lb
					Tons	20.27

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.27	Tons				VA
2 T/C-Transportation	100	20.27	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

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

Manifest No. 1179

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:
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) 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: 107856
e) Trailer or Container No.: 41, 547
f) Name of Driver: Kewity
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.

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# 008630

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2491	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	04/18/2013 14:15:42	PC301 Scale 1	kimbo3		Tare	78540 1b
Out	04/18/2013 15:15:15	PC302 Scale2	kimbo3		Net	50640 1b
					Tons	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 \_\_\_\_\_

*KS*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2491

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: Kevin Smith
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 25030
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# 500546

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EDR  
 Ticket Date 04/18/2013 Vehicle# 2E1 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2490  
 Destination Grid P403  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 14:46:36	PC301 Scale 1	kimbo3		55520	lb
Out	04/18/2013 15:16:34	PC302 Scale 2	kimbo3		32300	lb
					Net	32220 lb
					Tons	16.11

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.11	Tons				VA
2 TPT-Transportation	100	16.11	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

Manifest No. 2498

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

281

## SECTION 1 GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
- b) Generator's Address: Joint 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: FCC
- b) Transporter's Address: \_\_\_\_\_
- c) Telephone Number: (    ) \_\_\_\_\_
- d) Vehicle License No./State: DIS 754
- 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]    4-18-13  
 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:  
[Signature]    4-18-13  
 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] 4-18-13
- 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: \_\_\_\_\_





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. 2494

2013

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, Non-Friable, N/A
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
Transporter's Address:
Telephone Number:
Vehicle License No./State: 16-219
Trailer or Container No.: 223
Name of Driver:
Signature of Driver: Lemy Davis
Date of Receipt: 4-18-13

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) 966-7210
Mailing Address: Same as Above
Name of Disposal Facility's Authorized Agent (print/type): K... 4-18-13
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:
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:



Charles City County Landfill  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 529851

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2495 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	63960 lb
In	04/18/2013 14:54:41	PC301 Scale 1	kimbo3		Tare	27220 lb
Out	04/18/2013 15:23:34	PC302 Scale2	kimbo3		Net	41740 lb
					Tons	20.87

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1	Special Misc-Tone-	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



NON-HAZARDOUS WASTE 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. 2495

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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.: 3584
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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) JOC 4-18-13
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:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill  
 8070 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608855

Customer Name MCLEAN CONTRACTING DO MCLEAN Carrier AL Fields  
 Ticket Date 04/16/2013 Vehicle# 279 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Scale Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2495 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	04/16/2013 15:09:40	PC301 Scale 1	kimba3		65360	lb
Out	04/16/2013 15:32:35	PC302 Scale 2	kimba3		33080	lb
					Net	32280 lb
					Tons	16.14

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Toner	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.

Driver's Signature









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

Original  
 Ticket# 608849

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/18/2013 Vehicle# 280 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2488 Grid P403  
 Destination  
 PC 5551-0014  
 Profile 1014@2VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	67360 lb
In	04/18/2013 14:51:06	PC301 Scale 1	kimbo3		Tare	30920 lb
Out	04/18/2013 15:32:03	PC302 Scale 2	kimbo3		Net	36440 lb
					Tons	18.22

Comments:

Product	LDX	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.

Driver's Signature









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

Original  
 Ticket# 406865

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/18/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2503 Grid P403  
 Destination  
 PO 0551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	52100 lb
In	04/18/2013 16:09:24	PC301 Scale 1	kimbo2		Tons	33348 lb
Out	04/18/2013 16:35:54	PC302 Scale2	kimbo3		Net	28760 lb
					Tons	14.38

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.38	Tons				VA
2 TPC-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 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# 608860

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2500	Grid	P403	
Destination				
PG	5551-0014			
Profile	121400V4 (DREDGE SEDIMENT)			
Generator	185-NAVFAOMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 15:36:17	PC301 Scale 1	kimbo3		59100	lb
Out	04/18/2013 15:50:38	PC302 Scale 2	kimbo3		26700	lb
					Net	42400 lb
					Tons	21.20

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.20	Tons				VA
2 TPT-Transportation	100	21.20	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 Mannus*





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

Original  
 Ticket# 608869

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2582 Grid P403  
 Destination  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	72900 lb
In	04/18/2013 16:23:52	PC301 Scale 1	kimbo2		Tare	26100 lb
Out	04/18/2013 16:52:22	PC302 Scale2	kimbo3		Net	44700 lb
					Tons	22.36

Comments

Product	LDX	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 \_\_\_\_\_

KS





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

Original  
 Ticket# 600866

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Ben EPA ID  
 Manifest 2505 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	67180 lb
In	04/18/2013 16:13:49	PC301 Scale 1	kimbo3		Tare	20240 lb
Out	04/18/2013 16:54:51	PC302 Scale2	kimbo3		Net	40940 lb
					Tons	20.47

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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# 688870

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2501  
 Destination Grid P4C3  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	69680 lb
In	04/18/2013 16:24:47	PC301 Scale 1	kimbo3		Tons	30280 lb
Out	04/18/2013 16:56:35	PC302 Scale2	kimbo3		Net	39400 lb
					Tons	19.70

Comments

Product	LD%	Qty	UDM	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 Rusty







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

Original  
 Ticket# 608871

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/18/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8510	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	04/18/2013 16:25:52	PC301 Scale 1	kimbo3		84900	15
Out	04/18/2013 16:59:08	PC302 Scale 2	kimbo3		27780	15
					Net	37120
					Tons	18.56

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.56	Tons				VA
2 TPT-Transportation	100	18.56	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 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.

2510

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) 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

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 Henry Davis Date of Receipt 4-18-13
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 Henry Davis Date of Receipt 4-18-13

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] 4-18-13
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:
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 608576

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier RL Fields  
 Ticket Date 04/18/2013 Vehicle# 279 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2513  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101402VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/18/2013 16:40:03	PC301 Scale 1	Kimbo3		58820	15
Out 04/18/2013 17:02:10	PC302 Scale 2	Kimbo3		33060	15
				Net	35760
				Tons	17.88

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.88	Tons				VA
2 TPT-Transportation	100	17.88	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.

2513

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: A-74101
b) Transporter's Address:
c) Telephone Number: (547) 5735
d) Vehicle License No./State:
e) Trailer or Container No.: Q79
f) Name of 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 418-13
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# 608872

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/18/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 0511  
 Destination Grid P4C3  
 PC 5551-3014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/18/2013 16:26:51	PC301 Scale 1	kimbo3		69920	lb
Out	04/18/2013 17:03:31	PC302 Scale2	kimbo3		27020	lb
					Net	42700 lb
					Tons	21.35

Comments

Product	LDM	Qty	LOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.35	Tons				VA
2 TPT-Transportation	100	21.35	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  
 8020 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608966

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EDR  
 Ticket Date 04/22/2013 Vehicle# 291 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2504  
 Destination Grid R403  
 PG 5521-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

File	Scale	Operator	Inbound	Gross	
In 04/22/2013 07:31:58	PC301 Scale 1	kimbo3		52160	lb
Out 04/22/2013 07:45:00	PC302 Scale 2	kimbo3		33920	lb
				Net	18240
				Tons	14.12

Comments

Product	LD%	Qty	UOM	Rate	Tax	Account	Origin
1 Special Misc-Tons-	100	14.12	Tons				VA
2 TPT-Transportation	100	14.12	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 

anwmm





Charles City County Landfill  
 2000 Chambers Road  
 Charles City, VA, 23030  
 PH: 804-966-7210

Original  
 Ticket# 628967

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/22/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2524 Grid P403  
 Destination  
 PO 6651-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/22/2013 07:34:38	PC301 Scale 1	kimbo3		53320	16
Out 04/22/2013 07:55:08	PC302 Scale 2	kimbo3		21360	16
				Net	21960
				Tons	10.98

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	10.98	Tons				VA
2 TPT-Transportation	100	10.98	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  
 8028 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 608958

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier AL Fields  
 Ticket Date 04/22/2013 Vehicle# 279 Value  
 Payment Type Credit Account Container  
 Manifest Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 2001200  
 State Waste Code Gen EPA ID  
 Manifest 2515  
 Destination Grid P403  
 PC 5551-0014  
 Profile 121400VA (DREDGE SEDIMENT)  
 Generator 185-NOVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	57660 lb
In	04/22/2013 07:35:45	PC301 Scale 1	kimbo3		Tare	32360 lb
Out	04/22/2013 08:00:43	PC302 Scale 2	kimbo3		Net	24300 lb
					Tons	12.15

Comments:

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	12.15	Tons				VA
2 TPT-Transportation	100	12.15	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 A Fields







Charles City County Landfill  
 6000 Chesebrough Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 608971

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 142 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2287  
 Destination Grid P4C3  
 PG 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 3

Time	Scale	Operator	Inbound	Gross	65580 lb
In 04/22/2013 07:49:27	PC301 Scale 1	kimbo3		Tare	25540 lb
Out 04/22/2013 08:19:09	PC302 Scale2	kimbo3		Net	39040 lb
				Tons	19.52

Contents

Product	LD%	Qty	UOM	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

*Kevin 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. 2287

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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, 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:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 16-2540
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 4-22-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Keith Watts 4-23-13

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): KOL 4-22-13
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:



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-955-7212

Original  
 Ticket# 808973

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	192	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2497			
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	04/22/2013 07:51:20	PC301 Scale 1	kimbo2		66050	lb
Out	04/22/2013 08:23:22	PC302 Scale2	kimbo3		27360	lb
					Net	38700 lb
					Tons	19.35

Comments

Product	LDX	Qty	UDM	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. 2497

ad

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: 11G-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 Mann Date of Receipt 4-22-13
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 23050
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) TRC 4-22-13
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# 608978

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2509	Grid	P403	
Destination				
PO	5551-0014			
Profile	101400VA (OREGGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 08:04:02	PC301 Scale 1	kimbo3			69440 lb
Out	04/22/2013 08:29:57	PC302 Scale2	kimbo3		Tare	27200 lb
					Net	42240 lb
					Tons	21.12

Comments:

Product	LD%	Qty	LOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.12	Tons				VA
2 TRT-Transportation	100	21.12	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

*Jeremy Davis*





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

Original  
 Ticket# 500973

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2506	Grid	P4C3	
Destination	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 07:50:33	PC301 Scale 1	kimbo3		66160	lb
Out	04/22/2013 08:32:57	PC302 Scale 2	kimbo3		26220	lb
					Net	39940 lb
					Tons	19.97

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.97	Tons				VA
2 TPT-Transportation	100	19.97	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: 804-965-7210

Original  
 Ticket# 508977

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	089	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2512			
Destination		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	04/22/2013 08:03:58	PC301 Scale 1	kimbc2		Tare	67540 lb
Out	04/22/2013 09:34:30	PC302 Scale2	kimbo3		Net	29740 lb
					Tons	40900 lb
						20.45

Comments

Product	LDX	Qty	UDM	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

089

Manifest No. 2512

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 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.
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  
 6000 Chapparrs Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 609020

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2531			
Destination		Grid	P403	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	51000 lb
In	04/22/2013 12:06:04	PC301 Scale 1	DW		Tare	27650 lb
Out	04/22/2013 12:23:32	PC302 Scale2	kimbo3		Net	23340 lb
					Tons	11.67

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.67	Tons				VA
2 TPT-Transportation	100	11.67	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



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

32123

Manifest No. 2531

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 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: 32123
e) Trailer or Container No.: 32123
f) Name of Driver: George S. 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
h) I hereby warrant that 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  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 609019

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2530  
 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	56580	lb
In	04/22/2013 12:04:56	PC301 Scale 1 DW			Tare	25600	lb
Out	04/22/2013 12:24:58	PC302 Scale2 kimbo3			Net	26980	lb
					Tons		13.49

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.49	Tons				VA
2 TPT-Transportation	100	13.49	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

*[Handwritten Signature]*





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

Original  
 Ticket# 509015

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	160	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2574			
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	04/22/2013 12:03:40	PC301 Scale 1	DW		67200	15
Out	04/22/2013 12:20:29	PC302 Scale 2	kimbo3		27120	15
					Net	40080
					Tons	20.04

Comments

Product	LDX	Qty	UCM	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.

Driver's Signature

*C. Coch*



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

160

Manifest No. 2574

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.

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. Address: 54 Old P. Driver: Chris Cook. Date of Receipt: 4/22/13. Transfer Facility: Charles City Landfill. Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone: (804) 988-7210. Mailing Address: Same as Above. Date of Receipt: 4-22-13.

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) 988-7210. Mailing Address: Same as Above. Date of Receipt: 4-22-13.

SECTION 6

ASBESTOS (operator to complete)

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 809024

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/22/2013	Vehicle#	40401	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8151			
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	04/22/2013 12:12:46	PC301 Scale 1	DW		84900	lb
					Tare	33100 lb
Out	04/22/2013 12:32:51	PC302 Scale 2	kimbo3		Net	51700 lb
					Tons	25.85

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tonar	100	25.85	Tons				VA
2 TPT-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



NON-HAZARDOUS WASTE MANIFEST

40401

2151

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

Manifest No. 2151

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered 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# 609023

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2508	Grid	P403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 12:13:56	PC301 Scale 1	DW			53560 lb
					Tare	30160 lb
Out	04/22/2013 12:35:10	PC302 Scale 2	kimbo3		Net	33400 lb
					Tare	16.70

Comments:

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.70	Tons				VA
2 TPT-Transportation	100	16.70	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 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. 2508

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 107546
e) Trailer or Container No.: 41547
f) Name of Driver: Kwaly
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



Charles City County Landfill  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609025

Customer Name	MCLEAN CONTRACTING DO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2897			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 12:23:10	PC301 Scale 1	DW		73940	lb
Out	04/22/2013 12:50:20	PC302 Scale2	kimbo3		27500	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 TPI-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

*Keith Watts*





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

Original  
 Ticket# 609030

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/22/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2521			
Destination		Grid	P403	
PO	5551-0014			
Profile	101400V3 (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 12:25:49	PC301 Scale 1	DW		Tare	54140 lb
Out	04/22/2013 12:55:50	PC302 Scale2	kimba3		Net	26102 lb
					Tons	37950 lb
						18.98

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.98	Tons				VA
2 TPT-Transportation	100	18.98	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*





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

Original  
 Ticket# 509231

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manifest Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 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	
In	04/22/2013 12:31:40	PC301 Scale 1	kimbo2		75040	lb
Out	04/22/2013 12:57:45	PC302 Scale 2	kimbo3		27200	lb
					Net	48640
					Tons	24.32

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.32	Tons				VA
2 TPT-Transportation	100	24.32	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

*Jeroy 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.

2003

Manifest No. 2533

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: Henry Davis Date of Receipt: 4-22-03
h) 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: 4-22-03

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 4-22-03
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 609035

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0201200	
State Waste Code		Gen EPA ID		
Manifest	8528	Grid	P4C3	
Destination				
SP	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	77840 lb
In	04/22/2013 12:41:06	PC301 Scale 1	kimbo2		Tare	26060 lb
Out	04/22/2013 12:59:37	PC302 Scale2	kimbo3		Net	51780 lb
					Tons	25.89

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.89	Tons				VA
2 TPT-Transportation	100	25.89	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# 609000

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 1189 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 8507  
 Destination Grid P403  
 PO 55E1-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 12:21:34	PC301 Scale 1	DW		73350	lb
Out	04/22/2013 13:01:06	PC302 Scale 2	kimbo3		26160	lb
					47200	lb
						Tons 23.60

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.60	Tons				VA
2 TPT-Transportation	100	23.60	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 \_\_\_\_\_

*KS*





NON-HAZARDOUS WASTE 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. 2507

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
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# 609034

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 089 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2532 Grid P403  
 Destination  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

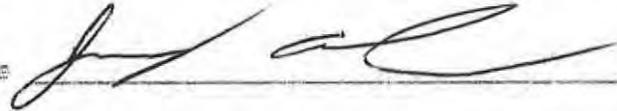
	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 12:37:51	PC301 Scale 1	kimbo3		75720	lb
Out	04/22/2013 13:05:38	PC302 Scale2	kimbo3		26980	lb
					Net	48740
					Tons	24.37

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.37	Tons				VA
2 TPT-Transportation	100	24.37	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



NON-HAZARDOUS WASTE MANIFEST

089

Manifest No. 2532

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

1 0 1     4 0 0 V A

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: Tompson Trucking

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: ( ) \_\_\_\_\_

d) Vehicle License No./State: 16 2 211

e) Trailer or Container No.: 8089

f) Name of Driver: \_\_\_\_\_

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:  
 Signature of Driver \_\_\_\_\_ Date of Receipt 4-22

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 4-22

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) \_\_\_\_\_ 4-22-13

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# 509045

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2576  
 Destination Grid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	68400 lb
In	04/22/2013 13:23:59	PC301 Scale 1	kimbo3		Tare	29380 lb
Out	04/22/2013 13:48:15	PC302 Scale2	kimbo3		Net	39020 lb
					Tons	19.51

Comments

Product	LD%	Qty	UDM	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



NON-HAZARDOUS WASTE 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. 2576

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: 321115. Trailer or Container No.: 41509. Name of Driver: Eddie Crain. 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 Crain Date of Receipt: 4-22-13.

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): Jill 4-22-13. The material delivered by the Transporter has been received 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. a) Operator's Name: [blank] b) Operator's Address: [blank] c) Telephone Number: [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  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 689046

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2577 Grid P4C3  
 PC 5551-2014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	52980 lb
In	04/22/2013 13:26:37	PC301 Scale 1	kimbo3		Tare	28940 lb
Out	04/22/2013 13:47:54	PC302 Scale2	kimbo3		Net	34040 lb
					Tons	17.02

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.02	Tons				VA
2 TAT-Transportation	100	17.02	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: 804-956-7210

Original  
 Ticket# 229044

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	150	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2575			
Destination		Grid	P4C3	
PC	5551-0014			
Profile	121400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 13:22:09	PC301 Scale 1	kimbo3		86820	lb
Out	04/22/2013 13:53:18	PC302 Scale2	kimbo3		26720	lb
					Net	60160 lb
					Tons	30.08

Comments

Product	LD%	Qty	UOM	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

*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. 2575

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: 54061P. Trailer or Container No.: 160. 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 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] 4-22-13. 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. a) Operator's Name: . b) Operator's Address: . c) Telephone Number: . d) Recommended special handling instructions and additional information: . e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. Operator's Name (print/type) Signature of Operator's Authorized Agent Date

f) Responsible Agency Name and Address: .



Charles City County Landfill  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609048

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2578  
 Destination Grid P403  
 PQ 5551-2014  
 Profile 101420VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 13:29:32	PC301 Scale 1	kimbo3		82640	lb
Out	04/22/2013 14:02:17	PC302 Scale 2	kimbo3		32580	lb
					Net	52060 lb
					Tare	26.03

Comments

Product	LDX	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.

Driver's Signature

*Reuty*





Charles City County Landfill  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 509056

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2152  
 Destination Grid P4C3  
 PU 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	94200 lb
In	04/22/2013 14:05:08	PC301 Scale 1	kimbo3		Tare	32660 lb
Out	04/22/2013 14:26:53	PC302 Scale2	kimbo3		Net	61540 lb
					Tons	30.77

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tors-	100	30.77	Tons				VA
2 TPT-Transportation	100	30.77	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. 2152

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
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
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40421
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

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] 4-22-13
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# 609050

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2581	Grid	P4C3	
Destination				
PO	3551-0014			
Profile	101420VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	80880 lb
In	04/22/2013 13:51:50	PC301 Scale 1	kimbo3		Tare	26420 lb
Out	04/22/2013 14:31:25	PC302 Scale 2	kimbo3		Net	54460 lb
					Tons	27.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	27.23	Tons			VA
2	TPT-Transportation	100	27.23	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

*Keith Watts*





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

Original  
 Ticket# 609052

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2553 Grid P4C3  
 Destination  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	92800 lb
In	04/22/2013 13:57:42	PC301 Scale 1	kimbo3		Tare	27500 lb
Out	04/22/2013 14:33:50	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				VA

Total Tax  
 Total Ticket

In accordance with Virginia 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# 609062

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 1159 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2500 Srid P403  
 Destination  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Grws	
In 04/22/2013 14:18:17	PC301 Scale 1	kimbo3		Tare	69660 lb
Out 04/22/2013 14:37:51	PC302 Scale2	kimbo3		Net	26060 lb
				Tare	43600 lb
				Tare	21.80

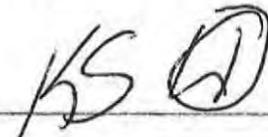
Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tone-	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 \_\_\_\_\_







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA 23020  
 Ph: 804-966-7210

Original  
 Ticket# 609051

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 192  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2522 Grid P4B3  
 Destination 5331-0214  
 PO 121408VA (DREDGE SEDIMENT)  
 Profile 105-NAUFACMIDATLANTIC NAWFAC MID ATLANTIC LITTLE CREEK PHASE 2  
 Generator 105-NAUFACMIDATLANTIC NAWFAC MID ATLANTIC LITTLE CREEK PHASE 2

Volume

Time Scale Operator Inbound Gross  
 In 04/22/2013 12:52:27 PC301 Scale 1 kimbo3 23550 lb  
 Out 04/22/2013 14:39:48 PC302 Scale2 kimbo3 54580 lb  
 Difference 31240 lb

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tone- 100		27.34	Tons				VA
2 TON-Transportation 100		27.34	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 Munn*



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. 2522

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

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

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: Jason Moran Date of Receipt: 4-22-13
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 23080
c) Telephone Number: (804) 966-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): [Signature] 4-22-13
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# 503057

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 199 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0201200  
 State Waste Code Gen EPA ID  
 Manifest 2585 Grid P403  
 Destination PC 5551-0214  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	77520 lb
In	04/22/2013 14:05:40	PC301 Scale 1	kimbo3		Tare	26100 lb
Out	04/22/2013 14:42:41	PC302 Scale 2	kimbo3		Net	51440 lb
					Tons	25.72

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.72	Tons				VA
2 TPT-Transportation	100	25.72	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



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2585

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
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: 16-138P
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

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# 609059

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/22/2013	Vehicle#	089	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2594			
Destination		Grid	P4C3	
PQ	5551-0014			
Profile	101402VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 14:06:34	PC301 Scale 1	kimbo2		77700	lb
Out	04/22/2013 14:43:52	PC302 Scale2	kimbo3		26820	lb
					Net	50880
					Tons	25.41

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 2584

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 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 4-22
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 4-22

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)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that 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 Chatham Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 509269

Customer Name MOLEAN CONTRACTING CO MOLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2567 Grid P403  
 Destination  
 PC 5551-0014  
 Profile 121402VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	55360 lb
In 04/22/2013 14:37:25	PC301 Scale 1	kimbo3		Tare	30700 lb
Out 04/22/2013 14:56:03	PC302 Scale2	kimbo3		Net	34660 lb
				Tons	17.33

Contents:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.33	Tons				VA
2 TPT-Transportation	100	17.33	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 ASC



NON-HAZARDOUS WASTE MANIFEST

41509

Manifest No. 2587

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: 32115
e) Trailer or Container No.: 41509
f) Name of Driver: Eddie Campbell
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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 25030
c) Telephone Number: (804) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) Kille 4-22-13
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: 804-955-7210

Original  
 Tip-off# 609070

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8508	Grid	P403	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 14:39:19	PC301 Scale 1	kimbo3		64900	lb
Out	04/22/2013 14:57:33	PC302 Scale2	kimbo3		27820	lb
					Net	37080 lb
					Tons	12.54

Comments

Product	LDX	Qty	UDM	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.

Driver's Signature

403WM





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

Original  
 Ticket# 609076

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/22/2013 Vehicle# 160 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2586 Grid P4C3  
 Destination  
 PO 6551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE E

Time	Scale	Operator	Inbound	Gross	
In 04/22/2013 15:02:05	PC301 Scale 1	kimbo3		92190 lb	
Out 04/22/2013 15:29:04	PC302 Scale2	kimbo3		27360 lb	
				Net	62820 lb
				Total	31.41

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tone-	100	31.41	Tons				VA
2 TPT-Transportation	100	31.41	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

*C Cook*





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

Original  
 Ticket# 609078

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/22/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8589	Grid	P4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generation	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/22/2013 15:05:14	PC301 Scale 1	kimbo3		74380	lb
Out	04/22/2013 15:30:38	PC302 Scale 2	kimbo3		30940	lb
					Net	43440
					Tons	21.72

Comments

Product	LDN	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	21.72	Tons			VA
2	TPT-Transportation	100	21.72	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

*Rusty*





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 609194

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 2R1 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest# 2523 Grid P403  
 Destination  
 PG 5531-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Title	Scale	Operator	Inbound	Gross	53060 lb
In	04/24/2013 07:31:25	PC301 Scale 1	kimbo3		Tare	33000 lb
Out	04/24/2013 07:58:01	PC302 Scale2	kimbo3		Net	30060 lb
					Tons	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.

Driver's Signature





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

Original  
 Ticket# 609195

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 170 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 3591  
 Destination Grid P4C3  
 PD 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVADMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

In	Time	Scale	Operator	Inbound	Gross	lb
04/24/2013	07:32:11	PC301 Scale 1	kimbo3		55300	16
Out	04/24/2013 07:59:34	PC302 Scale2	kimbo3		Net	55300 16
					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 substance not authorized for acceptance at Waste Management.

Driver's Signature



# NON-HAZARDOUS WASTE MANIFEST

170

Manifest No. 2591

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 SECTION 3 TRANSFER FACILITY (complete if applicable)

a) Transporter's Name: E.C.K.

b) Transporter's Address: 1330 Bellwood Rd

c) Telephone Number: (804) 447-5854

d) Vehicle License No./State: \_\_\_\_\_

e) Trailer or Container No.: #170-311

f) Name of Driver: \_\_\_\_\_

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:  
D. Reynolds 04-24-13  
 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:  
D. Reynolds 04-24-13  
 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) Kloe 4-24-13

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# 808197

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 161 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1180 Grid P403  
 Destination  
 PC 5551-2014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	101520 lb
In	04/24/2013 07:35:17	PC301 Scale 1	kimbo2		Tare	34120 lb
Out	04/24/2013 08:02:17	PC302 Scale2	kimbo3		Net	67400 lb
					Tons	33.70

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	33.70	Tons				VA
2 TPT-Transportation	100	33.70	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# 609200

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2525 Grid P403  
 Destination  
 PO 5551-0014  
 Profile 101402VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/24/2013 07:35:54	PC301 Scale 1	kimbc3		67420	lb
Out 04/24/2013 08:04:47	PC302 Scale 2	kimbc3		38960	lb
				Net	34460 lb
				Tare	17.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.23	Tons				VA
2 TR-Transportation	100	17.23	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



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. 2525

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

a) Transporter's Name: FCR
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447 5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lee
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# 609307

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001000  
 State Waste Code Gen EPA ID  
 Manifest 2529  
 Destination Blvd R403  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE B

Tip	Scale	Operator	Inbound	Gross	73100 lb
In 04/24/2013 07:43:00	PC301 Scale 1	kimbo2		Tare	25860 lb
Out 04/24/2013 08:11:32	PC302 Scale2	kimbo3		Net	47240 lb
				Tons	23.62

Comments

Product	LDM	Qty	UCM	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

*Jason Manso*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2529

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 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 Marcus 4-29-13
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 23050
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  
 5000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609204

Dustbear Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/24/2013	Vehicle#	199	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2537	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	77700 lb
In	04/24/2013 07:52:46	PC301 Scale 1	kimbo3		Tare	65760 lb
Out	04/24/2013 08:24:32	PC302 Scale 2	kimbo3		Net	51940 lb
					Tons	25.97

Comments

Product	LD%	Qty	UDM	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

40011114



NON-HAZARDOUS WASTE MANIFEST

1009

Manifest No. 2537

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, 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)

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 Horvey
g) I 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 Horvey Date of Receipt: 4-24-13
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 Horvey Date of Receipt: 4-24-13

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): KUC 4-24-13
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: James Horvey Date of Receipt: 4-24-13
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# 509205

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/24/2013	Vehicle#	142	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2590	Grid	P403	
Destination				
PO	5551-2014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 08:01:11	PC301 Scale 1	kimbo3		79280	lb
Out	04/24/2013 09:28:09	PC302 Scale 2	kimbo3		26480	lb
					Net	52800
					Tons	26.40

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tone-	100	26.40	Tons				VA
2 TPT-Transportation	100	26.40	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

*Leith Watts*





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7218

Original  
 Ticket# 609208

Customer Name	MCLEAN CONTRACTING DO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/24/2013	Vehicle#	40401	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2534	Grid	R4C3	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 08:08:57	PC301 Scale 1	kimbo3		Tare	87760 lb 34100 lb
Out	04/24/2013 08:32:28	PC302 Scale2	kimbo3		Net	53660 lb
					Tons	26.82

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.83	Tons				VA
2 IPT-Transportation	100	26.83	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



NON-HAZARDOUS WASTE MANIFEST

46401

Manifest No. 2534

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

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: 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: 4-24-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-24-13

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:
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): [Signature] 4-24-13
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# 609917

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/24/2013	Vehicle#	32123	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2541	Grid	F403	
Destination				
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFA0MIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	67780 lb
In	04/24/2013 08:38:13	PC301 Scale 1	kimbo3		Tare	32080 lb
Out	04/24/2013 09:40:20	PC302 Scale2	kimbo3		Net	35700 lb
					Tons	17.85

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



NON-HAZARDOUS WASTE MANIFEST

32123

2541

If 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:

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

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: 32123
e) Trailer or Container No.: 32123
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: [Signature] Date of Receipt: 4-24-13
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: 4-24-13

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] 4-24-13
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# 809210

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 41947 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2543  
 Destination Grid 0403  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE B

Time	Scale	Operator	Inbound	Gross	80940 1b
In 04/24/2013 08:16:02	PC301 Scale 1	kimbo3		Tare	31040 1b
Out 04/24/2013 08:42:59	PC302 Scale 2	kimbo3		Net	49100 1b
				Tons	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

*Rusty*



NON-HAZARDOUS WASTE MANIFEST

41547

2543

If 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

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: 107856
e) Trailer or Container No.: 41546
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: 4-24-13
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: 4-24-13

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): RAL Date of Receipt: 4-24-13
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# 609212

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/24/2013	Vehicle#	157	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2593			
Destination		Grid	P4C3	
AO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 08:21:44	PC301 Scale 1	Kimbo2		Tare	34450 lb
Out	04/24/2013 08:44:34	PC302 Scale2	Kimbo3		Net	52040 lb
					Tons	31.02

Comments

Product	LDX	Gty	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



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. 2593

157

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: ECR
b) Transporter's Address: 1330 Bellwood Rd.
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State: 73-568 R, VA
e) Trailer or Container No.: 157-7331
f) Name of Driver: Rick DeFuria
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 4-24-13
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 4-24-13

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] 4-24-13
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# 609016

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Value
Ticket Date	04/24/2012	Vehicle#	41509	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2540	Grid	P4C3	
Destination				
CG	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2012 08:31:57	PC301 Scale 1	kimbo3			56840 lb
Out	04/24/2012 08:47:34	PC302 Scale2	kimbo3			30900 lb
					Net	35940 lb
					Tons	17.97

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.97	Tons				VA
2 TPT-Transportation	100	17.97	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

41509

2540

If 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), 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: 321115
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.
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) 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.
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: 804-366-7212

Original  
 Ticket# 609217

Customer Name MOLEAN CONTRACTING CO MOLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manifest Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2525  
 Destination Grid R403  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	72050 lb
In	04/24/2013 08:42:26	PC301 Scale 1	kimbo3		Tare	27500 lb
Out	04/24/2013 09:06:20	PC302 Scale2	kimbo3		Net	50500 lb
					Tons	25.25

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	25.25	Tons				VA
2 TPI-Transportation	100	25.25	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 \_\_\_\_\_

*KS*





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

Original  
 Ticket# 609219

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/24/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2570			
Destination		Grid	P403	
DD	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE B			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 08:51:23	PC301 Scale 1	kimbo3		75620	lb
Out	04/24/2013 09:09:26	PC302 Scale2	kimbo3		32080	lb
					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  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609221

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/24/2013	Vehicle#	166	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2572			
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	04/24/2013 08:57:31	PC301 Scale 1	Kimbo3		Tare	70000 lb 37760 lb
Out	04/24/2013 09:16:07	PC302 Scale2	Kimbo3		Net	32240 lb
					Tons	16.12

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	16.12	Tons			VA
2	TOT-Transportation	100	16.12	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  
 6200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-566-7210

Original  
 Ticket# 609207

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 8550  
 Destination Grid P4C3  
 PG 5551-0014  
 Profile 101402VA (DREDGE SEDIMENT)  
 Generator 135-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

In	Time	Scale	Operator	Inbound	Gross	57760 lb
04/24/2013	09:00:11	PC301 Scale 1	kimbo2		Tare	33540 lb
04/24/2013	09:31:40	PC302 Scale2	kimbo3		Net	34620 lb
					Tons	17.11

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.11	Tons				VA
2 107-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



# NON-HAZARDOUS WASTE MANIFEST

*251*

Manifest No. 2568

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: ECR

b) Transporter's Address: \_\_\_\_\_

c) Telephone Number: ( ) \_\_\_\_\_

d) Vehicle License No./State: DIS3561

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] 2-24-13  
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] 2-24-13  
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 25030

c) Telephone Number: (804) 966-7210

d) Mailing Address: Same as Above

e) Name of Disposal Facility's Authorized Agent (print/type) [Signature] 4-24-13

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, 23000  
 Ph: 804-965-7210

Original  
 Ticket# 809225

Customer Name MOLEAN CONTRACTING CO MOLEAN Carrier EOR  
 Ticket Date 04/24/2013 Vehicle# 170 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2569  
 Destination Grid P403  
 PO 5551-0014  
 Profile 101402VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 09:07:50	PC301 Scale 1	kimbo2		84480	15
Out	04/24/2013 09:33:51	PC302 Scale 2	kimbo2		40400	15
					Net	44080
					Tons	22.04

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.04	Tons				VA
2 TPT-Transportation	100	22.04	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. 2569

120

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: F.C.P.
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: #170-311
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: J. Reynolds Date of Receipt: 04-24-13
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: J. Reynolds Date of Receipt: 04-24-13

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): ROE 4-24-13
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  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 609220

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/24/2013	Vehicle#	151	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2592			
Destination		Site	P4C3	
PO	3551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 09:35:26	PC301 Scale 1	kimbo3		34600	lb
Out	04/24/2013 10:00:20	PC302 Scale 2	kimbo3		35280	lb
					Net	17.64
					Tons	

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tone-	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



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

161

Manifest No. 2592

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. 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's Name: FCR. Address: . Telephone Number: . Vehicle License No./State: . Trailer or Container No.: 161 / 315. Name of Driver: Kenny Freeze. Date of Receipt: 4-24-13.

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 (print/type): Bill. Date of Receipt: 4-24-13.

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.



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

Original  
 Ticket# 609232

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2520  
 Destination Blvd PAC3  
 PQ 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/24/2013 09:39:41	PC301 Scale 1	kimbo3		53500	lb
Out 04/24/2013 10:03:01	PC302 Scale 2	kimbo3		32620	lb
				Net	30880
				Tons	15.44

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	15.44	Tons				VA
2 TBT-Transportation	100	15.44	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# 609035

Customer Name: MCLEAN CONTRACTING CO MCLEAN Carrier: THOMPSON DT  
 Ticket Date: 04/24/2013 Vehicle#: 152 Volume  
 Payment Type: Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route: Billing # 0001200  
 State Waste Code: Gen EPA ID  
 Manifest: 2536 Grid: P4C3  
 Destination: 5531-2014  
 PC: 101400VA (DREDGE SEDIMENT)  
 Profile: 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2  
 Generator:

Time	Scale	Operator	Inbound	Gross	72750	lb
In 04/24/2013 09:49:08	PC301 Scale 1	kimbo3		Tare	23920	lb
Out 04/24/2013 10:35:46	PC302 Scale 2	kimbo3		Net	48840	lb
				Tons		23.42

Comments

Product	LDX	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

*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. 2536

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: 16-222
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 4-24-13
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) MC 4-24-13
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# 609239

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001202  
 State Waste Code Gen EPA ID  
 Manifest 2535 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	04/24/2013 10:01:56	PC301 Scale 1	kimbo3		69520	lb
Out	04/24/2013 10:35:11	PC302 Scale2	kimbo3		26300	lb
					Net	43220 lb
					Tons	21.61

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.61	Tons				VA
2 TPT-Transportation	100	21.61	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

*Geroy Davis*





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

Original  
 Ticket# 609243

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Value
Ticket Date	04/24/2013	Vehicle#	38123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2634	Grid	P403	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	59040 15
In	04/24/2013 10:25:12	PC301 Scale 1	kimbo3		Tare	31520 15
Out	04/24/2013 10:40:47	PC302 Scale2	kimbo3		Net	27520 15
					Tons	13.76

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	13.76	Tons				VA
2 TTT-Transportation	100	13.76	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

32103

Manifest No. 2604

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

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 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 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# 009229

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 152 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2598 Grid P403  
 Destination  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFRACMIDATLANTIC NAVFRAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	62450 lb
In	04/24/2013 10:12:22	PC301 Scale 1	kimbo3		Tare	29760 lb
Out	04/24/2013 10:54:32	PC302 Scale2	kimbo3		Net	36700 lb
					Tons	18.35

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.35 Tons				VA
2	TOT-transportation	100	18.35 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# 609241

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 142 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2599 Grid R4C3  
 Destination  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	74300 lb
In	04/24/2013 10:22:37	PC301 Scale 1	kimbo3		Tons	26020 lb
Out	04/24/2013 10:55:58	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

*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. 2599

SECTION 1

GENERATOR INFORMATION (generator to complete)

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

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: Va-254D
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 4-23-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. Keith Watts 4-23-13

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) Keith Watts 4-24-13
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  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609256

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2605 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	54000 lb
In	04/24/2013 10:49:07	PC301 Scale 1	kimbo3		Tare	31640 lb
Out	04/24/2013 11:01:17	PC302 Scale2	kimbo3		Net	22360 lb
					Tons	11.18

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.18	Tons				VA
2 YPT-Transportation	100	11.18	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

*JEC*





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

Original  
 Ticket# 609246

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/24/2013	Vehicle#	157	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2594			
Destination		Spid	P403	
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 10:42:36	PC301 Scale 1	kimbo3			57740 lb
Out	04/24/2013 11:08:55	PC302 Scale2	kimbo3			34780 lb
					Net	22960 lb
					Ton#	11.48

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	120	11.48	Tons				VA
2 TPT-Transportation	100	11.48	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: 804-965-7210

Original  
 Tickets 609945

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/24/2013	Vehicle#	41547	
Payment Type	Credit Account	Container		
Manifest Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2501			
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	04/24/2013 10:38:47	PC301 Scale 1	kimbo3		71120	15
Out	04/24/2013 11:05:17	PC302 Scale2	kimbo3		22040	15
					Net	39080
					Tare	19.54

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	19.54	Tons				VA
2 TFF-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  
 403WM

*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.

Manifest No. 2601

Handwritten number 4154

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...

Table with 2 columns: Container Code, Type of Containers. Includes TR, DM, DP, BA, BB, BC.

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. 107506, Trailer or Container No. 41547, Name of Driver, Signature, Date of Receipt 4-24-13.

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

SECTION 4 TRANSPORTER 2- (complete if applicable)

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

SECTION 5 DESTINATION - (Disposal Facility)

Destination details: 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, Date of Receipt 4-24-13.

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 details: Name, Address, Telephone Number, Recommended special handling instructions, Operator's Certification, Signature, Date.

f) Responsible Agency Name and Address:



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-968-7210

Original  
 Ticket# 609256

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 200 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2571 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	61020 lb
In	04/24/2013 11:30:26	PC301 Scale 1	kimbc3		Tare	31540 lb
Out	04/24/2013 11:56:12	PC302 Scale2	DW		Net	29480 lb
					Tons	14.74

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.74	Tons				VA
2 TPI-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# 609255

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 2001200  
 State Waste Code Gen EPA ID  
 Manifest 2150 Grid P403  
 Destination  
 PO 5351-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 11:52:02	PC301 Scale 1	DW		79580	lb
Out	04/24/2013 12:11:21	PC302 Scale 2	DW		33660	lb
					Net	44920 lb
					Taxes	22.46

Comments

Product	LDX	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	22.46	Tons				VA
2 TNT-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.

40401

Manifest No. 2150

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Kevin S. Lopez
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609254

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/24/2013	Vehicle#	1169	
Payment Type	Credit Account	Container		
Manifest Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001203	
State Waste Code		Gen EPA ID		
Manifest	2667	Grid	P403	
Destination				
PC	3551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/24/2013 11:17:42	PC301 Scale 1	kisbc2		Tare	62140 lb
Out	04/24/2013 12:15:58	PC302 Scale2	DW		Net	26960 lb
					Tons	35100 lb
						17.55

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tone-	100	17.59	Tons			VA
2	TPT-Transportation	100	17.59	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 \_\_\_\_\_





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

Original  
 Ticket# 609261

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/24/2013	Vehicle#	166	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2573			
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	04/24/2013 12:00:58	PC301 Scale 1	DW		Tare	71760 lb
Out	04/24/2013 12:37:23	PC301 Scale 2	kimbo3		Net	34560 lb
					Tons	37200 lb
						18.60

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	18.60	Tons			VA
2	TPT-Transportation	100	18.60	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 *B. Beaker*

TRK.#



166

NON-HAZARDOUS WASTE MANIFEST

166

Manifest No. 2573

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

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

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: ECR
b) Transporter's Address: 1330 Bellwood Rd. Richmond
c) Telephone Number: ( )
d) Vehicle License No./State: 121-509-VA
e) Trailer or Container No.: 316
f) Name of Driver: GARY BAGBY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Gary Bagby Date of Receipt: 4-24-13
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: Gary Bagby Date of Receipt: 4-24-13

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: 804-966-7310

Original  
 Ticket# 689263

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2545  
 Destination Grid P403  
 PG 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAIFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	53760 lb
In	04/24/2013 12:08:12	PC301 Scale 1	DN		Tare	32960 lb
Out	04/24/2013 12:46:11	PC302 Scale2	kimbo3		Net	20800 lb
					Tons	10.40

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	10.40	Tons				VA
2 YPT-Transportation	100	10.40	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



NON-HAZARDOUS WASTE MANIFEST

281

Manifest No. 2545

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 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: FCC. Telephone Number: ( ) Vehicle License No./State: D153861. Trailer or Container No.: 281. Name of Driver: [Signature]. Date of Receipt: 4-24-13.

Transfer Facility's Name: Address: Telephone Number: ( ) Vehicle License No./State: Trailer or Container No.: Name of Driver: [Signature]. Date of Receipt: 4-24-13.

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]. Date of Receipt: 4-24-13.

SECTION 5 DESTINATION (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 988-7210. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent (print/type) [Signature]. Date of Receipt: 4-24-13.

SECTION 6 ASBESTOS (operator to complete)

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



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

Original  
 Ticket# 609265

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	SCR	Volume
Ticket Date	04/24/2013	Vehicle#	170	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2544			
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	04/24/2013 13:17:55	PC301 Scale 1 BW			63650 lb	
Out	04/24/2013 13:47:46	PC302 Scale2 kimbo3			41350 lb	
					Net	22400 lb
					Tons	11.20

Comments:

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	11.20	Tons				VA
2 TPT-Transportation	100	11.20	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



NON-HAZARDOUS WASTE MANIFEST

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

170

Manifest No. 2544

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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: E.C.R.
b) Transporter's Address: 1330 Bellwood rd
c) Telephone Number: (804) 447-5859
d) Vehicle License No./State:
e) Trailer or Container No.: #170-311
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver: D. Reynolds Date of Receipt: 09-24-13
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: D. Reynolds Date of Receipt: 09-24-13

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# 609267

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EOR  
 Ticket Date 04/24/2013 Vehicle# 161 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code San EPA ID  
 Manifest 2547  
 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	04/24/2013 12:21:41	PC301 Scale 1 DW			63800	lb
Out	04/24/2013 12:53:14	PC302 Scale2 kimbo3			34060	lb
					Net	29740 lb
					Tare	14.87

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	14.87	Tons				VA
2 TPT-Transportation	100	14.87	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  
 6000 Chambers Road  
 Charles City, VA, 23230  
 Ph: 804-966-7210

Original  
 Ticket# 509863

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/24/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 8595  
 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	04/24/2013 12:39:00	PC301 Scale 1	kimbo3		58900 lb	
Out	04/24/2013 12:50:17	PC302 Scale 2	kimbo3		32200 lb	
					Net	26520 lb
					Tons	13.31

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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 274

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

Manifest No. 2595

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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, Non-Friable, N/A
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

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: 1300 Bellwood rd
c) Telephone Number: (804) 447 5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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: 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



Charles City County Landfill  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 800280

Customer Name: MCLEAN CONTRACTING CO MCLEAN      Carrier: THOMPSON DT  
 Ticket Date: 04/24/2013      Vehicle#: 32123      Volume:  
 Payment Type: Credit Account      Container:  
 Manual Ticket#:      Driver:  
 Hauling Ticket#:      Check#:      Billing W: 0001200  
 Route:      Gen EPA ID:  
 State Waste Code:      Grid: P403  
 Manifest: 2552  
 Destination:      5551-0014  
 Profile: 101400VA (DREDGE SEDIMENT)  
 Generator: 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	50140	1b
In	04/24/2013 13:11:25	PC301 Scale 1	kimbo3		Tare	28700	1b
Out	04/24/2013 13:35:32	PC302 Scale2	kimbo3		Net	21440	1b
					Tare		10.72

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	10.72	Tons				VA
2 TPT-Transportation	100	10.72	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



NON-HAZARDOUS WASTE MANIFEST

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

2103

Manifest No. 2553

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32123
e) Trailer or Container No.: 32123
f) Name of Driver: George C Powers
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) Disposal Facility's Name: Charles City Landfill
b) Physical Address: 8000 Chambers Rd, Charles City, 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# 609881

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 41509 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2557 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	41760	lb
In	04/24/2013 13:12:27	PC301 Scale 1	kimbo3		Tare	28940	lb
Out	04/24/2013 13:37:28	PC302 Scale2	kimbo3		Net	12820	lb
					Tons		6.41

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	6.41	Tons				VA
2 TRF-Transportation	100	6.41	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

*RFC*





Charles City County Landfill  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 509202

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/24/2013	Vehicle#	157	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Max Feet	2002			
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	79240 lb
IN	04/24/2013 13:50:09	PC301 Scale 1	kimbo2		Tare	36420 lb
Out	04/24/2013 14:16:46	PC302 Scale 2	kimbo3		Net	42820 lb
					Tons	21.41

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		21.41	Tons		VA
2	TPT-transportation	100		21.41	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. 2602

157

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: FCR
b) Transporter's Address: 1330 Bellwood Rd.
c) Telephone Number: (804) 328-1144
d) Vehicle License No./State: 73-968 R, VA
e) Trailer or Container No.: 157-7331
f) Name of Driver: Rick DeFelice
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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: 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.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 609272

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/24/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2530	Grid	P403	
Destination				
PO	5551-2014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	52860	lb
In	04/24/2013 12:51:59	PC301 Scale 1	Kimbo3		Tare	26760	lb
Out	04/24/2013 14:22:40	PC302 Scale 2	Kimbo3		Net	26100	lb
					Tons	13.05	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons- 100	13.25	Tons				VA
2	YPT-Transportation 100	13.25	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 Leroy Davis





Charles City County Landfill  
 8220 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# 808273

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code San EPA ID  
 Manifest 2562 Grid P4C3  
 PG 5551-0014  
 Profile 101A00VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	57000 lb
In	04/24/2013 12:52:44	PC301 Scale 1	kimbo3		Tare	26340 lb
Out	04/24/2013 14:34:54	PC302 Scale2	kimbo3		Net	30660 lb
					Tons	15.33

Comments

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

*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. 2582

*pro*

## SECTION 1 GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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: 116-222

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 Jason Marcus Date of Receipt 4-24-13

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) MC 4-24-13

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  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609211

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/24/2013 Vehicle# 41847 Volume  
 Payment Type Credit Account Container  
 Manual Tickets# Driver  
 Hauling Tickets# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2554  
 Destination Brid P4C3  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 145-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	71980 lb
In	04/24/2013 15:28:44	PC301 Scale 1	kimbo3		Tons	31940 lb
Out	04/24/2013 15:58:35	PC302 Scale2	kimbo3		Net	40040 lb
					Tons	20.02

Comments

Product	LDX	Qty	UCM	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. 2554

41547

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 2 columns: Container Code, Description. Includes TR (Truck), DM (Metal Drum), DP (Plastic Drum), BA (Bag), BB (6 ml. Plastic Bag), BC (12 ml. 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: 107856. Trailer or Container No.: 41547. Name of Driver: [signature].

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].

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].

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].

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined 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: [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, 23032  
 Ph: 804-966-7210

Original  
 Ticket# 609327

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Value
Ticket Date	04/25/2013	Vehicle#	881	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing *	0001200	
State Waste Code		Gen EPA ID		
Manifest	2622	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	04/25/2013 07:48:02	PC301 Scale 1	kimbo2		57660	lb
Out	04/25/2013 08:02:11	PC302 Scale2	kimbo3		32807	lb
					Net	24853
					Tare	12.43

Comments

Product	UDM	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	12.43	Tons			VA
2	TPT-Transportation	100	12.43	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  
 5200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-865-7510

Original  
 Ticket# 609328

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 274  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 9001200  
 State Name Code Gen EPA ID  
 Manifest 2548 Bmid P403  
 Destination  
 PO 5551-0014  
 Profile 1014001A (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time Scale Operator Inbound Gross  
 In 04/25/2013 07:55:26 PC301 Scale 1 kimbo3 Tare  
 Out 04/25/2013 08:11:10 PC302 Scale2 kimbo3 Net  
 Comments 54500 lb Tare  
 31940 lb Net  
 22560 lb Tare  
 11.28

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons	100	11.28	Tons			VR
2	TPT-Transportation	100	11.28	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. 2548

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: ECR
Transporter's Address: 1300 Bellwood rd
Telephone Number: (804) 447-5854
Vehicle License No./State:
Trailer or Container No.: 274
Name of Driver: Shawn Lee
I hereby warrant that 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.
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  
 8200 Chambers Road  
 Charles City, VA, 23230  
 Ph: 804-965-7210

Original  
 Tickets 609332

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2549 Grid P4C3  
 Destination  
 PO 6551-0014  
 Profile 101430VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	58500 lb
In 04/25/2013 09:04:52	PC301 Scale 1	kimbo3		Tare	26020 lb
Out 04/25/2013 09:27:41	PC302 Scale2	kimbo3		Net	32500 lb
				Tons	16.28

Comments:

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.28	Tons				VA
2 TPT-Transportation	100	16.28	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

*Jason Martin*





Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-955-7210

Original  
 Ticket# 609234

Customer Name MCLEARN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0201200  
 State Waste Code Gen EPA ID  
 Manifest 2610 Grid P4C3  
 Destination  
 RC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	59140 lb
In 04/25/2013 08:29:20	PC301 Scale 1	kimbo2		Tare	27000 lb
Out 04/25/2013 08:29:40	PC302 Scale 2	kimbo3		Net	32140 lb
				Tons	16.07

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.07	Tons				VA
2 TRT-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

*Jeroy Davis*



NON-HAZARDOUS WASTE MANIFEST

205

Manifest No. 2618

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)
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)

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: 4-25-13
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: 4-25-13

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)
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  
 8800 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 509338

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/25/2012	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2623	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	59940 lb
In	04/25/2012 08:21:02	PC301 Scale 1	kimbo3		Tare	31320 lb
Out	04/25/2012 08:41:52	PC302 Scale 2	kimbo3		Net	38620 lb
					Tons	19.31

Comments:

Product	LD%	Qty	UCN	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100				19.31	VA
2	TPT-Transportation	100				19.31	VA

Total Tax  
 Total Ticket

In accordance with Virginia 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.

280

2625

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: (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 -
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: ECK
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: P153560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANEY
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# 609341

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2620 Grid P403  
 Destination  
 PO S551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	60300 lb
In	04/25/2013 08:35:03	PC301 Scale 1	kimbo3		Tare	29340 lb
Out	04/25/2013 08:50:57	PC302 Scale2	kimbo3		Net	30960 lb
					Tons	15.48

Comments

Product	LDM	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

403WM





Charles City County Landfill  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 824-956-7210

Original  
 Ticket# 609337

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State waste Code Gen EPA ID  
 Manifest 2555 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	04/25/2013 06:18:20	PC301 Scale 1	kimbo3		65660	16
Out	04/25/2013 08:56:40	PC302 Scale2	kimbo3		32400	16
					Net	33260
					Tons	16.63

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.63	Tons				VA
2 TPT-Transportation	100	16.63	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





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

Original  
 Ticket# 629346

Customer Name MCLEON CONTRACTING CO MCLERN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 1169 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 255R Grid P403  
 Destination  
 pc 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	75500 lb
In 04/25/2013 08:48:35	PC301 Scale 1	kimbo3		Tons	25760 lb
Out 04/25/2013 09:25:53	PC302 Scale2	kimbo3		Net	49820 lb
				Tons	24.91

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.91	Tons				VA
2 TPT-Transportation	100	24.91	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. 2558

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: 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.: 1169A
f) Name of Driver: Keith Smith
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) NOC 4-25-13
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:



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

Original  
 Ticket# 605344

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2565  
 Destination Grid P403  
 PC 8551-0014  
 Profile 10140000 (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	77750 lb
In 04/25/2013 08:39:34	PC301 Scale 1	kimbc3		Tare	32480 lb
Out 04/25/2013 09:09:53	PC302 Scale2	kimbc3		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 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. 2565

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
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: 13-119
e) Trailer or Container No.: 40401
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 4-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: Rusty 4-25-13
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) Rusty 4-25-13
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: 804-966-7212

Original  
 Ticket# 609347

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EGR	Volume
Ticket Date	04/25/2013	Vehicle#	2B1	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	8539	Grid	P4C3	
Destination				
PO	5001-00.4			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	55800 lb
In	04/25/2013 08:50:31	PC301 Scale 1	kimbo3		Tare	32940 lb
Out	04/25/2013 09:11:39	PC302 Scale2	kimbo3		Net	32860 lb
					Tons	16.44

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.44	Tons				VA
2 TPT-Transportation	100	16.44	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

281

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

Manifest No. 2559

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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 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: DIS 3561
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): Kloe 4-25-13
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:



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-955-7210

Original  
 Ticket# 603250

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2560  
 Destination Grid P403  
 PD 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	71420 lb
In	04/25/2013 08:58:18	PC301 Scale 1	kimbo3		Tare	23540 lb
Out	04/25/2013 09:13:39	PC302 Scale2	kimbo3		Net	37880 lb
					Tons	18.94

Comments

Product	LDW	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.94	Tons				VA
2 TPT-Transportation	100	18.94	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

*[Handwritten 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. 2560

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: (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 -
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:
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of 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: 13008 Belwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lee
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# 603753

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2561 Grid R403  
 Destination  
 PC 5551-0014  
 Profile 10140800 (DREDGE SEDIMENT)  
 Separator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	64200 lb
In 04/25/2013 09:19:34	PC301 Scale 1	kiabo3		Tare	25950 lb
Out 04/25/2013 09:36:40	PC302 Scale2	kiabo3		Net	38240 lb
				Tons	19.12

Comments:

Product	LDW	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

*Jason Maus*





Charles City County Landfill  
 5000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-955-7210

Original  
 Ticket# 605395

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 283 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2563 Grid P402  
 Destination  
 DO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFAOMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	62000 lb
In	04/25/2013 09:38:49	PC301 Scale 1	kimbo3		Tare	23920 lb
Out	04/25/2013 09:46:12	PC302 Scale2	kimbo3		Net	32900 lb
					Tare	16.45

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.45	Tons				VA
2 TPF-Transportation	100	16.45	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

*Jeremy Jones*



NON-HAZARDOUS WASTE MANIFEST

223

Manifest No. 2563

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

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 - 5 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: 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: 4-25-13
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: Leroy Davis Date of Receipt: 4-25-13

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) Kille 4-25-13
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  
 8800 Chambers Road  
 Charles City, VA, 23030  
 Pns 804-966-7210

Original  
 Ticket# 629257

Customer Name MOLEAN CONTRACTING CO MOLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 32123 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2558 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	67860 lb
In	04/25/2013 09:39:51	PC301 Scale 1	kimbo3		Tons	29000 lb
Out	04/25/2013 09:57:10	PC302 Scale2	kimbo3		Net	37100 lb
					Tons	18.59

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.59	Tons				VA
2 TPT-Tons/ton	100	18.59	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.

's Signature





NON-HAZARDOUS WASTE MANIFEST

32123

Manifest No. 2566

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 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: 32123
e) Trailer or Container No.: 32123
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  
 8020 Chambers Road  
 Charles City, VA, 23030  
 Ph: 204-966-7210

Original  
 Ticket# 809361

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Tickets# Driver  
 Hauling Tickets# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2626  
 Destination Grd P403  
 ID 5531-0014  
 Profile 131400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFROMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	23.27 1b
In 04/25/2013 10:01:37	PC301 Scale 1	kimbo3		Tare	27200 1b
Out 04/25/2013 10:17:00	PC302 Scale 2	kimbo3		Net	46540 1b
				Tons	23.27

Remarks

Product	LOX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	23.27	Tons				VA
2 TTY-Incorporation	100	23.27	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 \_\_\_\_\_

*KS*





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 2606

11609

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary 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 -
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.: 1162
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: Kevin Smith Date of Receipt: 4-25-13
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: Kevin Smith Date of Receipt: 4-25-13

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): Kille 4-25-13
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, 23003  
 Ph: 804-366-7210

Original  
 Ticket# 609302

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 201 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2627 Grid P403  
 Destination  
 PC 55E1-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	75100 lb
In	04/25/2013 10:02:25	PC301 Scale 1	kimbo3		Tare	32720 lb
Out	04/25/2013 10:24:48	PC302 Scale2	kimbo3		Net	42380 lb
					Tons	21.19

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.19	Tons				VA
2 TPT-Transportation	100	21.19	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  
 8000 Chappens Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 605364

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EOR  
 Ticket Date 04/25/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001000  
 State Waste Code Gen EPA ID  
 Manifest 2556  
 Destination Grid P403  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	70350 lb
04/25/2013 10:05:51	PC301 Scale 1	kimbo3		Tare	33000 lb
04/25/2013 10:26:13	PC302 Scale2	kimbo3		Net	37350 lb
				Tons	18.65

Container#

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.65	Tons				VA
2 Int-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







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

Original  
 Ticket# 609365

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicles 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2562 Grid 7403  
 Destination  
 PG 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACNIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	75100 lb
In	04/25/2013 10:14:48	PC301 Scale 1	kimbo2		Tare	32242 lb
Out	04/25/2013 10:31:56	PC302 Scale2	kimbo3		Net	42858 lb
					Tons	21.43

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	21.43	Tons				VA
2 TPT-Transportation	100	21.43	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 \_\_\_\_\_





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. 2562

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 107-856
e) Trailer or Container No.: 41547
f) Name of Driver: Eric
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt 4/24/13
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 4/24/13

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 4-25-13
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  
 2200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 504-966-7210

Original  
 Ticket# 609368

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 40401  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Pounds Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2617  
 Destination Grid P4C3  
 PO 5531-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NOVFACMIDATLANTIC NOVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	81940 lb
In	04/25/2013 10:29:41	PC301 Scale 1	kimbo3		Tare	32720 lb
Out	04/25/2013 10:54:19	PC302 Scale2	kimbo3		Net	49220 lb
					Tare	24.61

Contents

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
Special Misc-Tons-	100	24.61	Tons				VA
WT-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

*Rusty*



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. 2617

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, Botm, % 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 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: 13-119
e) Trailer or Container No.: 40401
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: 4-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-25-13

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: 8000 Chambers Rd, Charles City, 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  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-865-7910

Original  
 Ticket# 809357

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 198 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2597 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	04/25/2013 10:30:00	PC301 Scale 1	kimbo3		69680	lb
Out	04/25/2013 11:17:11	PC302 Scale2	kimbo3		25740	lb
					Net	43940 lb
					Tons	21.97

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons- 100		21.97	Tons				VA
2 TFI-Transportation 100		21.97	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

*Jason Mann*





NON-HAZARDOUS WASTE MANIFEST

pi2

Manifest No. 2597

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

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: 4-25-13
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: 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)
Signature of Driver Date of Receipt: 4-25-13
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# 509373

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Material Ticket# Driver  
 Hauling Ticket# Check#  
 Hours Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2610 Grid P4C3  
 Destination  
 PC 5551-0014  
 Profile 101400V9 (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	61500 lb
In 04/25/2013 10:35:39	PC301 Scale 1	kimbo3		Tare	26100 lb
Out 04/25/2013 11:22:38	PC302 Scale2	kimbo3		Net	35400 lb
				Tons	17.70

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.70	Tons				VA
2 TPT-Transportation	100	17.70	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

*Jerry Davis*







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7810

Original  
 Ticket# 509373

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 38123 Volume  
 Payment Type Credit Account Container  
 Manual Tickets# Driver  
 Hauling Tickets# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2511 Grid P403  
 Destination  
 PC 5551-0010  
 Profile 121420VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACWIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	62260 lb
In	04/25/2013 10:47:46	PC301 Scale 1	kimbo3		Tare	29540 lb
Out	04/25/2013 11:24:58	PC302 Scale2	kimbo3		Net	32720 lb
					Tons	15.85

Comments

Product	LDX	Dty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		15.85	Tons		VA
2	TPT-Transportation	100		15.85	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.

3200

Manifest No. 2611

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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 S. 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 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  
 2000 Chambers Road  
 Charles City, VA, 22030  
 PH: 804-366-7210

Original  
 Ticket# 809383

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EDR  
 Ticket Date 04/25/2013 Vehicle# 881 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2512 Grid P403  
 Destination  
 EQ 5551-0014  
 Profile 101400V2 (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	73100 lb
In	04/25/2013 11:26:41	PC301 Scale 1	Winko?		Tare	23000 lb
Out	04/25/2013 11:47:59	PC302 Scale 2	DW		Net	40080 lb
					Tons	90,04

Equipment

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.04	Tons				VA
2 IPT-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.

Driver's Signature







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

Original  
 Ticket# 603304

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2614 Grid 9403  
 PC 5551-0014  
 Profile 10140000 (DREDGE SEDIMENT)  
 Generator 165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	68800 lb
In	04/25/2013 11:29:11	PC301 Scale 1	KishaR		Tare	35320 lb
Out	04/25/2013 11:49:22	PC302 Scale 2	DW		Net	33560 lb
					Tons	16.78

Comments

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







Charles City County Landfill  
 8000 Chastans Road  
 Charles City, VA, 23032  
 Ph: 804-966-7210

Original  
 Ticket# 609382

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001220  
 State Waste Code Gen EPA ID  
 Manifest 8612 Grid P4C3  
 Destination  
 SC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

In	Time	Scale	Operator	Inbound	Gross	77920 lb
	04/25/2013 11:24:22	PC301 Scale 1	Wisho3		Tare	20580 lb
Out	04/25/2013 11:54:32	PC302 Scale2	DW		Net	45340 lb
					Tons	24.67

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	24.67	Tons				VA
2 TTT 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

*KS*





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.

1169

Manifest No. 2612

SECTION 1 GENERATOR INFORMATION (generator to complete)

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

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

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: R. Smith
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) Kille 4-25-13
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:



Charles City County Landfill  
 4000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609367

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 196 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1599 Grid 5403  
 Destination  
 PC 5551-0014  
 Profile 101A00VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	100020 lb
In	04/25/2013 11:36:28	PC301 Scale 1	DW		Tare	48460 lb
Out	04/25/2013 12:18:30	PC302 Scale 2	DW		Net	59560 lb
					Tons	29.78

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	29.78	Tons				VA
2 TPT-Transportation	100	29.78	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 *B. Boyd*





TRK.# 146

NON-HAZARDOUS WASTE MANIFEST

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

146 Manifest No. 1999

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address: 1330 Bellwood Rd. Rich, VA
c) Telephone Number: ( )
d) Vehicle License No./State: 121-508-VA
e) Trailer or Container No.: 311
f) Name of Driver: GARY BAGBY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt 4-25-13

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)
Signature of Driver Date of Receipt 4-25-13
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: 804-966-7212

Original  
 Ticket# 609392

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicles 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State waste Code San EPA ID  
 Manifest 1733 Grid P403  
 Destination  
 CO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 11:58:37	PC301 Scale 1	DW		93440 lb	
Out	04/25/2013 12:31:08	PC302 Scale 2	DW		32820 lb	
					Net	60620 lb
					Tare	30.31

Comments

Product	LD%	Qty	UCM	Rate	Tax	Amount	Origin
1	Special Misc-Tons	100	30.31	Tons			VA
2	TPT-Transportation	100	30.31	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 Renty





NON-HAZARDOUS WASTE MANIFEST

40401

1733

If 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, 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

a) Transporter's Name: Thompson
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13 119
e) Trailer or Container No.: 40401
f) Name of Driver: Renty
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# 609401

Customer Name	MOLEAN CONTRACTING CO MOLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/25/2013	Vehicle#	32123	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1970	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	64880 lb
In	04/25/2013 10:24:21	PC301 Scale 1 DW			Tare	20560 lb
Out	04/25/2013 12:37:37	PC302 Scale 2 DW			Net	34320 lb
					Tons	17.16

Comments:

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.16	Tons				VA
2 TPT-Transportation	100	17.16	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





NON-HAZARDOUS WASTE MANIFEST

32123

1979

If 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

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: 32123
e) Trailer or Container No.: 32123
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 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 23050
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# 826294

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 192 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2602  
 Destination Grid P4C3  
 OS 5551-0014  
 Profile 101400VP (DREDGE SEDIMENT)  
 Generation 165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	79252 lb
In	04/25/2013 12:04:17	PC301 Scale 1	DW		Tare	26300 lb
Out	04/25/2013 12:38:51	PC302 Scale2	DW		Net	51950 lb
					Tons	25.95

Comments:

Product	LDW	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	25.95	Tons				VA
2 TPT-Transportation	100	25.95	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 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.

192 Manifest No. 2609

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 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: 192 110222
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) 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# 609396

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/25/2013	Vehicle#	223	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2623			
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	81020 lb
In	04/25/2013 12:15:11	PC301 Scale 1	DW		Tare	26560 lb
Out	04/25/2013 12:41:08	PC301 Scale 2	kimbo3		Net	54460 lb
					Tons	27.23

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	27.23	Tons			VA
2	TPT-Transportation	100	27.23	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

*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. 2625

*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)  
 \_\_\_\_\_ 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: 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 4-25-13

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 Leroy Davis Date of Receipt 4-25-13

## 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) [Signature] 4-25-13

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# 609398

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/25/2013	Vehicle#	280	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2564	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	04/25/2013 12:20:16	PC301 Scale 1	DW		82360	lb
Out	04/25/2013 12:43:49	PC301 Scale 2	kimbo3		32780	lb
					Net	49580 lb
					Tons	24.79

Comments

Product	LD%	Qty	UOM	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 

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.

280

Manifest No. 2564

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
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: CLR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: P153560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANG
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that 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) 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.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



Charles City County Landfill  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 809403

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier EOR  
 Ticket Date 04/25/2013 Vehicle# 281 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1557  
 Destination Grid P403  
 GC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAV-FROMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	15
In	04/25/2013 12:40:54	PC301 Scale 1	kimbc3		33240	15
Out	04/25/2013 12:59:43	PC302 Scale 2	kimbc3		35220	15
					Tare	17.61

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons	100	17.61	Tons				VA
2 TPT-Transportation	100	17.61	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 Alvin Carter





NON-HAZARDOUS WASTE MANIFEST

281

Manifest No. 1997

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

WASTE MANAGEMENT APPROVAL 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

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: ECE
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: PI53561
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) KQ 4-25-13
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# 609404

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	Volume
Ticket Date	04/25/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1999	Grid	P4C3	
Destination				
OC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 12:43:30	PC301 Scale 1	kimbo2		78920	lb
Out	04/25/2013 13:01:15	PC302 Scale2	kimbo3		36900	lb
					Net	42020
					Tons	21.11

Comments

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

Total Tax  
 Total Ticket

In accordance with Virginia 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. 1998

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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 SECTION 3 TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: ECK
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447 5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lec
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 638406

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 41507 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1980  
 Destination Blvd P403  
 PO 5551-0014  
 Profile 101400V9 (DREDGE SEDIMENT)  
 Generator 185-NAVFA0MIDATLANTIC NAVFA0 MID ATLANTIC LITTLE CREEK PHASE 2

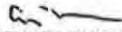
Time	Scale	Operator	Inbound	Gross	87220 16
In 04/25/2013 12:57:08	PC301 Scale 1	kimbo3		Tare	32060 16
Out 04/25/2013 13:14:32	PC302 Scale2	kimbo3		Net	55160 16
				Tons	27.58

Comments:

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.58	Tons				VA
2 TPI-transportation	100	27.58	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# 609400

Customer Name MCLEAN CONTRACTING CO MCLEAN      Driver THOMPSON DT  
 Ticket Date 04/25/2013      Vehicle# 1169      Volume  
 Payment Type Credit Account      Container  
 Manual Ticket#      Driver  
 Hauling Ticket#      Check#  
 Route      Billing # 0001200  
 State Waste Code      Gen EPA ID  
 Manifest 1996  
 Destination      Grid P4C3  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	25820 lb
In	04/25/2013 12:52:51	PC301 Scale 1	kimbo3		Tare	29760 lb
Out	04/25/2013 13:17:43	PC302 Scale2	kimbo3		Net	35280 lb
					Tons	28.03

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	28.03	Tons				VA
2 TPT-Transportation	100	28.03	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

*KS AD*



NON-HAZARDOUS WASTE MANIFEST

1169

Manifest No. 1996

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: 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: K.S. Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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: 804-956-7210

Original  
 Ticket# 009411

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 38122 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1727 Grid PAC3  
 Destination  
 PC 5551-0014  
 Profile 10140000 (DREDGE SEDIMENT)  
 Generator 185-NAV-FACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	70840 lb
In	04/25/2013 13:26:16	PC301 Scale 1	kimbo2		Tare	30390 lb
Out	04/25/2013 13:38:13	PC302 Scale2	kimbo3		Net	40450 lb
					Tons	86.23

Comments

Product	LDW	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	20.83	Tons			VA
2	TPT-Transportation	100	20.83	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





NON-HAZARDOUS WASTE MANIFEST

32123

Manifest No. 1737

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 Feed
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

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: 32123
e) Trailer or Container No.: 32123
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
h) I hereby warrant 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# 000421

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	EDR	
Ticket Date	04/25/2012	Vehicle#	801	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1732			
Destination		Grid	P403	
PC	5551-0214			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Grass	70500 15
In	04/25/2012 12:53:19	PC201 Scale 1	kimbo3		Tare	33142 15
Out	04/25/2012 14:07:32	PC202 Scale 2	kimbo3		Net	37380 15
					Tare	18.69

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.69	Tons				VA
2 TPT-Transportation	100	18.69	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



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1738

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: DIS 3561
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) 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: 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  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609410

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	
Ticket Date	04/25/2013	Vehicle#	280	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1735			
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	04/25/2013 13:49:42	PC301 Scale 1	kimbo3		54840	lb
Out	04/25/2013 14:09:41	PC302 Scale2	kimbo3		33140	lb
					Net	21700
					Tax	10.85

Comments

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



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. 1736

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, Non-Friable, N/A

g) Description of Waste: Same as Above

h) Disposal Volume: One (1) Tons Cubic Yards X Other Load

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

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: P133680

d) Vehicle License No./State:

e) Trailer or Container No.: 280

e) Trailer or Container No.:

f) Name of Driver: DAVID LANEY

f) Name of Driver:

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

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

Signature of Driver Date of Receipt 4-23-13

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.

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

Signature of Driver Date of Receipt 4-25-13

Signature of Driver Date of Receipt

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] 4-25-13

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.

Signature of Driver Date of Receipt

Signature of Driver Date of Receipt

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

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

Signature of Driver Date of Receipt

Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which 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# 605415

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2615 Grid P403  
 Destination  
 PO 3531-0014  
 Profile 131400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	84380 lb
ZY	04/25/2013 13:45:27	PC301 Scale 1	kimbo3		Tare	26320 lb
Out	04/25/2013 14:11:40	PC302 Scale2	kimbo3		Net	58060 lb
					Tons	29.03

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	29.03	Tons				VA
2 TRF-Transportation	100	29.03	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 March*







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

Original  
 Ticket# 609417

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 222 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1735 Grid P403  
 PC 5551-0014  
 Profile 101400V1 (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	00000 lb
In	04/25/2013 13:48:59	PC301 Scale 1	kimbo2		Tare	26840 lb
Out	04/25/2013 14:13:36	PC302 Scale 2	kimbo3		Net	33160 lb
					Tons	16.58

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	16.58	Tons				VA
2 TWT-Transportation	100	16.58	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

*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.

Handwritten initials

Manifest No. 1735

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: T R

Table with 2 columns: Container Code, Description (TR - Truck, DM - Metal Drum, etc.)

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: 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: Henry Davis Date of Receipt: 4-25-13
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: 4-25-13

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): [Signature] 4-25-13
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: 804-366-7210

Original  
 Ticket# 629414

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 40421 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1742 Grid PAC3  
 Destination  
 PC 5551-0014  
 Profile 101400V3 (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	92540 16
In 04/25/2013 13:40:04	PC301 Scale 1	Kimbo2		Tare	32840 16
Out 04/25/2013 14:15:31	PC302 Scale2	Kimbo2		Net	59700 16
				Tare	29.85

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tare-	100	29.85	Tare				VA
2 TPT-Transportation	100	29.85	Tare				VA

Total Tax  
 Total Ticket

In accordance with Virginia 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. 1743

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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
b) Transporter's Address:
c) Telephone Number:
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: Renty
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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:



NON-HAZARDOUS WASTE MANIFEST

274

Manifest No. 1739

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
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: 1300 Bellwood rd
c) Telephone Number: (804) 447-5851
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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) 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.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

f) Responsible Agency Name and Address:



Charles City County Landfill  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 009425

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 41547 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Bill # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1741 Grid 8403  
 Destination  
 Profile 181400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACM/DATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

In	Time	Scale	Operator	Inbound	Gross	72220	lb
In	04/25/2013 14:06:59	PC301 Scale 1	kimbo3		Tare	34200	lb
Out	04/25/2013 14:22:41	PC302 Scale2	kimbo3		Net	38020	lb
					Tons	19.01	

Comments

Product	LDX	Qty	LCM	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.

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. 1741

41547

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: 107-896. Trailer or Container No.: 41547. Name of Driver: Eric M. I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 4/25/13. I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4/25/13.

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): KAO 4-25-13. 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: . 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# 600488

Disposer Name MOLEAN CONTRACTING CO MOLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001300  
 State Waste Code Gen EPA ID  
 Manifest 1740 Grid P403  
 PU 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	75540 lb
In 04/25/2013 14:13:09	PC301 Scale 1	kimbo2		Tare	31180 lb
Out 04/25/2013 14:35:46	PC302 Scale 2	kimbo3		Net	45460 lb
				Tons	22.73

Comments

Product	LDX	Qty	UCM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	22.73	Tons				VA
2 TPI-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 \_\_\_\_\_

*KS*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1740

11/29

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

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: 13-390
e) Trailer or Container No.: 1169
f) Name of Driver: Kevin Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: KS Smith Date of Receipt: 4-25-13
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: KS Smith Date of Receipt: 4-25-13

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): Kille 4-25-13
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  
 8800 Chambers Road  
 Charles City, VA, 23032  
 Ph: 804-966-7210

Original  
 Ticket# 805433

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1742  
 Destination Grid P4C3  
 OC 0351-0014  
 Profile 121402VA (DREDGE SEDIMENT)  
 Generator 165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	61600 lb
In 04/25/2013 14:37:23	PC301 Scale 1	kimbo3		Tare	30740 lb
Out 04/25/2013 14:57:43	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 TCF-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.

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. 1742

3203

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: 32123
e) Trailer or Container No.: 32123
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.
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: 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  
 5000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 882430

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 280 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1746 Grid P403  
 Destination PC 5531-0014  
 Profile 101400W1 (DREDGE SEDIMENT)  
 Generator 105-NAV-FCMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Grps	76860	15
In	04/25/2013 14:59:38	PC301 Scale 1	kimbo2		Tare	34940	15
Out	04/25/2013 15:17:23	PC302 Scale2	kimbo3		Net	41920	15
					Total	22.96	

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.96	Tons				VA
2 TWT-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





NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1746

280

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 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: P153560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: 4-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: 4-25-13

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:
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, 23020  
 Ph: 804-966-7210

Original  
 Ticket# 009441

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2602 Grid P4C3  
 Destination  
 PS 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 183-NAV-FACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	75960 lb
In 04/25/2013 15:09:42	PC301 Scale 1	kimbo3		Tare	36880 lb
Out 04/25/2013 15:22:42	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 \_\_\_\_\_



NON-HAZARDOUS WASTE 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. 2608

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: FCL
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (800) 447 5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lee
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant 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) KEO 4-25-13
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, 23200  
 Ph: 804-966-7212

Original  
 Ticket# 603438

Customer Name MCLERN CONTRACTING CO MCLERN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manifest Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2619 Grid PAC3  
 Destination  
 PC 5521-0214  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CRSEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	51720 lb
In	04/25/2013 15:07:48	PC301 Scale 1	kimbo2		Tare	26660 lb
Out	04/25/2013 15:25:58	PC302 Scale2	kimbo3		Net	35860 lb
					Tons	17.53

Comments

Product	LDW	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	17.53	Tons				VA
2 TPT-Transportation	100	17.53	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 Jason Morris





NON-HAZARDOUS WASTE MANIFEST

192

Manifest No. 2619

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

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 Marcus Date of Receipt: 4-25-13
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) 968-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type): JAC 42513
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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



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

Original  
 Ticket# 609439

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 222 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1745 Grid P403  
 PG 5551-0014  
 Profile 101426VG (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

In	Time	Scale	Operator	Inbound	Gross	53350 lb
	04/25/2012 15:28:33	PC201 Scale 1	kimbo3		Tare	28802 lb
Out	04/25/2013 19:27:26	PC302 Scale 2	kimbo3		Net	29767 lb
					Tons	13.38

Comments

Product	LDW	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100	13.38	Tons			VA
2	TPT-Transportation	100	13.38	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

*Glory 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. 1745

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:
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: 4-25-13
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: Leroy Davis Date of Receipt: 4-25-13

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) RAC 4-25-13
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  
 6000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-956-7210

Original  
 Ticket# C09446

Customer Name MCLEAN CONTRACTING DO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Kenam Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1001 Grid P403  
 Destination  
 PD 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFROMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	69000 10
To 04/25/2013 15:51:09	PC301 Scale 1	kimbo3		Tons	31800 10
Out 04/25/2013 16:07:41	PC302 Scale2	kimbo3		Net	37800 10
				Tons	16.94

Comments:

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons- 100		16.94	Tons				VA
2 TPO-Transportation 100		16.94	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

32123

Manifest No. 1981

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

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: 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) KOC 4-25-13
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# 60944

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1007 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	88440 lb
In	04/25/2013 15:27:20	PC301 Scale 1	kimbo2		Tare	33000 lb
Out	04/25/2013 16:09:14	PC302 Scale2	kimbo3		Net	55440 lb
					Tons	27.72

Connects

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	27.72	Tons				VA
2 TPT-Translocation	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

*Reutz*



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. 1987

John

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 13-119
e) Trailer or Container No.: 40401
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: 4-25-13
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: Rusty Date of Receipt: 4-25-13

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): KRE 4-25-13
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: 804-956-7210

Original  
 Ticket# 009451

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 250 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Reuling Ticket# Check#  
 State Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1800  
 Destination Grid P403  
 PC 5501-0214  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 16:11:23	PC301	Scale 1 kimbo3		71660	15
Out	04/25/2013 16:28:08	PC302	Scale2 kimbo3		38982	15
					Net	42678
					Tons	20.34

Comments:

Product	LDX	Qty	UDM	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





NON-HAZARDOUS WASTE MANIFEST

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

280 Manifest No. 1983

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: ECR
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 7153560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANGST
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant 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





NON-HAZARDOUS WASTE MANIFEST

274

1603

If 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

Waste Management Approval 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

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: PCR
b) Transporter's Address: 1300 Bellwood rd
c) Telephone Number: (804) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Skunklec
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) 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.
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: 804-566-7212

Original  
 Ticket# 60945A

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 192 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1724  
 Destination Site 0403  
 PO 5581-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/25/2013 16:20:26	PC301 Scale 1	kimbo3		66200	15
Out 04/25/2013 16:41:11	PC302 Scale 2	kimbo3		26200	15
				Net	40000
				Tons	20.00

Comments:

Product	LDX	City	UOM	Rate	Tax	Amount	Origin
Special Misc-Tons-	100		Tons	20.00			VA
TOT-Transportation	100		Tons	20.00			VA

Total Tax  
 Total Ticket

In accordance with Virginia 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. 1734

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) 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: 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 4-25-13
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): Kie 4-25-13
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:

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



Charles City County Landfill  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7210

Original  
 Ticket# 609455

Customer Name MCLERN CONTRACTING CO MCLERN Carrier THOMPSON MT  
 Ticket Date 04/25/2012 Vehicle# 223 Value  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1505  
 Destination GHS 9403  
 OC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFROMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	16
In 04/25/2012 16:23:11	PC301 Scale 1	kimbo2		Tare	25960 16
Out 04/25/2012 16:42:32	PC302 Scale2	kimbo3		Net	37440 16
				Tons	18.72

Comments

Product	LD%	Qty	UDM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	18.72	Tons				VA
2 TPT-Transportation	100	18.72	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

*Doroy 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. 1985

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. 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 Number: [blank]. Vehicle License No./State: 16-219. Trailer or Container No.: 203. 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: Leroy Davis Date of Receipt: 4-25-13. 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: 4-25-13.

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 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] 4-25-13. 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. a) Operator's Name: [blank] b) Operator's Address: [blank] c) Telephone Number: [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



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-966-7810

Original  
 Ticket# 639461

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 32122 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1589 Grid P403  
 Destination  
 PO 5551-0214  
 Profile 101420VA (DREDGE SEDIMENT)  
 Generation 155-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	62880 lb
In	04/25/2013 17:17:31	PC301 Scale 1	kimbo3		Tare	60860 lb
Out	04/25/2013 17:32:14	PC302 Scale 2	kimbo3		Net	33980 lb
					Tons	16.96

Logbook

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

Total Tax  
 Total Ticket

In accordance with Virginia 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.

32123

Manifest No. 1989

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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: 32123
e) Trailer or Container No.: 32123
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.
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) 986-7210
d) Mailing Address: Same as Above
e) Name of Disposal Facility's Authorized Agent (print/type) KOR 4-25-13
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: 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# 609464

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 282 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1790  
 Destination Grid 2403  
 AD 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	75480 lb
In	04/25/2013 17:23:04	PC301 Scale 1	Kimbo3		Tare	31420 lb
Out	04/25/2013 17:41:45	PC302 Scale 2	Kimbo3		Net	44060 lb
					Tons	22.03

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
3 Special Misc-Tons-	120	22.03	Tons				VA
2 TSP-Transportation	120	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



NON-HAZARDOUS WASTE MANIFEST

1990

If 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) 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: ECK
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: P153560
e) Trailer or Container No.: 280
f) Name of Driver: DAVID LANEY
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt 4-25-13
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 4-25-13

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): [Signature] 4-25-13
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  
 #000 Chambers Road  
 Charles City, VA, 23230  
 Ph: 804-966-7210

Original  
 Ticket# 609462

Customer Name MCLEARN CONTRACTING CO MCLEARN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1952  
 Destination Grid P403  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 3

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 17:21:36	PC301 Scale 1	kimbo3		39500	lb
Out	04/25/2013 17:43:09	PC302 Scale2	kimbo3		32100	lb
					Net	57300 lb
					Tons	29.56

Comment:

Product	LOX	Qty	UDM	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.

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.

40401

Manifest No. 1993

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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) 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: [Signature]
b) Transporter's Address:
c) Telephone Number: ( )
d) Vehicle License No./State: 13119
e) Trailer or Container No.: 40401
f) Name of Driver: [Signature]
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: [Signature] 4-25-13
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: [Signature] 4-25-13

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): [Signature] 4-25-13
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: 804-956-7210

Original  
 Ticket# 609463

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 1169 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001220  
 State Waste Code Gen EPA ID  
 Manifest 1999 Grid P4C3  
 Destination  
 PO 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Grac	75920 lb
In 04/25/2013 17:22:18	PC301 Scale 1	kimbo3		Tare	30720 lb
Out 04/25/2013 17:44:42	PC302 Scale2	kimbo3		Net	46200 lb
				Tons	23.10

Remarks

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
Special Misc-Tons	100	23.10	Tons				VA
TOT-Transportation	100	23.10	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 \_\_\_\_\_

KS





NON-HAZARDOUS WASTE MANIFEST

1169

Manifest No. 1988

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

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: K.S. Smith
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
Signature of Driver Date of Receipt
h) I hereby warrant that 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)
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6 ASBESTOS (operator to complete)

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

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

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

f) Responsible Agency Name and Address:



Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 609460

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	ECR	Volume
Ticket Date	04/25/2013	Vehicle#	274	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	1986	Grid	P403	
Destination				
PC	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

Time	Scale	Operator	Inbound	Gross	79200 lb
In 04/25/2013 17:25:12	PC301 Scale 1	kimbo3		Tare	35600 lb
Out 04/25/2013 17:46:01	PC302 Scale2	kimbo3		Net	36380 lb
				Tons	16.19

Disposal:

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons- 120		16.19	Tons				VA
2 TPT-Transportation 120		16.19	Tons				VA

Total Tax  
 Total Ticket





NON-HAZARDOUS WASTE MANIFEST

274

1986

If 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 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: PCR
b) Transporter's Address: 1300 Bellwood Rd
c) Telephone Number: (404) 447-5854
d) Vehicle License No./State:
e) Trailer or Container No.: 274
f) Name of Driver: Shawn Lee
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# 609466

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	
Ticket Date	04/25/2013	Vehicle#	192	Volume
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0201200	
State Waste Code		Gen EPA ID		
Manifest	1744			
Destination		Grid	P4C3	
PO	5551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generation	105-NOV14ADMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 17:35:48	PC301 Scale 1	kimbo3		57790	lb
Out	04/25/2013 17:49:25	PC302 Scale2	kimbo3		26220	lb
					Net	31520
					Tons	15.76

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tone-	100	15.76	Tons			VA
2	TRT-Transportation	100	15.76	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

*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. 1744

Handwritten initials 'JG'

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: (787) 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.

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, Vehicle License No. 116-222, Trailer No. 192, Driver Jason Mann, Date of Receipt 4-25-13. Transfer Facility: Name, Address, 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, Vehicle License No., Trailer No., 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, Disposal Facility Authorized Agent, Date of Receipt.

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.

f) Responsible Agency Name and Address:



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

Original  
 Ticket# 608469

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 223 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1992 Grid P403  
 Destination  
 PU 5581-0014  
 Profile 131400VA (DREDGE SEDIMENT)  
 Generator 165-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 17:39:45	PC301 Scale 1	kimbo3		Tare	56440 lb
Out	04/25/2013 17:51:59	PC302 Scale2	kimbo3		Net	87480 lb
					Tone	39020 lb
						19.51

Comments

Product	LDX	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

*Jeremy Davis*





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1992

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. 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. Address: [blank]. Telephone Number: [blank]. Vehicle License No./State: 76-219. Trailer or Container No.: 223. 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: Leroy Davis Date of Receipt: 4-25-13. 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: 4-25-13.

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. 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) 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. 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].

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): [blank] 4-25-13. 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] Telephone Number: [blank]. Operator's Address: [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: 804-956-7210

Original  
 Ticket# 605470

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2012 Vehicle# 32123 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 2527 Grid P402  
 Destination  
 PC 5581-0214  
 Profile 131400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	Tare	Net	Tare
In 04/25/2012 18:30:06	PC301 Scale 1	Kiebo3		69120 18	28920 15		
Out 04/25/2012 18:44:45	PC302 Scale 2	Wisbo3				40148 15	28920 15
							20.07

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	20.07	Tons				VA
2 TFI-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





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.

32103

Manifest No. 2627

SECTION 1 GENERATOR INFORMATION (generator to complete)

a) Generator's Name: NAVFAC Mid-Atlantic Joint Expeditionary Base Little Creek
b) Generator's Address: Joint 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) 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 IV
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)
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  
 2000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-566-7210

Original  
 Ticket# 60947

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 274 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Acct: Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1995  
 Destination Grid P403  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 195-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	67060 lb
In	04/25/2013 18:32:31	PC301 Scale 1	Kimbo3		Tare	31940 lb
Out	04/25/2013 18:47:35	PC302 Scale2	Kimbo3		Net	35120 lb
					Tare	17.56

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		17.56	Tons		VA
2	TNT-Transportation	100		17.56	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

274

1995

If 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 Management Approval Code: 101400VA. Common Name of Waste: Dredge Sediment. Description: Same as Above. 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 SECTION 3 TRANSFER FACILITY (complete if applicable)

Transporter's Name: FCR. Address: 1300 Bellwood Rd. Telephone: (804) 447-5854. Vehicle License No./State: 274. Name of Driver: Shawn Lee. Date of Receipt: 04/25.

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: KDe 4-25-13. Date of Receipt:

SECTION 6 ASBESTOS (operator to complete)

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)

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.



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

Original  
 Ticket# 609474

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier ECR  
 Ticket Date 04/25/2013 Vehicle# 290 Volume  
 Payment Type Credit Account Container  
 Manual Tickets Driver  
 Hauling Tickets# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1994  
 Destination Grid R4C3  
 PO 5521-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	61940 lb
In 04/25/2013 10:53:55	PC301 Scale 1	kimbo3		Tare	32050 lb
Out 04/25/2013 19:15:57	PC302 Scale2	kimbo3		Net	29890 lb
				Tons	14.94

Comments

Product	LDX	Qty	UDM	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







Charles City County Landfill  
 8000 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 609472

Customer Name	MCLEAN CONTRACTING CO MCLEAN	Carrier	THOMPSON DT	Volume
Ticket Date	04/25/2013	Vehicle#	0159	
Payment Type	Credit Account	Container		
Manual Ticket#		Driver		
Hauling Ticket#		Check#		
Route		Billing #	0001200	
State Waste Code		Gen EPA ID		
Manifest	2629	Grid	P4C3	
Destination				
PO	3551-0014			
Profile	101400VA (DREDGE SEDIMENT)			
Generator	185-NAVAACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2			

In	04/25/2013 18:51:47	Scale	PC301 Scale 1	Operator	kimbo3	Inbound	Gross	75642	lb
Out	04/25/2013 19:37:31	Scale	PC302 Scale2	Operator	kimbo3		Net	31440	lb
							Tons	25.72	

Comments

Product	LDX	Qty	UDN	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	120	25.72	Tons				VA
2 TPT-Transportation	120	25.72	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 \_\_\_\_\_

*KS* (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. 2629

## SECTION 1 GENERATOR INFORMATION (generator to complete)

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

b) Generator's Address: Joint 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: 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: Kevin Smith

g) I 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: 4-25-13

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: 4-25-13

## 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): [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, 23032  
 Ph: 804-966-7210

Original  
 Ticket# 609477

Customer Name MOLEAN CONTRACTING CO MOLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 40401 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001000  
 State Waste Code Gen EPA ID  
 Manifest 2621  
 Destination Grid 0403  
 PO 8551-0014  
 Profile 121400VA (DREDGE SEDIMENT)  
 Generator 185-NAVAFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

Time	Scale	Operator	Inbound	Gross	
In 04/25/2013 18:53:03	PC301 Scale 1	kimbo2		Tare	72280 lb
Out 04/25/2013 19:38:56	PC302 Scale 2	kimbo3		Net	32020 lb
				Tons	40250 lb
					20.13

Comments

Product	LDX	Qty	UDM	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

*Rusty*

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

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.: 40401
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 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  
 Pns 804-955-7210

Original  
 Ticket# 609476

Customer Name MCLERN CONTRACTING CO MCLERN Carrier THOMPSON DT  
 Ticket Date 04/25/2013 Vehicle# 283 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0021200  
 State Waste Code Gen EPA ID  
 Manifest 2625  
 Destination Site 2403  
 PC 6551-0014  
 Profile 101402VA (DREDGE SEDIMENT)  
 Generator 185-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2013 19:30:34	PC301 Scale 1	kimbo3		73820 lb	
Out	04/25/2013 19:47:58	PC302 Scale2	kimbo3		Tare	25840 lb
					Net	47980 lb
					Tons	23.99

Comments

Product	LDX	Qty	UDM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		23.99	Tons		VA
2	TPT-Transportation	100		23.99	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

*Jerry Davis*





Charles City County Landfill  
 8200 Chambers Road  
 Charles City, VA, 23030  
 Ph: 804-965-7210

Original  
 Ticket# 609475

Customer Name MCLEAN CONTRACTING CO MCLEAN Carrier THOMPSON DT  
 Ticket Date 04/25/2012 Vehicle# 192 Volume  
 Payment Type Credit Account Container  
 Manual Ticket# Driver  
 Hauling Ticket# Check#  
 Route Billing # 0001200  
 State Waste Code Gen EPA ID  
 Manifest 1984 Grid P403  
 Destination  
 PC 5551-0014  
 Profile 101400VA (DREDGE SEDIMENT)  
 Separator 105-NAVFACMIDATLANTIC NAVFAC MID ATLANTIC LITTLE CREEK PHASE 2

	Time	Scale	Operator	Inbound	Gross	
In	04/25/2012 19:13:08	PC301 Scale 1	kisbo3		53500	lb
Out	04/25/2012 19:49:31	PC302 Scale 2	kisbo3		28400	lb
					Net	30040 lb
					Tons	15.02

Comments

Product	LDX	Qty	UOM	Rate	Tax	Amount	Origin
1	Special Misc-Tons-	100		15.02	Tons		VA
2	TOT-Transportation	100		15.02	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 Marsden*



NON-HAZARDOUS WASTE MANIFEST

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

Manifest No. 1984

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. Telephone Number: 16-222. Vehicle License No./State: 1912. Name of Driver: Johnson. Date of Receipt: 4-25-13.

Transfer 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: [Signature] 4-25-13.

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.

SECTION 5 DESTINATION - (Disposal Facility)

Disposal Facility's Name: Charles City Landfill. Physical Address: 8000 Chambers Rd, Charles City, VA 23030. Telephone Number: (804) 966-7810. Mailing Address: Same as Above. Name of Disposal Facility's Authorized Agent: [Signature] 4-25-13. 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: 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:

**Attachment J**  
**Bathymetric Surveys**

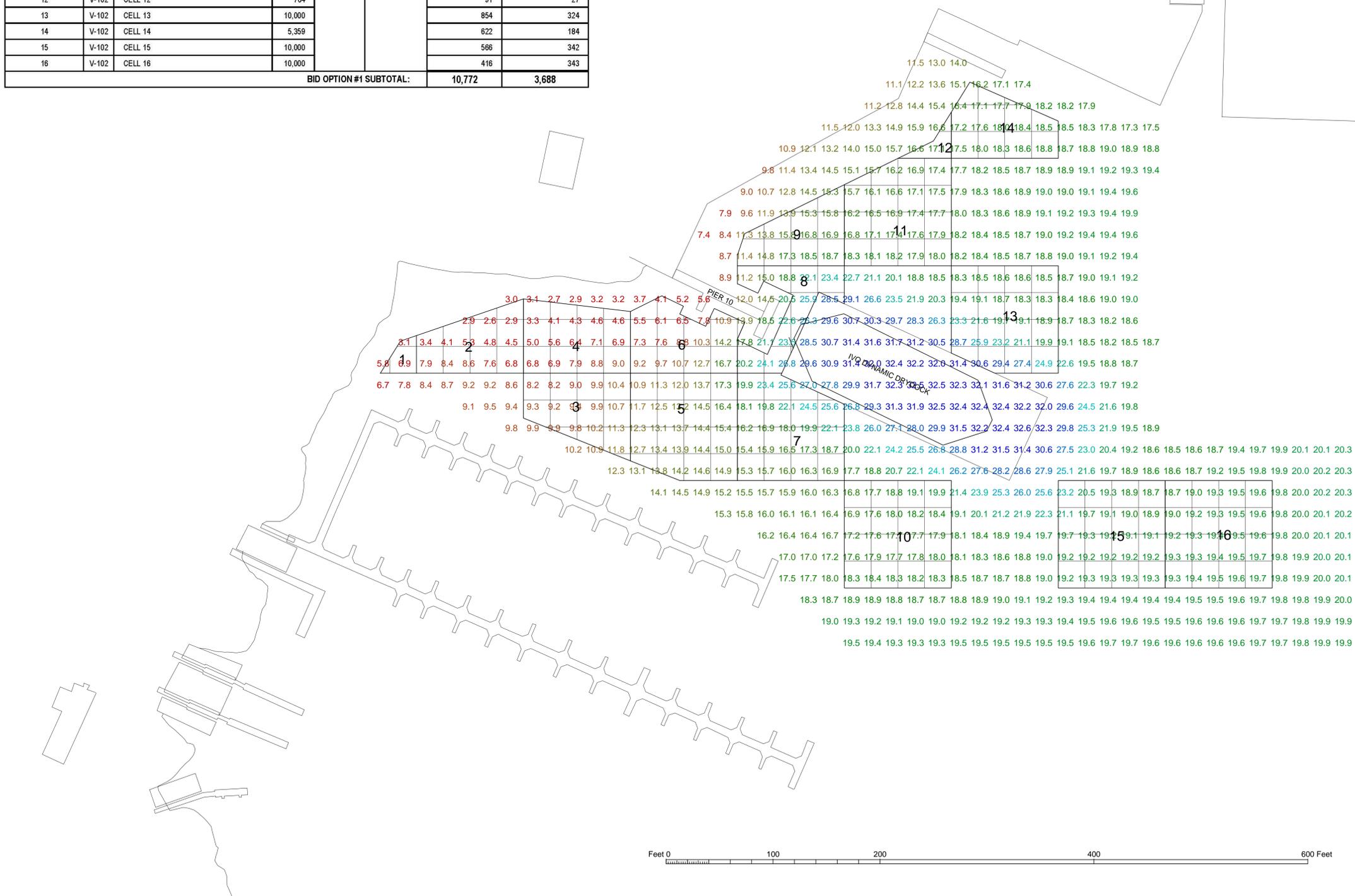
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ESTIMATED DREDGING QUANTITIES FOR FY-2012 MAINTENANCE DREDGING AT JEB LITTLE CREEK

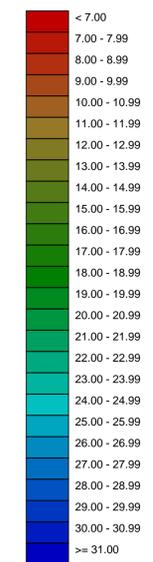
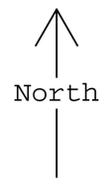
DREDGE AREA ID (SEE KEY PLAN SHEET V-001)	SHEET	PIER AND/OR APPROACHES	AREA (SY)	CONTRACT DEPTH (FT) (MLLW)	OVER DREDGE DEPTH (FT) (MLLW)	ESTIMATED VOLUME AVAILABLE WITHIN REQUIRED DREDGE AREA (CY)	
<b>BID OPTION #1: FY-2012 LITTLE CREEK MARINA &amp; DRY DOCK AREA MAINTENANCE DREDGE</b>							
4	V-104	CELL 4	906	VARIES SEE SHEET 2	CONTRACT DEPTH MINUS 1 FOOT SEE SHEET 2		
2	V-102	CELL 2	7,387			777	143
3	V-102	CELL 3	6,174			822	223
4	V-102	CELL 4	6,329			853	219
5	V-102	CELL 5	9,575			1,014	350
6	V-102	CELL 6	5,926			790	205
7	V-102	CELL 7	10,000			1,057	322
8	V-102	CELL 8	7,694			574	161
9	V-102	CELL 9	5,048			568	180
10	V-102	CELL 10	10,000			627	334
11	V-102	CELL 11	9,386			1,141	331
12	V-102	CELL 12	764			91	27
13	V-102	CELL 13	10,000			854	324
14	V-102	CELL 14	5,359			622	184
15	V-102	CELL 15	10,000			566	342
16	V-102	CELL 16	10,000			416	343
<b>BID OPTION #1 SUBTOTAL:</b>						<b>10,772</b>	<b>3,688</b>

SURVEY NOTES:

- DEPTH SOUNDINGS SHOWN HEREIN ARE IN FEET AND REFER TO THE NOAA MEAN LOWER LOW WATER (MLLW) DATUM.
- THE HYDROGRAPHIC SURVEY WAS CONDUCTED USING CLASS 1 HYDROGRAPHIC SURVEY METHODS & ACCURACIES OUTLINED IN THE CORPS OF ENGINEERS' HYDROGRAPHIC SURVEYING MANUAL (EM 1110-2-1003).
- ALL SOUNDINGS WERE RECORDED USING A RESON 7125 MULTI-BEAM SONAR SYSTEM WITH HORIZONTAL POSITIONS OBTAINED VIA APPLANIX POSIMV GPS WMRU.
- HORIZONTAL DATUM IS BASED ON THE VIRGINIA (LAMBERT) STATE PLANE COORDINATE SYSTEM, ZONE 4502, U.S. SURVEY FEET (NAD83).
- MULTIBEAM SURVEY DATA DEPICTED AND USED FOR CALCULATING VOLUMES IS REPRESENTATIVE OF A LARGER DATA SET. SOUNDING DATA HAS BEEN PROCESSED USING HYPACK/HYSWEEP SOFTWARE AS FOLLOWS:  
SOUNDING DATA FOR DISPLAY:  
CELL SIZE 20' X 20', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.  
SOUNDING DATA FOR VOLUME CALCULATIONS:  
CELL SIZE 5' X 5', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SURVEY DATE(S) FEBRUARY 6 and 12, 2012.



PIER 11

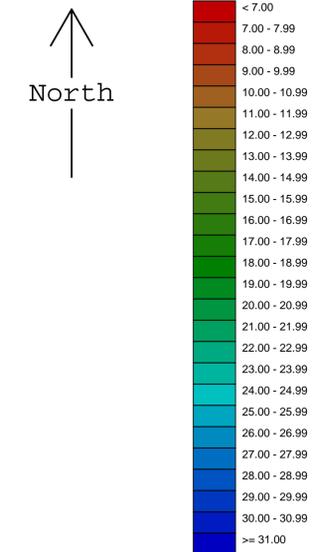


No.	Date	Revision	BY
<b>FY12 MAINTENANCE DREDGING PRE DREDGE SURVEY JOINT EXPEDITIONARY BASE LITTLE CREEK, VIRGINIA BEACH, VA</b>			
Lead Surveyor: Dane Wray		 Naval Facilities Engineering Command	
Processed By: Tommy Burritt / Bob O'Malley			
Drawn By: Bob O'Malley		MID-ATLANTIC REGION - CI CORE HYDROGRAPHIC BRANCH NORFOLK, VIRGINIA	
Checked By:		February 15, 2013	
MAXIMO: JOB ORDER NO: WORK ORDER NO: NAVFAC DRAWING NO:		SCALE: 1" = 50'      SHEET 1 OF 1	

# REQUIRED CONTRACT DREDGE DEPTHS FOR 25'X 25' CELL SUBDIVISIONS



PIER 11



North ↑

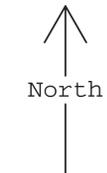
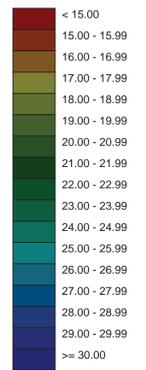
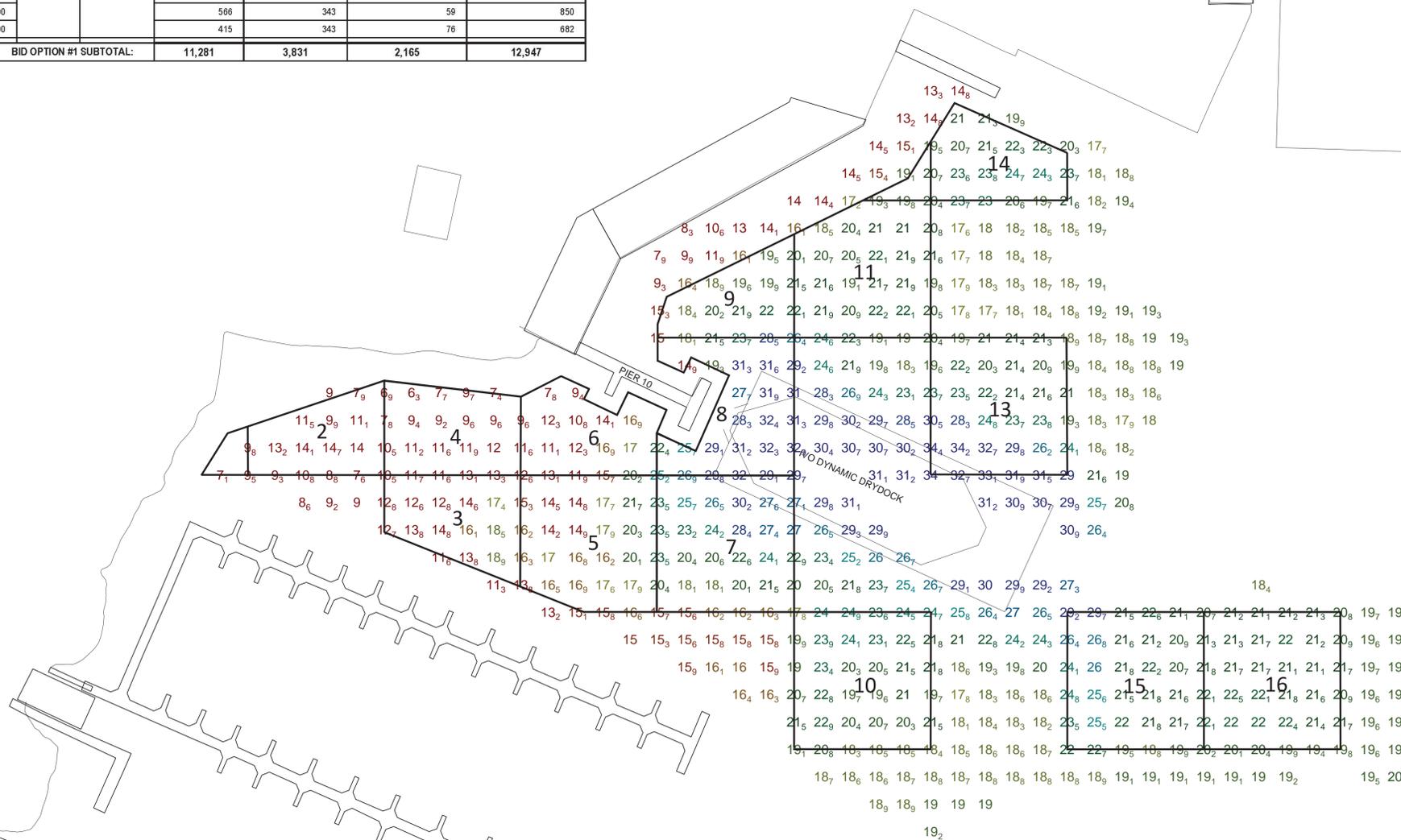
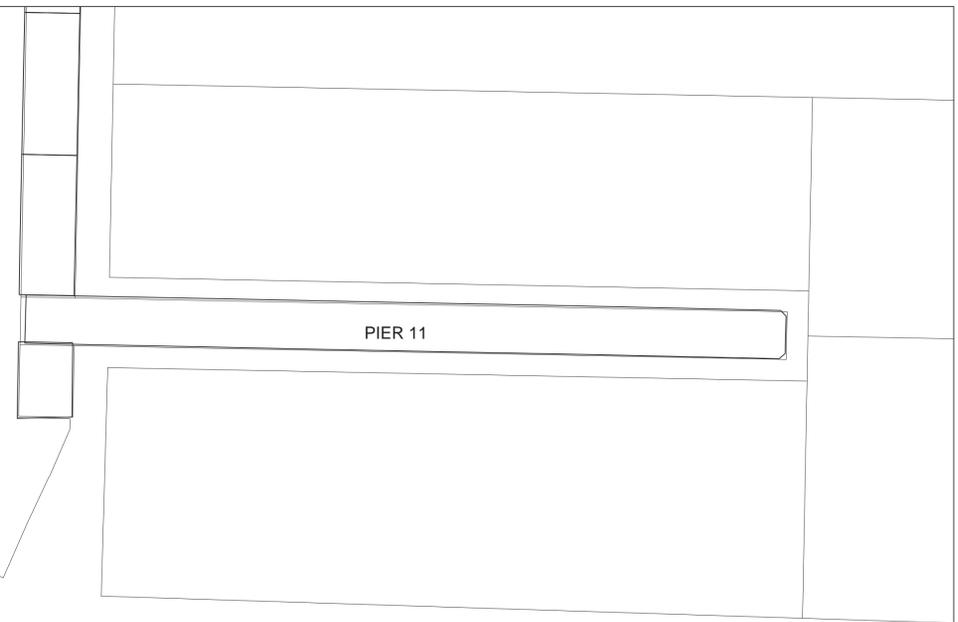


No.	Date	Revision	BY
<b>FY12 MAINTENANCE DREDGING PRE DREDGE SURVEY</b> JOINT EXPEDITIONARY BASE LITTLE CREEK, VIRGINIA BEACH, VA			
Lead Surveyor: Dane Wray		 Naval Facilities Engineering Command	
Processed By: Tommy Burritt / Bob O'Malley			
Drawn By: Bob O'Malley			
Checked By:			
MAXIMO: JOB ORDER NO: WORK ORDER NO: NAVFAC DRAWING NO:		MID-ATLANTIC REGION - CI CORE HYDROGRAPHIC BRANCH NORFOLK, VIRGINIA February 15, 2013	
		SCALE: 1" = 50'	SHEET 1 OF 1

ESTIMATED PRE-DREDGE QUANTITIES FOR FY-2012 MAINTENANCE DREDGING AT JEB LITTLE CREEK						POST DREDGE QUANTITIES			
DREDGE AREA ID (SEE KEY PLAN SHEET V-001)	SHEET	PIER AND/OR APPROACHES	AREA (SY)	CONTRACT DEPTH (FT) (MLLW)	OVER DREDGE DEPTH (FT) (MLLW)	ESTIMATED VOLUME AVAILABLE WITHIN REQUIRED DREDGE AREA (CY)		VOLUME OF MATERIAL REMAINING TO OVER DREDGE DEPTH (CY)	TOTAL VOLUME OF PAYABLE MATERIAL REMOVED (CY)
BID OPTION 1: FY-2012 LITTLE CREEK MARINA & DRYDOCK AREA MAINTENANCE DREDGE						CONTRACT DEPTH	OVERDREDGE DEPTH		
2	V-102	CELL 2	7,387			774	144	128	790
3	V-102	CELL 3	6,174			817	221	102	936
4	V-102	CELL 4	6,329			849	218	148	919
5	V-102	CELL 5	9,575			1,012	349	239	1,122
6	V-102	CELL 6	5,926			783	204	141	846
7	V-102	CELL 7	10,000			1,212	351	436	1,127
8	V-102	CELL 8	7,694			916	265	295	886
9	V-102	CELL 9	5,049			571	181	73	679
10	V-102	CELL 10	10,000			626	334	96	864
11	V-102	CELL 11	9,386			1,138	330	144	1,324
12	V-102	CELL 12	764			93	27	29	91
13	V-102	CELL 13	10,000			889	337	152	1,074
14	V-102	CELL 14	5,359			620	184	47	757
15	V-102	CELL 15	10,000			566	343	59	850
16	V-102	CELL 16	10,000			415	343	76	682
<b>BID OPTION #1 SUBTOTAL:</b>						<b>11,281</b>	<b>3,831</b>	<b>2,165</b>	<b>12,947</b>

SURVEY NOTES:

- DEPTH SOUNDINGS SHOWN HEREIN ARE IN FEET AND REFER TO THE NOAA MEAN LOWER LOW WATER (MLLW) DATUM.
  - THE HYDROGRAPHIC SURVEY WAS CONDUCTED USING CLASS 1 HYDROGRAPHIC SURVEY METHODS & ACCURACIES OUTLINED IN THE CORPS OF ENGINEERS' HYDROGRAPHIC SURVEYING MANUAL (EM 1110-2-1003).
  - ALL SOUNDINGS WERE RECORDED USING A RESON 7125 MULTI-BEAM SONAR SYSTEM WITH HORIZONTAL POSITIONS OBTAINED VIA APPLANIX POSIMV GPS WIMRU.
  - HORIZONTAL DATUM IS BASED ON THE VIRGINIA (LAMBERT) STATE PLANE COORDINATE SYSTEM, ZONE 4502, U.S. SURVEY FEET (NAD83).
  - MULTIBEAM SURVEY DATA DEPICTED AND USED FOR CALCULATING VOLUMES IS REPRESENTATIVE OF A LARGER DATA SET.
- SOUNDING DATA FOR DISPLAY HAS BEEN PROCESSED USING HYPACK/HYSWEEP SOFTWARE AS FOLLOWS:  
CELL SIZE: 20' X 20', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SOUNDING DATA FOR VOLUME CALCULATIONS HAS BEEN PROCESSED AS FOLLOWS:  
CELL SIZE: 5' X 5', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SURVEY DATE(S) APRIL 30, 2013.

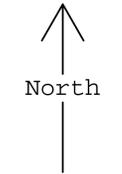
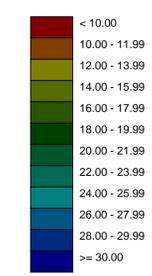
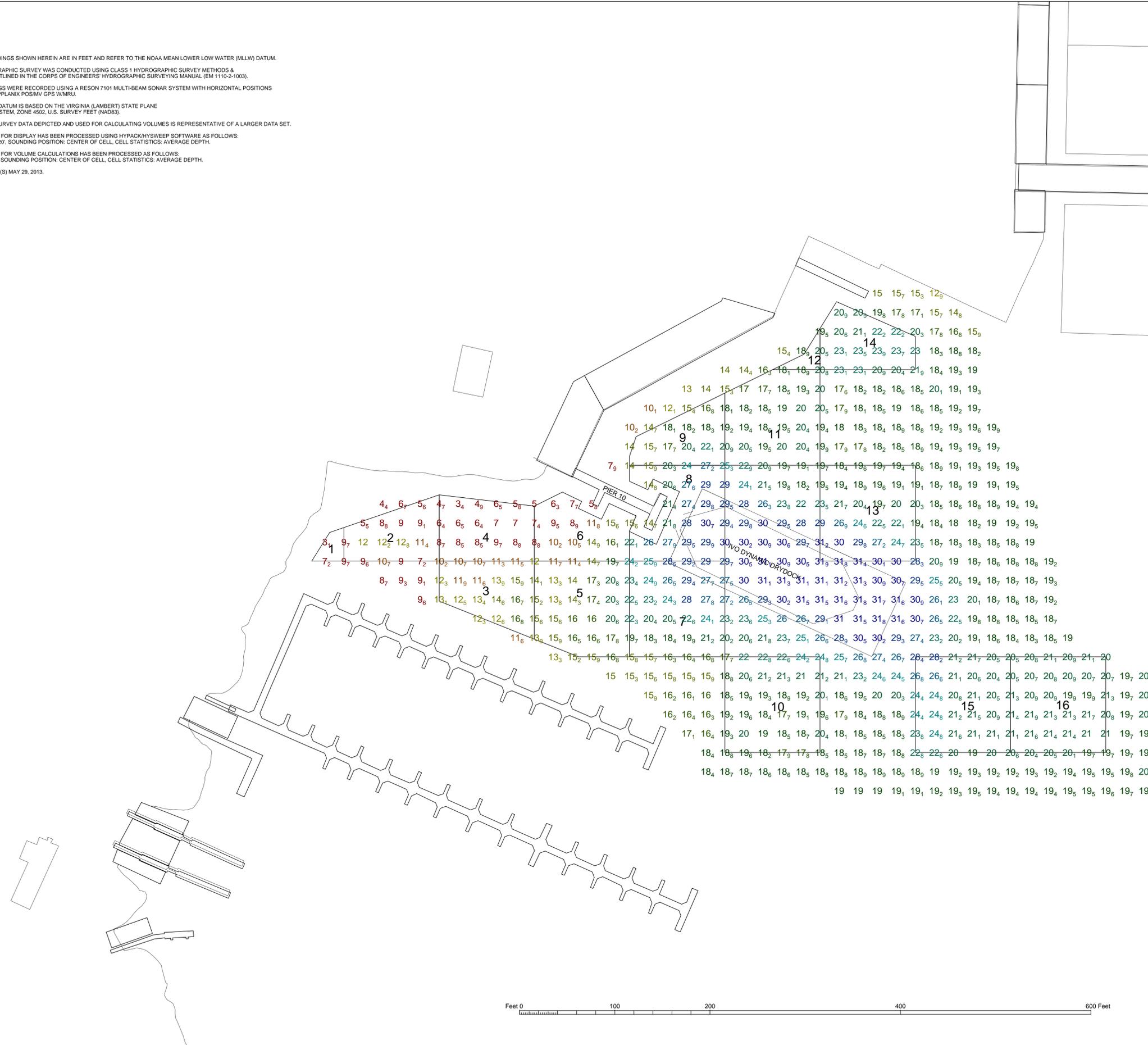


No.	Date	Revision	BY
FY12 MAINTENANCE DREDGING POST DREDGE SURVEY JOINT EXPEDITIONARY BASE LITTLE CREEK, VIRGINIA BEACH, VA			
Lead Surveyor:	Dane Wray		
Processed By:	Dane Wray		
Drawn By:	Dane Wray		
Checked By:			
MAXIMO:	MID-ATLANTIC REGION - CI CORE		
JOB ORDER NO:	HYDROGRAPHIC BRANCH		
WORK ORDER NO:	NORFOLK, VIRGINIA		
NAVFAV DRAWING NO:	May 6, 2013		
Scale: 1" = 50'		Sheet 1 of 1	



**SURVEY NOTES:**

1. DEPTH SOUNDINGS SHOWN HEREIN ARE IN FEET AND REFER TO THE NOAA MEAN LOWER LOW WATER (MLLW) DATUM.
  2. THE HYDROGRAPHIC SURVEY WAS CONDUCTED USING CLASS 1 HYDROGRAPHIC SURVEY METHODS & ACCURACIES OUTLINED IN THE CORPS OF ENGINEERS' HYDROGRAPHIC SURVEYING MANUAL (EM 1110-2-1003).
  3. ALL SOUNDINGS WERE RECORDED USING A RESON 7101 MULTI-BEAM SONAR SYSTEM WITH HORIZONTAL POSITIONS OBTAINED VIA APPLANIX POSMV GPS W/MRLU.
  4. HORIZONTAL DATUM IS BASED ON THE VIRGINIA (LAMBERT) STATE PLANE COORDINATE SYSTEM, ZONE 4502, U.S. SURVEY FEET (NAD83).
  5. MULTIBEAM SURVEY DATA DEPICTED AND USED FOR CALCULATING VOLUMES IS REPRESENTATIVE OF A LARGER DATA SET.
- SOUNDING DATA FOR DISPLAY HAS BEEN PROCESSED USING HYPACK/HYSWEEP SOFTWARE AS FOLLOWS:  
 CELL SIZE: 20' X 20', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SOUNDING DATA FOR VOLUME CALCULATIONS HAS BEEN PROCESSED AS FOLLOWS:  
 CELL SIZE 5' X 5', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
6. SURVEY DATE(S) MAY 29, 2013.



No.	Date	Revision	BY
<b>FY12 MAINTENANCE DREDGING POST SAND FILL SURVEY</b> <b>JOINT EXPEDITIONARY BASE LITTLE CREEK, VIRGINIA BEACH, VA</b>			
Lead Surveyor:	Dane Wray, Tommy Burritt		
Processed By:	Dane Wray		
Drawn By:	Dane Wray		
Checked By:			
MAXIMO:	<b>MID-ATLANTIC REGION - CI CORE</b> <b>HYDROGRAPHIC BRANCH</b> <b>NORFOLK, VIRGINIA</b>		
JOB ORDER NO:	May 30, 2013		
WORK ORDER NO:			
NAVFAC DRAWING NO:	Scale: 1" = 50'	Sheet 1 of 1	

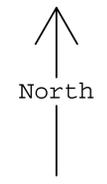
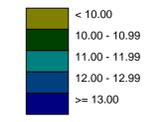
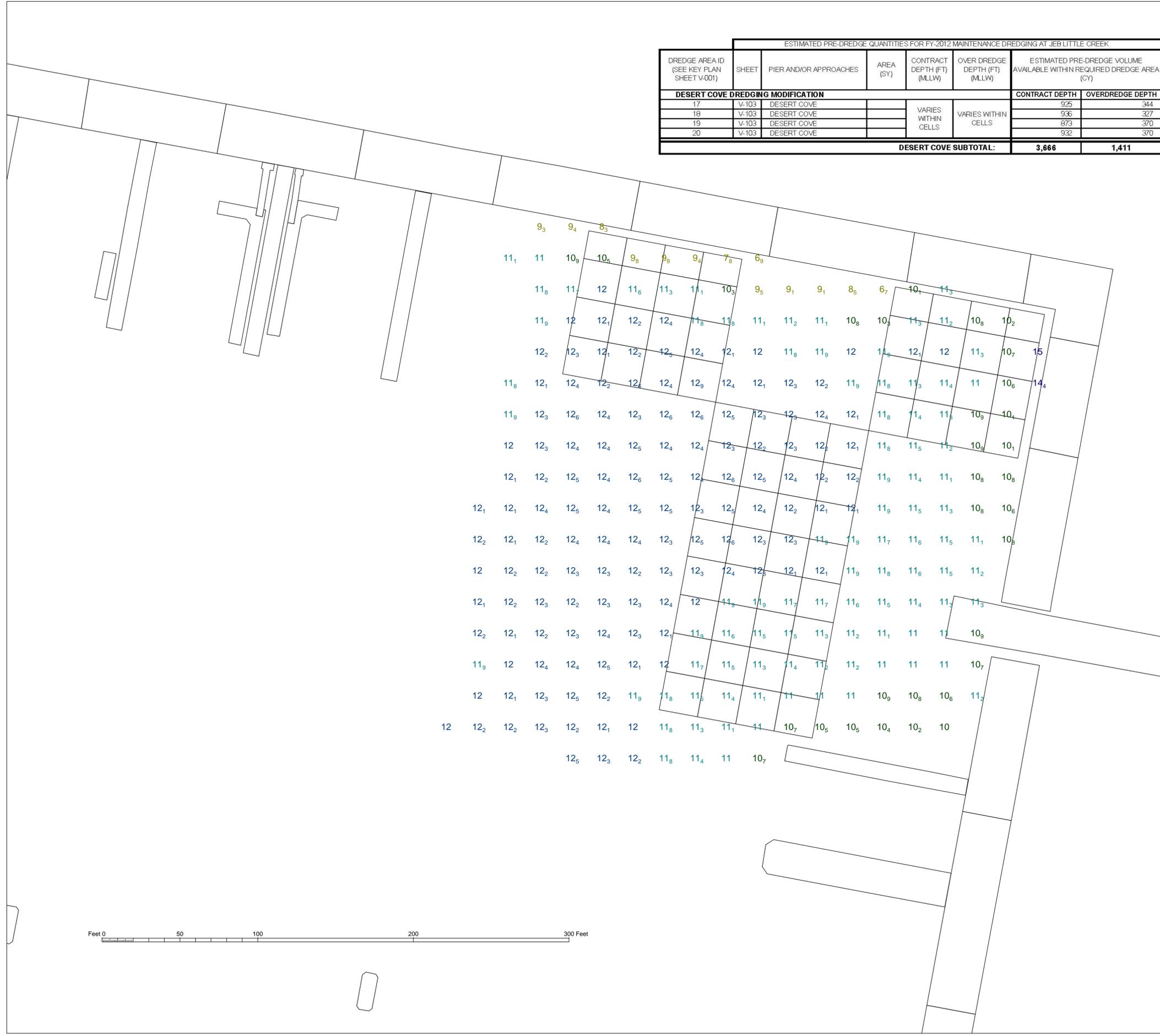


ESTIMATED PRE-DREDGE QUANTITIES FOR FY-2012 MAINTENANCE DREDGING AT JEB LITTLE CREEK

DREDGE AREA ID (SEE KEY PLAN SHEET V-001)	SHEET	PIER AND/OR APPROACHES	AREA (SY)	CONTRACT DEPTH (FT) (MLLW)	OVER DREDGE DEPTH (FT) (MLLW)	ESTIMATED PRE-DREDGE VOLUME AVAILABLE WITHIN REQUIRED DREDGE AREA (CY)	
DESERT COVE DREDGING MODIFICATION						CONTRACT DEPTH	OVERDREDGE DEPTH
17	V-103	DESERT COVE				9.25	344
18	V-103	DESERT COVE		VARIES WITHIN CELLS	VARIES WITHIN CELLS	9.36	327
19	V-103	DESERT COVE				8.73	370
20	V-103	DESERT COVE				9.32	370
<b>DESERT COVE SUBTOTAL:</b>						<b>3,866</b>	<b>1,411</b>

SURVEY NOTES:

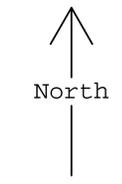
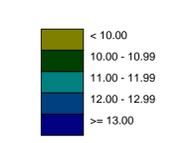
- DEPTH SOUNDINGS SHOWN HEREIN ARE IN FEET AND REFER TO THE NOAA MEAN LOWER LOW WATER (MLLW) DATUM.
  - THE HYDROGRAPHIC SURVEY WAS CONDUCTED USING CLASS 1 HYDROGRAPHIC SURVEY METHODS & ACCURACIES OUTLINED IN THE CORPS OF ENGINEERS' HYDROGRAPHIC SURVEYING MANUAL (EM 1110-2-1003).
  - ALL SOUNDINGS WERE RECORDED USING A RESON 7125 MULTI-BEAM SONAR SYSTEM WITH HORIZONTAL POSITIONS OBTAINED VIA APPLANIX POSMV GPS W/MRU.
  - HORIZONTAL DATUM IS BASED ON THE VIRGINIA (LAMBERT) STATE PLANE COORDINATE SYSTEM, ZONE 4502, U.S. SURVEY FEET (NAD83).
  - MULTIBEAM SURVEY DATA DEPICTED AND USED FOR CALCULATING VOLUMES IS REPRESENTATIVE OF A LARGER DATA SET.
- SOUNDING DATA FOR DISPLAY HAS BEEN PROCESSED USING HYPACK/HYSWEEP SOFTWARE AS FOLLOWS:  
CELL SIZE: 20' X 20', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SOUNDING DATA FOR VOLUME CALCULATIONS HAS BEEN PROCESSED AS FOLLOWS:  
CELL SIZE 5' X 5', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
6. SURVEY DATE(S) MARCH 14, 2013.



No.	Date	Revision	BY
<b>FY12 MAINTENANCE DREDGING PRE DREDGE SURVEY</b> JOINT EXPEDITIONARY BASE LITTLE CREEK, VIRGINIA BEACH, VA			
Lead Surveyor:	Dane Wray		
Processed By:	Ed Harris		
Drawn By:	Dane Wray		
Checked By:	Jim George		
MAXIMO:	<b>NAVFAC</b> Naval Facilities Engineering Command		
JOB ORDER NO:	MID-ATLANTIC REGION - CI CORE HYDROGRAPHIC BRANCH NORFOLK, VIRGINIA		
WORK ORDER NO:	APRIL 23, 2013		
NAVIFAC DRAWING NO:	SCALE: 1" = 30'	SHEET 1 OF 1	

ESTIMATED PRE-DREDGE QUANTITIES FOR FY-2012 MAINTENANCE DREDGING AT JEB LITTLE CREEK						POST DREDGE QUANTITIES		
DREDGE AREA ID (SEE KEY PLAN SHEET V-001)	SHEET	PIER AND/OR APPROACHES	AREA (SY)	CONTRACT DEPTH (FT) (MLLW)	OVER DREDGE DEPTH (FT) (MLLW)	ESTIMATED PRE-DREDGE VOLUME AVAILABLE WITHIN REQUIRED DREDGE AREA (CY)	VOLUME OF MATERIAL REMAINING TO OVERDREDGE DEPTH (CY)	TOTAL VOLUME OF PAYABLE MATERIAL REMOVED (CY)
<b>DESERT COVE DREDGING MODIFICATION</b>						<b>CONTRACT DEPTH</b>	<b>OVERDREDGE DEPTH</b>	
17	V-103	DESERT COVE		VARIES WITHIN CELLS	VARIES WITHIN CELLS	925	344	1,036
18	V-103	DESERT COVE				936	327	1,028
19	V-103	DESERT COVE				873	370	992
20	V-103	DESERT COVE				932	370	994
<b>DESERT COVE SUBTOTAL:</b>						<b>3,666</b>	<b>1,411</b>	<b>4,040</b>

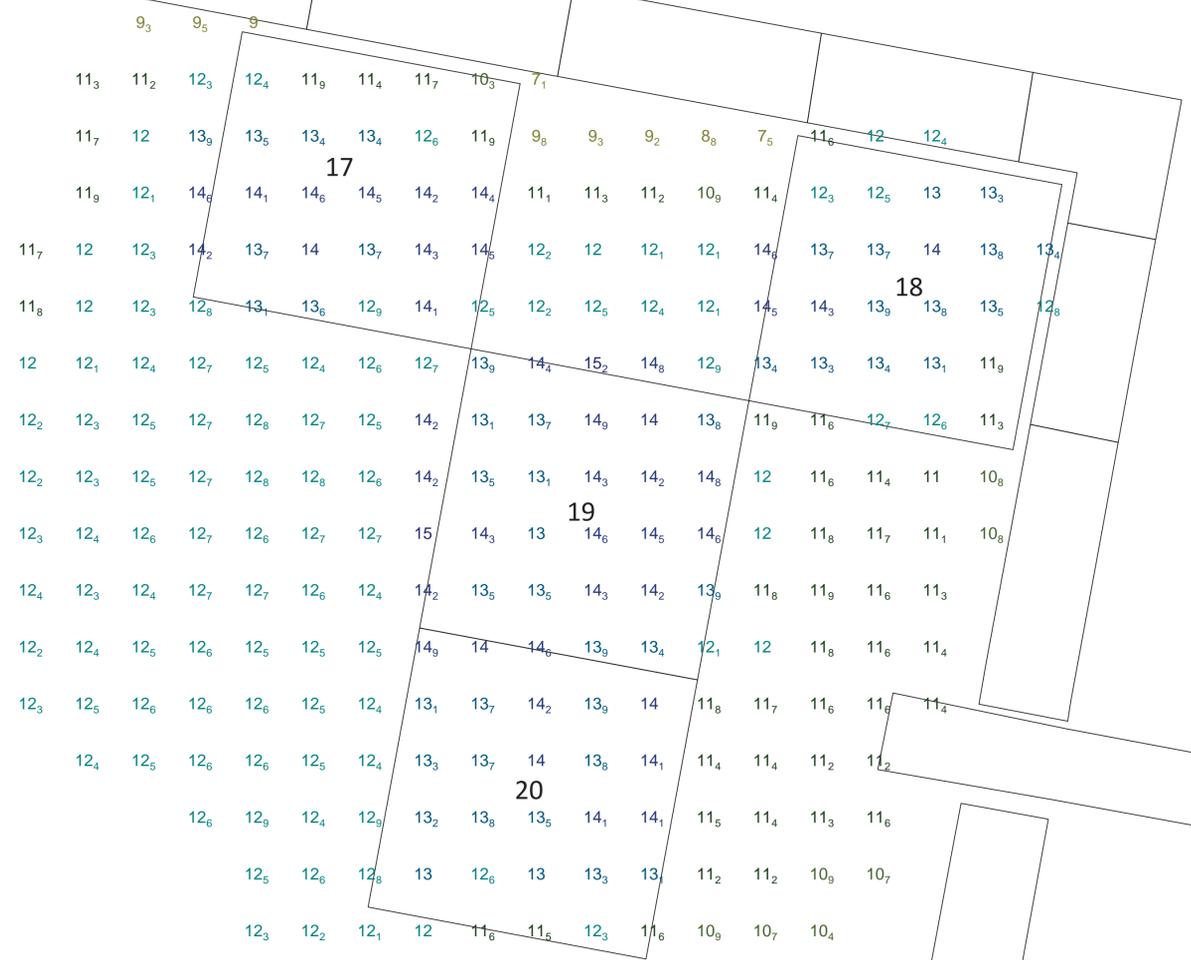
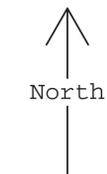
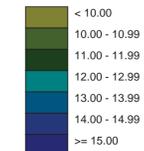
- SURVEY NOTES:**
- DEPTH SOUNDINGS SHOWN HEREIN ARE IN FEET AND REFER TO THE NOAA MEAN LOWER LOW WATER (MLLW) DATUM.
  - THE HYDROGRAPHIC SURVEY WAS CONDUCTED USING CLASS 1 HYDROGRAPHIC SURVEY METHODS & ACCURACIES OUTLINED IN THE CORPS OF ENGINEERS' HYDROGRAPHIC SURVEYING MANUAL (EM 1110-2-1003).
  - ALL SOUNDINGS WERE RECORDED USING A RESON 7125 MULTI-BEAM SONAR SYSTEM WITH HORIZONTAL POSITIONS OBTAINED VIA APPLANIX POSMV GPS W/MRU.
  - HORIZONTAL DATUM IS BASED ON THE VIRGINIA (LAMBERT) STATE PLANE COORDINATE SYSTEM, ZONE 4502, U.S. SURVEY FEET (NAD83).
  - MULTIBEAM SURVEY DATA DEPICTED AND USED FOR CALCULATING VOLUMES IS REPRESENTATIVE OF A LARGER DATA SET.
- SOUNDING DATA FOR DISPLAY HAS BEEN PROCESSED USING HYPACK/HYSWEEP SOFTWARE AS FOLLOWS:  
CELL SIZE: 20' X 20', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SOUNDING DATA FOR VOLUME CALCULATIONS HAS BEEN PROCESSED AS FOLLOWS:  
CELL SIZE 5' X 5', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
6. SURVEY DATE(S) APRIL 16, 2013.



No.	Date	Revision	BY
<b>FY12 MAINTENANCE DREDGING POST DREDGE SURVEY</b> JOINT EXPEDITIONARY BASE LITTLE CREEK, VIRGINIA BEACH, VA			
Lead Surveyor:	Dane Wray		
Processed By:	Ed Harris		
Drawn By:	Dane Wray		
Checked By:	Jim George		
MAXIMO:	<b>NAVFAC</b> Naval Facilities Engineering Command		
JOB ORDER NO:	MID-ATLANTIC REGION - CI CORE HYDROGRAPHIC BRANCH NORFOLK, VIRGINIA		
WORK ORDER NO:	APRIL 18, 2013		
NAVIFAC DRAWING NO:	SCALE: 1" = 30'	SHEET 1 OF 1	

SURVEY NOTES:

1. DEPTH SOUNDINGS SHOWN HEREIN ARE IN FEET AND REFER TO THE NOAA MEAN LOWER LOW WATER (MLLW) DATUM.
  2. THE HYDROGRAPHIC SURVEY WAS CONDUCTED USING CLASS 1 HYDROGRAPHIC SURVEY METHODS & ACCURACIES OUTLINED IN THE CORPS OF ENGINEERS' HYDROGRAPHIC SURVEYING MANUAL (EM 1110-2-1003).
  3. ALL SOUNDINGS WERE RECORDED USING A RESON 7101 MULTI-BEAM SONAR SYSTEM WITH HORIZONTAL POSITIONS OBTAINED VIA APPLANIX POS/MV GPS WIMRU.
  4. HORIZONTAL DATUM IS BASED ON THE VIRGINIA (LAMBERT) STATE PLANE COORDINATE SYSTEM, ZONE 4502, U.S. SURVEY FEET (NAD83).
  5. MULTIBEAM SURVEY DATA DEPICTED AND USED FOR CALCULATING VOLUMES IS REPRESENTATIVE OF A LARGER DATA SET.
- SOUNDING DATA FOR DISPLAY HAS BEEN PROCESSED USING HYPACK/HYSWEEP SOFTWARE AS FOLLOWS:  
 CELL SIZE: 20' X 20', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
- SOUNDING DATA FOR VOLUME CALCULATIONS HAS BEEN PROCESSED AS FOLLOWS:  
 CELL SIZE 5' X 5', SOUNDING POSITION: CENTER OF CELL, CELL STATISTICS: AVERAGE DEPTH.
6. SURVEY DATE(S) MARCH 29 2013.



No.	Date	Revision	BY
<b>FY 12 MAINTENANCE DREDGING POST SAND FILL SURVEY</b> <b>JOINT EXPEDITIONARY BASE, LITTLE CREEK - VIRGINIA BEACH, VA</b>			
Lead Surveyor:	Dane Wray, Tommy Burritt		
Processed By:	Dane Wray		
Drawn By:	Dane Wray		
Checked By:			
MAXIMO:			
JOB ORDER NO:			
WORK ORDER NO:	May 30, 2013		
NAVFAC DRAWING NO:	SCALE: 1" = 30'		SHEET 1 OF 1



MID-ATLANTIC REGION - CI CORE  
 HYDROGRAPHIC BRANCH  
 NORFOLK, VIRGINIA