TLFSF 8.5 V11

ENFORCEMENT CONFIDENTIAL

Simpson

October 28, 1988

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

Ms. Deborah J. Yamamoto
U.S. Environmental Protection Agency
Region X
M/S HW-113
1200 Sixth Avenue
Seattle, Washington 98101

Re: Commencement Bay/South Tacoma Channel/Tacoma Landfill Superfund Site

Dear Ms. Yamamoto:

By separate letters dated September 2, 1988, Mr. Charles E. Findley wrote to Champion International Corporation and Simpson Tacoma Kraft Company concerning possible shipments of material in the past from the Tacoma kraft mill to the Tacoma Landfill. This letter is intended to serve as the response of both the Simpson Tacoma Kraft Company and Champion International Corporation to EPA's request for information concerning the Tacoma Landfill.

You will recall that several weeks ago Mr. Michael Thorp, attorney for Champion International asked you for an extension of time until October 28, 1988 for Simpson and Champion to respond to the September 2, 1988 letters. You agreed to that extension. Our response to your two letters is as follows.

For many years the Tacoma kraft mill was owned and operated by the St. Regis Paper Company. St. Regis was merged into Champion International Corporation. On August 29, 1985 the Tacoma kraft mill was purchased from Champion by Simpson Tacoma Kraft Company.

Our specific response to EPA's five numbered paragraphs appearing on pages 3-4 of Mr. Findley's letter is as follows.

1. According to the information which we have been able to gather, prior to 1981, St. Regis disposed of its refuse in an on-site incinerator. Therefore, we have no information that prior to 1981 any material was sent to the Tacoma Landfill.

USEPA SF
1447568

Simpson Tacoma Kraft Company P.O. BOX 2133 TACOMA, WASHINGTON 98401 (206) 572-2150

During 1981, St. Regis discontinued use of the incinerator and arranged for the Tacoma Refuse Department to collect and transport material from the Tacoma kraft mill to the landfill. This refuse would normally include the contents of office wastebaskets (primarily paper wastes) and putrescible wastes from lunchrooms, etc. This material would also routinely include starch bags, sorted pieces of lumber, clay bags and titanium bags. The only documentation concerning this material is in the form of the regular monthly billing statement which does not describe the type of material or weight. A copy is attached.

The only exception to the above-described shipments to the Tacoma Landfill were as follows:

A. From approximately August, 1985 to October, 1985, a mixture of primary and secondary wastewater treatment plant sludge and bark was shipped to the Tacoma Landfill. Shipping invoices are attached. You will also find attached an analysis of this material.

B. From time to time asbestos is disposed of at the Tacoma Landfill as part of an ongoing asbestos removal program at the mill. The asbestos is removed in accordance with proper procedures and disposal is approved by the Tacoma-Pierce County Health Department. Records of asbestos deposited at the Tacoma Landfill are attached.

2. The Simpson Tacoma Kraft Company produces kraft pulp and paper for world markets at its mill in Tacoma, Washington. The mill operates 24 hours a day, seven days a week to produce 1,200 tons a day of kraft pulp. Of that, 285 tons are manufactured for export as market pulp with the remainder converted into paper at the mill. Eighty percent of the pulp production goes into natural or brown stock and the remainder into bleached or white products. The Simpson Tacoma Kraft mill manufactures a wide variety of grades of bleached paper, no. 3 white liner board, bleached liner board, natural shipping sack, natural liner board, natural grocery sack and unbleached pulp which are shipped to domestic and export customers.

Two systems are employed by the mill to convert wood chips into pulp. Two Kamyr continuous digesters each produce some 400 tons of pulp a day which is sold as market pulp and

for the manufacture of natural or brown paper and liner board at the paper mill. Six batch digesters produce 400 tons a day of bleached pulp for making white paper and liner board products.

Paper is manufactured on two paper machines. Producing 220 tons of paper a day, the number one machine makes lighter weight stocks and some bleached liner board. The number two machine produces 660 tons a day of heavier weight paper and liner board. Further information on the kraft mill process can be furnished upon EPA request.

3. Pertinent records pertaining to shipments from the Tacoma kraft mill to the Tacoma Landfill are attached to this letter and referenced in paragraph one above. Additional copies of routine invoices from the Tacoma Refuse Department are available for inspection at the Simpson Tacoma Kraft Mill. These records, however, are simply monthly invoices and do not give any information on the type of material shipped or weight.

4. There are a number of past and present employees of Champion International Corporation and Simpson Tacoma Kraft Company who have varying degrees of knowledge concerning shipments to the Tacoma Landfill. For further information EPA should contact:

Mr. Jerry Ficklin
P.O. Box 2133
Tacoma, Washington 98401
Telephone: (206) 572-2150

Mr. Jim Carraway
Senior Manager, Special Projects
Environmental Affairs
One Champion Plaza
Stamford, Connecticut 06921
Telephone: (203) 358-6935

5. Both Champion International Corporation and Simpson Tacoma Kraft Company have insurance policies which were in effect while the respective companies owned the Tacoma kraft mill. In any event, we are willing to obtain copies of

the insurance policies and forward them to EPA if that is necessary. Please advise us if EPA needs copies of these insurance policies.

The foregoing is intended by Champion International and Simpson Tacoma Kraft Company to be a full and complete answer to the September 2, 1988 request for information. If we do not hear from you further, we will assume that the information we are providing in this letter meets EPA's requirements at this time.

If you have any questions on the above, please feel free to contact me.

Very truly yours,

Jerry K. Ficklin
Manager Environmental Services

JKF:sb
Enclosure

15 November 1988

TACOMA LANDFILL - REVIEW OF 104(e) RESPONSE
WRITTEN ANALYSIS OF SIMPSON TACOMA KRAFT COMPANY

PRP CODE: 135
RECOMMENDED PRIORITY: LOW (PRELIMINARY)

ENFORCEMENT CONFIDENTIAL

In 1889, the St. Paul and Tacoma Lumber Company (SPT) began operations on the peninsula between the St. Paul Waterway and the Puyallup River (Tetra Tech in preparation). In 1940, the St. Regis Company purchased land from SPT and in 1959 acquired SPT as well. The pulp mill and property were purchased from St. Regis in 1984 by the Champion International Corporation. Simpson Tacoma Kraft Company purchased the mill and property from Champion in August 1985.

1940-84 St. Regis? DOB's?

Prior to 1981, St. Regis disposed of its solid wastes in an onsite incinerator (Ficklin, J., 28 October 1988, personal communication). No information exists to indicate that any wastes were disposed of in the Tacoma Landfill from the mill before 1981. During 1981, St. Regis phased out the use of the incinerator and arranged for office and miscellaneous nonhazardous wastes to be regularly collected and disposed of at Tacoma Landfill by the Tacoma Refuse Utility Division. The only exceptions to the above described wastes are irregular shipments of asbestos wastes from the mill's ongoing asbestos removal program, and 250 yd^3 of primary and secondary sludge from the wastewater treatment plant. The sludge was trucked to Tacoma Landfill by Landscape Bark from August 1985 to October 1985. An analysis of the mill's sludge performed by Bennett Laboratories, Inc., and the Pierce County Health Department disposal permit were included with the response. The sludge sample underwent an EP toxicity analysis for metals and for organic compounds (Vincent, S., 19 April 1985, personal communication). The analysis indicated that total organic carbon in the sample was 4.20 percent, but concentrations of heavy metals and pesticides were below regulated limits. Check sludge - look at file for #s

A primary wastewater treatment plant has operated on the site since late 1970 (Tetra Tech in preparation). Secondary treatment began in 1975. The sludges generated by the treatment process are routinely dewatered and burned in a hog fuel boiler in the mill. Prior to 1970, untreated plant effluent was discharged directly into the Puyallup River.

Individuals with knowledge of Simpson's or Champion's waste management practices are listed in the response (Ficklin, J., 28 October 1988, personal communication). The response was prepared jointly by Simpson and Champion.

Copies of insurance policies in effect during the respective periods of ownership of the mill by Simpson and Champion were not included with the response, but are available upon request. It is not known if these insurance policies provide liability coverage for damages resulting from the release of hazardous substances.

Information concerning Simpson or Champion was not included in the report summarizing the results of the Tacoma Landfill PRP search. Based on the information provided in the 104(e) response, it appears no hazardous wastes were disposed of by Simpson or Champion in Tacoma Landfill. Therefore, Tetra Tech recommends assigning a low priority to Simpson and to Champion for the purpose of this preliminary assessment. A follow-up letter is not recommended at this time.

The information reviewed indicates that Simpson Timber disposed of asbestos at the Tacoma Landfill. In addition,

E1

REFERENCES

Ficklin, J. 28 October 1988. Personal Communication (letter to Ms. Deborah J. Yamamoto, U.S. Environmental Protection Agency Region X, Seattle, WA). Simpson Tacoma Kraft Company and Champion International Corporation, Tacoma, WA. 174-00-31-001-135.

Tetra Tech. (In preparation). Commencement Bay nearshore/tideflats feasibility study. Prepared for Washington Department of Ecology and U.S. Environmental Protection Agency Region X. Tetra Tech, Inc., Bellevue, WA.

Vincent, S. 19 April 1985. Personal Communication (letter to Mr. Keith Wadsworth, Champion International Corporation, Tacoma, WA). Bennett Laboratories, Inc., Tacoma, WA. 174-00-03-001-135.

Simpson

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P.O. Box 2133
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Telephone: (206) 572-2150

Mr. Jim Carraway
Senior Manager, Special Projects
Environmental Affairs
One Champion Plaza
Stamford, Connecticut 06921
Telephone: (203) 358-6935

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If you have any questions on the above, please feel free to contact me.

Very truly yours,

Jerry K. Ficklin
Manager Environmental Services

JKF:sb
Enclosure

Simpsons

135

1) ~~Why A1~~ ?

2) Sludge may contain 4 methyl phenol - was a contaminate in a chemical used in one of their processes. ~~Check~~

3) Check Simpsons Consent Order w/ the State for the waterway cleanup. Call Permits to see if 4-methyl phenol could be in their sludge.

4) Where does sludge go now?

Check # 12821

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00204558 Date : 03/23/88 Time : 08:45:40 Operator ID : 7777
Customer ID : 05 Vehicle ID : 0000102879
Customer Type: CASH CUSTOMER CITY RATE
Account Name : CITY CASH Account # : 04000000

Gross Wt. :	11.61	Time In :	08:35:02	Disposal Charge : $	8.50
Tare Wt. :	11.14	Time Out :	08:45:40	Special Charge : $	53.00
Net Wt. :	0.47	Price/Ton :	17.00	Total Charge : $	61.50

#1000

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 3/21/88

A. Generator Name: Simpson - Tacoma Kraft

B. Generator Address: 301 Portland Ave

C. Transporter Name: Landscape Park

D. Technical Contact: Jerry Fielding Phone: 572-2150

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yd³

G. Total Actual Quantity (to be filled in upon disposal): 0.47

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/21/88 - 3/28/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3-21-88 — Date

Mgr Environ. Svcs — Title

Signature

AUTHORIZATION SIGNATURE:

APPROVED

MAR 21 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

P.O. Box 73057
Puyallup, WA 98373

06/02/88

Have a nice day!

TICKET NUMBER: 11954

----------ACCOUNT----------
STC - Simpson Tacoma Craft
P.O. Box 2133
Tacoma, WA 98401

TRUCK NUMBER: STC1

COMMODITY: 10 - Asbestos
RATE: $ 0.00 per load plus $50.00 per yds above 0.00 yds

	SOURCE		TIME
GROSS	NO WEIGH	.0 LBS	09:40
TARE 1		0 LBS	
NET		0 LBS /	3.00 yds

------AMOUNT------
$ 150.00
Tax 5.40

TOTAL DUE $ 155.40

Weighmaster - PATSY

Driver #1 124

COMMENT:
TRANSPORTER LANDSCAPE BARK

ENFORCEMENT CONFIDENTIAL

6-2-88
$155.40
3 yd $10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 5/26/88

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Stark

D. Technical Contact: Jerry Fielding Phone: 572-2150

E. Waste Description: Labeled

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yds³

G. Total Actual Quantity (to be filled in upon disposal): 3 yd

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 5-26-88 thru 6-3-88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: must be wetted double-bagged or wrapped and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

( ) City of Tacoma (X) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

5-26-88 Date

Mgr Emma Svcs Title

Signature

AUTHORIZATION SIGNATURE:

APPROVED

MAY 26 1988

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

health

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 5168 10.00 CASH
000001 03-21-88 T 11:47

WASTE DISPOSAL AUTHORIZATION

Date: 3/21/88

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Jerry Ficklin Phone: 572-2150

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yd³

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/21/88 - 3/28/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

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3-21-88 Mgr Environ. Svcs. [signature]

Date Title Signature

AUTHORIZATION SIGNATURE: [signature]

APPROVED

MAR 21 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 REC BLR DEMOLITION

health

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 1744 10.00 CASH
000001 09-12-88 TOB:

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

A. Generator Name: Simpson Tacoma Kraft #27-07

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal):

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-88	Driver	Bill McCarthy
Date	Title	Signature

AUTHORIZATION SIGNATURE:

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 & 2 Recovery Boiler
Demolition

ENFORCEMENT CONFIDENTIAL

#2707

POSTED

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00323626 Date : 09/20/88 Time : 10:31:41 Operator ID : 7777
Customer ID : 03 Vehicle ID : 0000117033
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500
Gross Wt. : 10.98 Time In : 09:59:27 Disposal Charge : $ 68.00
Tare Wt. : 7.02 Time Out : 10:31:41 Special Charge : $ 53.00
Net Wt. : 3.96 Price/Ton : 17.00 Total Charge : $ 121.00

1 + 2 Recovery Blr Demo

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 1744 10.00 CASH
000001 09-12-88 T08:33

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

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B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal):
3.96 Ton's 9-20-88

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

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9-12-88	Driver	Bill McCarkle
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Sara Brallier

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 & 2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED September 20, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 3.96 tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Yellow Asbestos Disposal Bags, marked w/required warning lables

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: [illegible] TITLE Scale Operator

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

WEIGHT TICKET

AVOID LONG WEEKEND LINES * *
IT THE LANDFILL MONDAY THRU FRIDAY

OF TACOMA Trans #: 00076885
ANDFILL Date : 07/31/87

ator ID: 3955
ator Name:

cle ID: 102204
unt No.: 01001143
unt Name: BARTELLS MATERIALS MGMT

omer ID: 03
omer Type: ACC'T CUSTOMER CITY RATE

s Wt.: 9.81 Time In: 10:19
Wt.: 4.55 Time Out: 10:41
Wt.: 5.26 Price/Ton: 17.00

osal Charge: $ 90.10
ial Charge: $ 53.00
l Charge: $ 143.10

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 7941 5.00 C H
E DISPOSAL AUTHORIZATION 07-31-87 T

Date: 7-31-87

on Tacoma Kraft
801 Portland Ave
ells
s Lewis Phone: 228-4111
tsberbs
dge ( ) Other (X)
0 yds³
to be filled in upon disposal):
5.26 TONS.
X) or No (X)
31-87 1.00

of Ecology: Yes ( ) No (X)
Requirements: wetted, double bagged,

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

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7-31-87	Foreman	James J Lewis
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Erwin V. Saroya

APPROVED
JUL 31 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00074595
Date : 07/28/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	13.84	Time In:	10:31
Tare Wt.:	6.18	Time Out:	11:21
Net Wt.:	7.66	Price/Ton:	17.00

Disposal Charge: $ 130.90
Special Charge: $ 53.00
Total Charge: $ 183.90

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00080515
Date : 08/05/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	2.61	Time In:	09:12
Tare Wt.:	2.15	Time Out:	09:30
Net Wt.:	0.46	Price/Ton:	17.00

Disposal Charge: $ 8.50
Special Charge: $ 53.00
Total Charge: $ 61.50

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

ISPOSAL AUTHORIZATION

Date: 7-24-87

Tacoma Kraft
rtland Ave

Phone: 228-4111

Asbestos

( ) Other (X)

filled in upon disposal): 7.66 Tons

No ( )

87

cology: Yes ( ) No (X)
uirements: wetted, double bagged

( ) Fort Lewis Landfill
) Thun Field ( ) Purdy Landfill

IFICATION

sonally examined and am familiar with
s document. Based on my inquiry of
sponsible for obtaining the infor-
tted information is true, accurate
nowledge and ability and that all
been disclosed.

Signature

APPROVED

JUL 24 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

ITY HEALTH DEPARTMENT

MA, WASHINGTON 98408-6897

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

DISPOSAL AUTHORIZATION

Date: 7/21/87

on Craft Company

21 Portland Ave Tacoma

Bartells

Erickson Phone: 228-4111

bestos

ge ( ) Other (X)

3 yd³

be filled in upon disposal):

2.06 tons

) No (X)

2/87

f Ecology: Yes ( ) No (X)

Requirements: wetted double

wrapped and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-21-87 — Date

Foreman — Title

Signature

AUTHORIZATION SIGNATURE:

APPROVED

JUL 21 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

John

Somehow The weight has been misplaced But The actual Quantity That was filled in by The disposal Company was 1.06 ton at 17.00 per ton plus Handling Charges of 53.00 = 71.02

Judd

I.P.H. • DIRECTOR OF HEALTH

AUTHORIZATION

Date: 7-14-87

Lieft Ave

Phone: 228-4111

Other (X)

F. Estimated Quantity: 10 yds

G. Total Actual Quantity (to be filled in upon disposal): 1.06 tons

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 7-15-87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill (X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7/14/87 Date | Fairman Title | [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

JUL 14 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

AVOID LONG WEEKEND LINES * *
IT THE LANDFILL MONDAY THRU FRIDAY

CF TACOMA Trans #: 00060586
LANDFILL Date : 08/05/87

ator ID: 1855
ator Name:

icle ID: 102204
unt No.: 01001143
unt Name: BARTELLS MATERIALS MGMT

omer ID: 03
omer Type: ACC'T CUSTOMER CITY RATE

ss Wt.: 2.69 Time In: 10:20
e Wt.: 2.15 Time Out: 10:32
Wt.: 0.54 Price/Ton: 17.00

Posal Charse: $ 9.35
cial Charse: $ 53.00
al Charse: $ 62.35

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

TE DISPOSAL AUTHORIZATION

Date: 08/05/87

psin Kraft
01 Portland Ave
.E Erickson - BARTELLS
ALE Erickson Phone: 228-4111
ASBESTOS
udge ( ) Other (✓)
6 yards -
(to be filled in upon disposal): .46 Tons
.54 Tons
✓) No (✗)
08/05/87

of Ecology: Yes ( ) No (✓)
cion Requirements: double bagged, wet
yellow bag

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(✓) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

8-5-87 Date Foreman Title [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

$5.00

Paid 8/5/87 SM

APPROVED
AUG 05 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ENFORCEMENT CONFIDENTIAL

WEIGHT TICKET

* AVOID LONG WEEKEND LINES * *
SIT THE LANDFILL MONDAY THRU FRIDAY

Y OF TACOMA Trans #: 00055368
LANDFILL Date : 07/02/87

rator ID: 1855
rator Name:

icle ID: 102204
ount No.: 01001143
ount Name: BARTELLS MATERIALS MGMT

tomer ID: 03
tomer Type: ACC'T CUSTOMER CITY RATE

ss Wt.: 11.65 Time In: 11:55
e Wt.: 6.13 Time Out: 12:35
Wt.: 5.52 Price/Ton: 17.00

posal Charge: $ 94.35
cial Charge: $ 53.00
al Charge: $ 147.35

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

E DISPOSAL AUTHORIZATION

Date: 7-2-87 5:00 CA
000001 07-02-87 TO :01

in Tacoma Kraft
Portland Ave
lls
Erikson Phone: 228-4111
berto
dge ( ) Other (X)
yds
to be filled in upon disposal):
52
( ) No ( )
-87

of Ecology: Yes ( ) No (X)
Requirements: wetted, double bagged

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-2-87 Date | Foreman Title | [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED
JUL 02 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

$5.00

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00053821
Date : 6/30/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.: 10.21 Time In: 11:31
Tare Wt.: 6.09 Time Out: 12:08
Net Wt.: 4.12 Price/Ton: 17.00

Disposal Charge: $ 70.55
Special Charge: $ 53.00
Total Charge: $ 123.55

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

DISPOSAL AUTHORIZATION

Date: 6-15-87

Simpson Kraft
Portland Ave

Englbright Phone: 228-4111
Asbestos

( ) Other (X)

yds
filled in upon disposal):
2

No (~~X~~)
6/30/87

ogy: Yes ( ) No (X)
ements: wetted, double-bagged,

... waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-29-87 — Date
Foreman — Title
[signature] — Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

JUN 15 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGH TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA LANDFILL
Trans #: 00045371
Date : 6/19/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.: 13.30 Time In: 11:10
Tare Wt.: 7.36 Time Out: 11:55
Net Wt.: 5.94 Price/Ton: 17.00

Disposal Charge: $ 101.15
Special Charge: $ 53.00
Total Charge: $ 154.15

HOURS — 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

LFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 06-18-87 TO :50

DISPOSAL AUTHORIZATION

Date: 6-18-87

Tacoma Kraft
Portland Ave
Ll,
Erikson Phone: 228-4111
sbestos
e ( ) Other (X)
ds 5.94
be filled in upon disposal):
)CE No (X)
-87

Ecology: Yes ( ) No (X)
Requirements: wetted, double bagged

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-18-87 Date
Foreman Title
Signature

AUTHORIZATION SIGNATURE:

MEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

$5.00

11 6705 5.00 CASH
06-25-87 10:11

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 6-24-87

A. Generator Name: Simpson Tacoma Kraft
B. Generator Address: 1801 Portland Ave
C. Transporter Name: Bartell
D. Technical Contact: Jay Phone: 228-4111
E. Waste Description: Asbestos
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 50 yds 2.65 3.45 tons
G. Total Actual Quantity (to be filled in upon disposal): 10 yd
H. Multiple Loads: Yes (X) No ( )
I. Dates of Disposal: 6-26-87
J. Testing: N/A
K. Reviewed by Department of Ecology: Yes ( ) No (X)
L. Disposal/Transportation Requirements: must be wetted, double bagged and labeled
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6/25/87 Date — Foreman Title — Signature

AUTHORIZATION SIGNATURE:

APPROVED

JUN - 4 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00050394
LANDFILL Date : 6/26/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	7.17	Time In:	10:05
Tare Wt.:	4.52	Time Out:	10:27
Net Wt.:	2.65	Price/Ton:	17.00

Disposal Charge: $ 45.05
Special Charge: $ 53.00
Total Charge: $ 98.05

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00050515
LANDFILL Date : 6/26/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	7.97	Time In:	11:34
Tare Wt.:	4.52	Time Out:	11:55
Net Wt.:	3.45	Price/Ton:	17.00

Disposal Charge: $ 58.65
Special Charge: $ 53.00
Total Charge: $ 111.65

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Judd

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

THU 06-18-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	10.00
CHANGE	5.00

ITEM 1

56479 1111 T09:50

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

THU 07-02-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

56959 1111 T09:0

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 06-29-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

56794 1111 T08:39

ENFORCEMENT CONFIDENTIAL

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916 - 259 - 9.6 & 17930 - 75

Job Name Simpson Kraft

Job Location Tacoma, Wash.

DISPOSAL SITE

Site Name City of Tacoma Landfill

Site Location Tacoma Wash

Date of Site Approval to Dump ~~5.28~~ & 5.29

Person Approving Request to Dump Jack Jones.

Date of Disposal ~~5-29-87~~ 6-1-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS

Double-Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 334

Our Employee Doing the Disposal X W. R. Dickinson

Name of Disposal Company _____

Signature of Disposal Representative X Albert G Anderson
Scale operator

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$500

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 5/28/87

A. Generator Name: Simpson Plant

B. Generator Address: 801 Portland Ave

C. Transporter Name: Fantells

D. Technical Contact: Eric Jensen Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 200 bags (≈20 yds)

G. Total Actual Quantity (to be filled in upon disposal): 6.16

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: ~~5/29/87 - 6/1/87~~ 6-1-87 ~~6-1-87~~

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged in yellow labeled bags

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-1-87 — Date

Foreman — Title

James O Lewis — Signature

APPROVED

MAY 28 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Sara Brallier

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00031521
LANDFILL Date : 6/01/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 101729
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 12.36 Time In: 10:36
Tare Wt.: 6.20 Time Out: 11:17
Net Wt.: 6.16 Price/Ton: 17.00

Disposal Charge: $ 105.40
Special Charge: $ 53.00
Total Charge: $ 158.40

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 06-01-87 R0001

SWaste 5.00
TOTAL 5.00

CASH 10.00
CHANGE 5.00

ITEM 1

55842 1111 T08:05

Section: Asbestos Handling Procedures

Section II.5 Page 1

Subject: Asbestos Records
ASR-104 Asbestos Disposal

June 2, 1986

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma

Job Location Tacoma

DISPOSAL SITE

Site Name Tacoma City Landfill

Site Location Tacoma, Wa.

Date of Site Approval to Dump 5/20/87

Person Approving Request to Dump Jack Jones

Date of Disposal 5-20-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 20¢

Our Employee Doing the Disposal Russ Dickinson

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

5.3

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 5496 5.00

WASTE DISPOSAL AUTHORIZATION

Date: 5-19-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: Alexander Ave Tacoma

C. Transporter Name: Bartell's

D. Technical Contact: J. ~~[illegible]~~ Engelbrecht Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 83 cu yards - up to 500 bags

G. Total Actual Quantity (to be filled in upon disposal): 3.60

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 5-20 & 5-22-87

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged & yellow bags

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00022535
Date : 5/20/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101786
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 9.79 Time In: 10:12
Tare Wt.: 6.19 Time Out: 10:28
Net Wt.: 3.60 Price/Ton: 17.00

Disposal Charge: $ 61.20
Special Charge: $ 53.00
Total Charge: $ 114.20

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 05-20-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

55496 1111 T09:58

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma Kraft

Job Location Tacoma, Wa.

DISPOSAL SITE

Site Name City of Tacoma landfill

Site Location Tacoma, Wa.

Date of Site Approval to Dump 6-4-87

Person Approving Request to Dump Jack Jones

Date of Disposal 6-5-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags _____

Our Employee Doing the Disposal _____

Name of Disposal Company Bartells

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

health

11 3028 5.00 CASH
ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH. 06-05-87 10:

WASTE DISPOSAL AUTHORIZATION

Date: 6-4-87

A. Generator Name: Simpson Tacoma Kraft
B. Generator Address: Alexander Ave
C. Transporter Name: Barkills
D. Technical Contact: Jay Englebrecht Phone: 228-4111
E. Waste Description: Asbestos
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 25-30 yds
G. Total Actual Quantity (to be filled in upon disposal): 4.45 TONS
H. Multiple Loads: Yes (X) No ( )
I. Dates of Disposal: 6-5-87
J. Testing: None
K. Reviewed by Department of Ecology: Yes ( ) No (X)
L. Disposal/Transportation Requirements: wetted, double bagged & labeled
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-5-87 — Date
Foreman — Title
James P. [illegible] — Signature

AUTHORIZATION SIGNATURE:

[illegible]

APPROVED

JUN 04 1987

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00034275
Date : 6/05/87

Operator ID: 7777
Operator Name:

Vehicle ID: 102114
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 9.01 Time In: 10:00
Tare Wt.: 4.56 Time Out: 10:28
Net Wt.: 4.45 Price/Ton: 17.00

Disposal Charge: $ 75.65
Special Charge: $ 53.00
Total Charge: $ 128.65

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00034395
Date : 6/05/87

Operator ID: 7777
Operator Name:

Vehicle ID: 102137
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 8.88 Time In: 11:25
Tare Wt.: 4.55 Time Out: 11:46
Net Wt.: 4.33 Price/Ton: 17.00

Disposal Charge: $ 73.95
Special Charge: $ 53.00
Total Charge: $ 126.95

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 06-05-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

56028 1111 T09:06

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. — P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma Kraft

Job Location Tacoma, WA.

DISPOSAL SITE

Site Name City of Tacoma Landfill

Site Location Tacoma, WA.

Date of Site Approval to Dump 5-13-87

Person Approving Request to Dump Wayne Cobb.

Date of Disposal 5-14-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS

Double Bagged and Sealed and Identified

Total Weight of Materials Dumped ___ Tons No. Bags 230

Our Employee Doing the Disposal Russ Dickinson

Name of Disposal Company /

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$500

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

11 5387 5.00 CA
Date: 5/13/87 05-18-87 TO:5

A. Generator Name: Simpson Craft
B. Generator Address: (Portland Ave) 401 Portland Ave
C. Transporter Name: E. J. Bartells company
D. Technical Contact: Mike Rock Phone: 228-4111
E. Waste Description: Asbestos piping material
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 230 bags 4,82
G. Total Actual Quantity (to be filled in upon disposal):
H. Multiple Loads: Yes ( ) No (X)
I. Dates of Disposal: 5/15/87
J. Testing: NA
K. Reviewed by Department of Ecology: Yes ( ) No ( )
L. Disposal/Transportation Requirements: double bagged & wetted in yellow labeled bags
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

5/18/87 (Date) Title Signature

APPROVED

AUTHORIZATION SIGNATURE:

MAY 13 1987

Ina Barbee

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 30020970
LANDFILL Date : 5/18/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102196
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 11.09 Time In: 10:10
Tare Wt.: 6.27 Time Out: 10:39
Net Wt.: 4.82 Price/Ton: 17.00

Disposal Charge: $ 82.45
Special Charge: $ 53.00
Total Charge: $ 135.45

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 05-18-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

55387 1111 T09:56

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 142D7

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17887

Job Name Simpson Kraft.

Job Location Tacoma wa.

DISPOSAL SITE

Site Name city of tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 3/26/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/27/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 85

Our Employee Doing the Disposal Kevin Whitmore

Name of Disposal Company _____

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

5.00
000001.003-27-87

WASTE DISPOSAL AUTHORIZATION

Date: 3/26/87

A. Generator Name: Simpson-Tacoma Kraft
B. Generator Address: 801 Portland Ave
C. Transporter Name: Bartells
D. Technical Contact: _____ Phone: 228-4111
E. Waste Description: Asbestos
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 11 yards
G. Total Actual Quantity (to be filled in upon disposal): _____
H. Multiple Loads: Yes ( ) No (X)
I. Dates of Disposal: 3/27/87
J. Testing: NA
K. Reviewed by Department of Ecology: Yes ( ) No (X)
L. Disposal/Transportation Requirements: _____
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3-27-87	[illegible]	[signature]
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[signature] R.S.

APPROVED

MAR 26 1987

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV.

8-4-30

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 03-27-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53426 1111 T11:17

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00007755
Date : 3/27/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101734
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	4.85	Time In:	10:3
Tare Wt.:	3.53	Time Out:	11:0
Net Wt.:	1.32	Price/Ton:	17.0

Disposal Charge:	$	22.95
Special Charge:	$	53.00
Total Charge:	$	75.95

HOURS — 8:00 AM - 6:00 PM DAILY
CLOSED NEW YEARS-THANKSGIVING-CHRISTMA
THANK YOU FOR YOUR PATRONAGE

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma

Job Location Tacoma.

DISPOSAL SITE

Site Name Tacoma City Landfill

Site Location Tacoma, Wa.

Date of Site Approval to Dump 5/20/87

Person Approving Request to Dump Jack Jones

Date of Disposal 5/26/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 265

Our Employee Doing the Disposal Russ Dickinson

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 5496 5.00 CA
000001 05-20-87 TO

WASTE DISPOSAL AUTHORIZATION

Date: 5-19-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: Alexander Ave Tacoma

C. Transporter Name: Bartells

D. Technical Contact: J. ~~Fritz~~ Engelbrecht Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 83 cu yards - up to 500 bags

G. Total Actual Quantity (to be filled in upon disposal): 3.60

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 5-20 & 5-22-87

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged & yellow bags

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ENFORCEMENT CONFIDENTIAL

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00027565
Date : 5/26/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 101695
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	10.69	Time In:	11:20
Tare Wt.:	6.18	Time Out:	11:51
Net Wt.:	4.51	Price/Ton:	17.00

Disposal Charge: $ 77.35
Special Charge: $ 53.00
Total Charge: $ 130.35

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00000970
Date : 5/18/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102195
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 11.09 Time In: 18:18
Tare Wt.: 6.27 Time Out: 18:39
Net Wt.: 4.82 Price/Ton: 17.00

Disposal Charge: $ 82.45
Special Charge: $ 53.00
Total Charge: $ 135.45

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 05-18-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

55387 1111 T09:56

Thank You
Tacoma-Pierce
County Health Dept.
3629 S. "D" St.
Tacoma Wash 98408

Environmental
Health
Division

MON 10-26-87 PM

SWASTE 5.00
TOTAL 5.00

CASH 20.00
CHANGE 15.00

ITEM 1

60636 1111 TIS

.60

M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 10/26/87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartelli

D. Technical Contact: Judd Hardy Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 200 bags ≅ 5 yds

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 10/28/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

( ) City of Tacoma (X) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10/26/87 — Date

FOREMAN — Title

[signature] — Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

OCT 26 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

* AVOID LONG WEEKEND LINES * *
SIT THE LANDFILL MONDAY THRU FRIDAY

' OF TACOMA Trans #: 00131665
.ANDFILL Date : 10/22/87

ator ID: 7777
ator Name:

cle ID: 102204
.nt No.: 01001143
.nt Name: BARTELLS MATERIALS MGMT

omer ID: 03
omer Type: ACC'T CUSTOMER CITY RATE

Wt.:	5.63	Time In:	09:44
Wt.:	4.43	Time Out:	10:03
Wt.:	1.20	Price/Ton:	17.00

sal Charge: $ 20.40
al Charge: $ 53.00
Charge: $ 73.40

OURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

TE DISPOSAL AUTHORIZATION

Date: 10/20/87

TELLS | SIMPSON TACOMA KRAFT
01 PORTLAND AVE
RTELLS
OD HARDY Phone:
SPESTOS
udge ( ) Other (X)
200 BAGS
(to be filled in upon disposal):
1.20 Tons
) No (X)
10/22/87

of Ecology: Yes ( ) No (X)
n Requirements: Wet Double Bagged
& CU SA...

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10/20/87 Date | Foreman Title | [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

OCT 20 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dep
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

TUE 10-20-87 R000
Swaste 5.00
TOTAL 5.00
ITEM 1
60489 1111 T14:0

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 10-20-87

health

WASTE DISPOSAL AUTHORIZATION

Date: 10/20/87

A. Generator Name: BARTELLS | SIMPSON TACOMA KRAFT

B. Generator Address: 801 PORTLAND AVE

C. Transporter Name: BARTELL'S

D. Technical Contact: JUDD HARDY Phone:

E. Waste Description: ASBESTOS

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 200 BAGS

G. Total Actual Quantity (to be filled in upon disposal):

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 10/22/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Wet, Double Bagged & Labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma, ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10/20/87 — Date

FOREMAN — Title

Signature

AUTHORIZATION SIGNATURE:

APPROVED

OCT 20 1987

Gary Kato

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 08-19-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

58573 1111 T08:05 270

Bartells Materials M

Washington Contractor No. B

700 Powell Avenue S. W. - P
Renton, Washington
206-228-4111

ASBESTOS DISPOSAL

WEIGHT TICKET

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA LANDFILL — Trans #: 00090522 — Date : 08/19/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001140
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACCT CUSTOMER CITY RATE

Gross Wt.:	7.12	Time In:	11:06
Tare Wt.:	4.44	Time Out:	11:34
Net Wt.:	2.68	Price/Ton:	17.00

Disposal Charge: $ 45.90
Special Charge: $ 53.00
Total Charge: $ 98.90

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Job Name Simpson Kraft

Job Location Tacoma, Wa

DISPOSAL SITE

Site Name City of Tacoma

Site Location Tacoma, Wa

Date of Site Approval to Dump 8/1

Person Approving Request to Dump 8/

Date of Disposal _____

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.68 Tons No. Bags _____

Our Employee Doing the Disposal _____

Name of Disposal Company _____

Signature of Disposal Representative A G Anderson Scale operator

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ASR-104 (6/86)

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

ITY OF TACOMA Trans #: 00010476
LANDFILL Date : 5/01/87

Perator ID: 1855
Operator Name:

ehicle ID: 101732
ccount No.: 04000000
ccount Name: CITY CASH

ustomer ID: 05
ustomer Type: CASH CUSTOMER CITY RATE

ross Wt.: 2.17 Time In: 10:16
are Wt.: 2.05 Time Out: 10:27
et Wt.: .12 Price/Ton: 17.00

isposal Charge: $ 8.50 61.50
Pecial Charge: $ 53.00 45.00
otal Charge: $ 61.50 16.50

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 05-01-87 T1:04

E DISPOSAL AUTHORIZATION

Date: 4-30-87

on - TACOMA KRAFT
th & PORTLAND AVE TACOMA
TELS
E WARDY Phone: 228-7111
ASBESTOS
ge ( ) Other (X)
2 YARDS
o be filled in upon disposal): .12 Tons

) No (X)
5-1-87
EQUIRED
f Ecology: Yes ( ) No (X)
Requirements: DOUBLE BAGGED,
ED

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

5-1-87 — Date
Driver — Title
Kirk Stephens — Signature

AUTHORIZATION SIGNATURE:

APPROVED

APR 30 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00000145
Date : 4-15-87

Operator ID: 1355
Operator Name:

Vehicle ID: 10:785
Account No.: 34200000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross LB.: 3.50 Time In: 13:08
Tare LB.: 3.44 Time Out: 10:52
Net LB.: .13 Price/Ton: 17.00

Disposal Charge: $ 3.50
Special Charge: $ 50.00
Total Charge: $ 51.50

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 04-15-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

54185 1111 T10:20

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 04-24-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	20.00
CHANGE	15.00

ITEM 1

54548 1111 T10:00

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00005426
Date : 4/24/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101681
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	3.79	Time In:	10:13
Tare Wt.:	3.47	Time Out:	10:28
Net Wt.:	.32	Price/Ton:	17.00

Disposal Charge:	$	8.50
Special Charge:	$	53.00
Total Charge:	$	61.50

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 12896

Job Name SIMPSON TACOMA CRAFT

Job Location TACOMA, WA

DISPOSAL SITE

Site Name CITY OF TACOMA LANDFILL

Site Location TACOMA, WA

Date of Site Approval to Dump 4/23/87

Person Approving Request to Dump WAYNE COBB

Date of Disposal 4/24/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 32

Our Employee Doing the Disposal STEVE SALCO

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 142D7

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17896

Job Name Simpson

Job Location Tacoma wa.

DISPOSAL SITE

Site Name City of tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 4/30/87

Person Approving Request to Dump Mrs. Smith "Joan"

Date of Disposal 5/1/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags _____

Our Employee Doing the Disposal _____

Name of Disposal Company _____

Signature of Disposal Representative _____

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ENFORCEMENT CONFIDENTIAL

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 142D7

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17887

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 3/26/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/27/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 85

Our Employee Doing the Disposal Kim Whitmore

Name of Disposal Company _____

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

5.00 CAS
000001 03-27-87 T1

health

WASTE DISPOSAL AUTHORIZATION

Date: 3/26/87

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: _____ Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 11 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/27/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: _____

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3-27-87	Warehouseman	Kevin Whitmore
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Russell S. Cox R.S.

APPROVED

MAR 26 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 03-27-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53426 1111 T11:17

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00007755
Date : 3/27/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101734
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	4.85	Time In:	10:34
Tare Wt.:	3.53	Time Out:	11:06
Net Wt.:	1.32	Price/Ton:	17.00

Disposal Charge:	$	22.95
Special Charge:	$	53.00
Total Charge:	$	75.95

HOURS -- 8:00 AM - 6:00 PM DAILY
CLOSED NEW YEARS-THANKSGIVING-CHRISTMAS
THANK YOU FOR YOUR PATRONAGE

CITY OF TACOMA

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

8 AP -3 AM 9:53

0 1 0 1 0 0 2

292089

GROSS 7080

VEHICLE W Van

TARE

AMOUNT $

NET 3020

spud 53.0

OTHER CHARGES $ 26.3

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 79.3

CASH RECEIPT

SCALEMAN

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 04-03-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

53719 1111 T11:05

5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH 5.00 CASH
000001 04-03-87 11:06

health

WASTE DISPOSAL AUTHORIZATION

Date: 4/2/87

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: Jay Engelbrecht Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (✓)

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal): 65

H. Multiple Loads: Yes ( ) No (✓)

I. Dates of Disposal: 4/3/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Double bagged, wet, labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

4-3-87	Truck Driver	W. R. Dickinson II
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Russell S. Cox R.S.

APPROVED

APR 02 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 3183 5.00 CASH
000001 03-20-87 T11:34

health

WASTE DISPOSAL AUTHORIZATION

Date: 3-19-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 1165 Portland

C. Transporter Name: Bartell

D. Technical Contact: Judd Hardy Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 11 yd

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3-20-87

J. Testing: _____

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted double yellow bagged & labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3/20/87 — Date

DRIVER — Title

Steve Senco — Signature

AUTHORIZATION SIGNATURE:

Judy L. Snyder

APPROVED

MAR 19 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 03-20-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53183 1111 T11:34

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: [illegible]
Date : [illegible]

Operator ID: 1355
Operator Name:

Vehicle ID: 10100.
Account No.: 34000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.00	Time In:	10:55
Tare Wt.:	0.51	Time Out:	[illegible]
Net Wt.:	2.73	Price Per:	17.50

Disposal Charge: $ 47.60
Special Charge: $ 0.00
Total Charge: $ 47.60

Special Handling 53.00
100.60

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17887

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Load Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 3/19/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/20/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.79 Tons No. Bags 160

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft.

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 3/10/87

Person Approving Request to Dump Mr. Jones "H."

Date of Disposal 3/11/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 3.01 Tons No. Bags 139

Our Employee Doing the Disposal STEVE SAGO

Name of Disposal Company

Signature of Disposal Representative

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$5.00

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

11 2861 5.00 CASH
000001 03-11-87 T11:25

WASTE DISPOSAL AUTHORIZATION

Date 3-10-87

A. Generator Name: Tacoma Simpson Tacoma
B. Generator Address: 801 Portland
C. Transporter Name: Bartell
D. Technical Contact: Judd Hardy 228-4111
E. Waste Description: Asbestos
Liquid [ ] Sludge [ ] Other [X]
F. Estimated Quantity: 8 yds.
G. Total Actual Quantity (to be filled in upon disposal) _____ yds.
H. Multiple Loads: Yes [ ] No [X]
I. Dates of Disposal: 3-11-87
J. Testing: N/A
K. Reviewed by Dept. of Ecology: Yes [ ] No [X]
L. Disposal/Transportation Requirements: wetted, double-bagged and labeled
M. Waste Disposal Destination: Cascade Pit [ ]
City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3/11/87 — Date
DRIVER — Title
Signature

AUTHORIZATION SIGNATURE:

APPROVED

MAR 10 1987

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 30007486
Date: 3/11/87

Operator ID: 1855
Operator Name: MLA

Vehicle ID: 101695
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	6.44	Time In:	10:51
Tare Wt.:	3.43	Time Out:	11:29
Net Wt.:	3.01	Price/Ton:	17.00

Disposal Charge: $ 51.85
Special Charge: $ 53.00
Total Charge: $ 104.85

52061 1111 11:25

ITEM 1

CHANGE 5.00
CASH 10.00

TOTAL 5.00
Waste 5.00

WED 03-11-87 R0001

Environmental
Health
Division

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D" Street
Tacoma Wash 98408

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17887

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 3/16/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/17/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.18 Tons No. Bags 178

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 3-16-87 3058 5.00 CASH
000001 03-17-87 T11:4

A. Generator Name: Simpson Tacoma Craft
B. Generator Address: Portland Ave
C. Transporter Name: Bartells
D. Technical Contact: Ivad Hardy 228-4111
E. Waste Description: Asbestos
Liquid [ ] Sludge [ ] Other [X]
F. Estimated Quantity: 11 cu yards
G. Total Actual Quantity (to be filled in upon disposal)

H. Multiple Loads: Yes [ ] No [X]
I. Dates of Disposal: 3-17-87
J. Testing: NA
K. Reviewed by Dept. of Ecology: Yes [ ] No [X]
L. Disposal/Transportation Requirements: Material has been wetted and yellow bagged
M. Waste Disposal Destination: Cascade Pit [ ]
City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3/17/87 DRIVER [signature]
Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED
APPROVED
MAR 16 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

TUE 03-17-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53058 1111 T11:43

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00001236
Date : 3/17/87

Operator ID: AGF
Operator Name:

Vehicle ID: 101534
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 85
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.62	Time In:	10:58
Tare Wt.:	3.44	Time Out:	11:31
Net Wt.:	2.18	Price/Ton:	17.00

Disposal Charge:	$	37.40
Special Charge:	$	53.00
Total Charge:	$	90.40

ENFORCEMENT CONFIDENTIAL

health

Health-Environmt Healt
For Deposit Only Cit
Treasurer-Tacoma Wash
1843 5.00 TOTAL
1843 5.00 CHEC
000001 12-08-87 T12:0

WASTE DISPOSAL AUTHORIZATION

Date: 12/8/87

A. Generator Name: Simpson - Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Jerry Fickelin Phone: 572-2150

E. Waste Description: Alberts

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 12/8/87 - 12/15/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Double bagged, wet, + labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

591-5544

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

12-8-87 Mgr E.S. [signature]

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature] R.S.

APPROVED

DEC 0 8 1987

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ENFORCEMENT CONFIDENTIAL

R. M. [illegible] M.D., M.H.S.A. • DIRECTOR OF HEALTH

RECEIVED

OCT 8 1986

PERFUND BRANCH

health

WASTE DISPOSAL AUTHORIZATION

Date 10/13/86

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Jerry Ficklin 572-2150

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 10 yards

G. Total Actual Quantity (to be filled in upon disposal) _____

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: Week of 10/13/86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: Must be double bagged, wet & labelled

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10-15-86 Date

Mgr Environmtl Svcs. Title

[signature] Signature

AUTHORIZATION SIGNATURE:

Russell S. Cox R.S.

APPROVED

OCT 13 1986

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 6/3/86

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Gerry Ficklin

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal) _____

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: 6/3/86 through 6/11/86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: must be double bagged, wet, labelled, covered on disposal. Have handler exercise caution.

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [ ] Thun Field [X] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-3-86 Date

Mgr Emp Svcs Title

Signature

APPROVED

JUN 03 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Russell Weber R.S.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

Shutdown project
Approx 150 bags -

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 10-31-86

A. GENERATOR NAME: Simpson Kraft - Tacoma

B. GENERATOR ADDRESS: 801 Portland Ave

C. TRANSPORTER NAME: Bartelli

D. TECHNICAL CONTACT: Mike Rock PHONE: 228-4111

E. WASTE DESCRIPTION: Asbestos pipe insulation

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 3½ yards

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 11-3-86

J. TESTING:

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [ ]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: wetted, double-bagged, labeled

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

11/3/86 Date

DRIVER Title

Steve Scacco Signature

APPROVED

OCT 31 1986

72 30

AUTHORIZATION SIGNATURE:

Enrico V. Garcia

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 11/12/86

A. GENERATOR NAME: Simpson Tacoma Kraft/CEECO (Alaskan tours)

B. GENERATOR ADDRESS: 801 Portland Ave/4012 East-West Road

C. TRANSPORTER NAME: Bartells

D. TECHNICAL CONTACT: Judd Hardy PHONE: 228-4111

E. WASTE DESCRIPTION: Asbestos pipe insulation/Asbestos pipe

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 2 yds/4 yds (6 yds total)

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 11/13/86

J. TESTING: none

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: wetted, double-bagged, and labeled

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

11-13-86 Date

Warehousman Title

Kevin Whitmore Signature

APPROVED

NOV 12 1986

$169.50

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Enrico V. Garcia

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 11-4-86

A. GENERATOR NAME: Simpson Tacoma Kraft

B. GENERATOR ADDRESS: 801 Portland Ave.

C. TRANSPORTER NAME: Bartells Material Mgt.

D. TECHNICAL CONTACT: Judd Hardy PHONE: 228-4111

E. WASTE DESCRIPTION: asbestos pipe covering

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 45 bags 5 yds

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 11-5-86

J. TESTING:

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: double-bagged wetted labeled

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

11/5/86 DRIVER Steve Sears

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

NOV 04 1986 #63.20

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date June 1, 1986

A. Generator Name: [illegible]

B. Generator Address: 801 [illegible]

C. Transporter Name: [illegible]

D. Technical Contact: [illegible]

E. Waste Description: [illegible]

Liquid [ ] Sludge [ ] Other [x]

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal) 1 Yardor Vac

H. Multiple Loads: Yes [ ] No [x]

I. Dates of Disposal: 6/6/86

J. Testing: NA

K. Reviewed by Dept. of Ecology: Yes [ ] No [x]

L. Disposal/Transportation Requirements: must be double bagged, wet, & labelled

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6/4/86 — Date

Asbestos worker — Signature

APPROVED

JUN 04 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

APPROVED

JUN [illegible]

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE: [signature]

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 S[illegible]TH D ST. TACOMA, WASHINGTON 98408

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED 6\4\86 TIME _____ AM PM

QUANTITY (tons, cu.yds., # of bags) _____ WET: YES ✓ NO_

TYPE OF CONTAINER Bags LABELED: YES ✓ NO_

IF BAGGED, THICKNESS OF BAGS 6 mill DOUBLE BAGS: YES ✓ NO_

HAULER COMPANY NAME Savage enterprize

STREET ADDRESS 309 South clover dale

CITY Seattle STATE wash ZIP CODE 98108

DRIVER NAME Frank

ASBESTOS REMOVED FROM - NAME Pt Defeance Bag House Sempson kraft

STREET ADDRESS portland Ave

CITY tacoma STATE wash ZIP CODE _____

PERSON TO CONTACT _____

THIS IS TO CERTIFY THAT THE ABOVE ABESTOS WAS DELIVERED TO THE:

Cedar Hills Regional Landfill
Operated by King County Solid Waste Division
16645 228th Ave., SE
Maple Valley, Washington 98038
Phone (206) 228-4940

WHICH IS APPROVED FOR ASBESTOS DISPOSAL AND WILL BE COVERED WITH AT LEAST SIX INCHES (15 OF NON-ASBESTOS MATERIAL WITHIN 24 HOURS.

CERTIFIED BY: [signature] TITLE: 6/5/86

FOR KING COUNTY, SOLID WASTE DIVISION

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

WASTE DISPOSAL AUTHORIZATION

Date 10-29-86

GENERATOR NAME: Simpson Tacoma Kraft

GENERATOR ADDRESS: St. Paul & Portland Ave

TRANSPORTER NAME: Bartells

TECHNICAL CONTACT: Mike Rock PHONE: 228-4111

WASTE DESCRIPTION: Asbestos

LIQUID [ ] SLUDGE [ ] OTHER [X]

ESTIMATED QUANTITY: 3 1/2 yards

TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

MULTIPLE LOADS: YES [ ] NO [X]

DATES OF DISPOSAL: 10-30 or 10-31, 86

TESTING: N/A

REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

DISPOSAL/TRANSPORTATION REQUIREMENTS: Material has been wetted and bagged

WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

IFICATION:

reby certify that I have personally examined and am familiar with the information tted in this document. Based on my inquiry of those individuals immediately nsible for obtaining the information, I believe that the submitted information ue, accurate, and complete to the best of my knowledge and ability and that all n and suspected hazards have been disclosed.

10/30/86 Date

DRIVER Title

Steve Sears Signature

RIZATION SIGNATURE:

APPROVED

OCT 29 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 9-25-86

A. GENERATOR NAME: Simpson Tacoma Kraft

B. GENERATOR ADDRESS: Tacoma

C. TRANSPORTER NAME: Bartelli Material Management 2284111

D. TECHNICAL CONTACT: Judd Hardy

E. WASTE DESCRIPTION: Asbestos

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 30 bags - 3.3 cu yards

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 9-26-86

J. TESTING: NA

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: material has been wetted and double bagged

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9/26/86 Date — Foreman Title — [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

SEP 26 1986

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV

FOR: T+M WORK

CITY OF TACOMA

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

25 26 AM 11:05

282321

007540

GROSS

TARE 6900

NET 640

VEHICLE

AMOUNT $ paid 42.00

OTHER CHARGES $ 7.00

TOTAL CHARGE $ 52.00

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

CASH RECEIPT

SCALEMAN

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMI 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17382

Job Name Simpson Kraft

Job Location 12th/Portland Tacoma wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 11-25-86

Person Approving Request to Dump Jody Snyder

Date of Disposal 11-26-86

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 720 lbs. Tons — No. Bags 16

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative

Note: G G Anderson

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17-62

Job Name [illegible]

Job Location Tacoma [illegible]

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma [illegible]

Date of Site Approval to Dump 11-12-86

Person Approving Request to Dump Reco + Robert

Date of Disposal 11-13-86

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS

Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 9

Our Employee Doing the Disposal _____

Name of Disposal Company _____

Signature of Disposal Representative _____

11.07

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17382

Job Name Simpson Kraft

Job Location Tacoma Wa.

#1370

DISPOSAL SITE

Site Name Tacoma City Land fill

Site Location

Date of Site Approval to Dump 11-4-86

Person Approving Request to Dump Doug

Date of Disposal 11-5-86

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 93

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 9-12-86

A. Generator Name: Simpson Kraft

B. Generator Address: 801 Portland Ave.

C. Transporter Name: Bartell's Materials Management

D. Technical Contact: Dale Erickson 228-4111

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 81 bags ≈ 27yds

G. Total Actual Quantity (to be filled in upon disposal) _____

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: 9-12-86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: wetted, double bagged & labeled.

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [X] Thun Field OK JS [X] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-86 Date _____ Title Al Ranger Signature

$67.40

APPROVED

SEP 1 2 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Jody L. Snyder

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH TACOMA, WASHINGTON 98408

ENFORCEMENT CONFIDENTIAL

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft

Job Location Tacoma Wa

DISPOSAL SITE

Site Name city of Tacoma Land Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 2/5/86

Person Approving Request to Dump Russ Post

Date of Disposal 2/9/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 145

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 1853 5.00 CASH
000001 02-09-87 T11:40

WASTE DISPOSAL AUTHORIZATION

Date: 2/6/87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartell Co.

D. Technical Contact: Mike Rock Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 10 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 2/9/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No ( )

L. Disposal/Transportation Requirements: Double bagged, wet labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

2/9/87 — Date

DRIVER — Title

Steve Sano — Signature

AUTHORIZATION SIGNATURE:

Russell S. Rose R.S.

APPROVED

FEB 06 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 02-09-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

51853 1111 T11:39

WEIGHT TICKET

CITY OF TACOMA Trans #: 33504170
LANDFILL Date: 2/03/87

Operator ID: AGA
Operator Name: AGA

Vehicle ID: 101752
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.33	Time In:	11:35
Tare Wt.:	3.50	Time Out:	11:35
Net Wt.:	1.83	Price/Ton:	17.00

Disposal Charge: $ 43.45
Special Charge: $ 58.00
Total Charge: $ 101.45

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 2/3/87

Person Approving Request to Dump Russell Post

Date of Disposal 2/4/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 60

Our Employee Doing the Disposal STEVE SALCO

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

5.00 CAS
02-04-87 T1L .6
11 1710 5.00
00001

5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 2/3/87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave.

C. Transporter Name: Bartels

D. Technical Contact: Judd Hardy Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 7 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 2/4/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Must be double bagged, wet, + labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

2/4/87	DRIVER	Steve Sauro
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Russell S. Post R.S.

APPROVED

FEB 03 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 02-04-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	10.00
CHANGE	5.00

ITEM 1

51710 1111 T10:56

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00002542
Date: 2/04/87

Operator ID: 1855
Operator Name: MLF

Vehicle ID: 101586
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.83	Time In:	10:34
Tare Wt.:	3.47	Time Out:	10:45
Net Wt.:	2.35	Price/Ton:	17.00

Disposal Charge: $ 40.30
Special Charge: $ 50.00
Total Charge: $ 90.30

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft

Job Location Tacoma Wash

DISPOSAL SITE

Site Name City of Tacoma Landfill

Site Location Pierce County

Date of Site Approval to Dump 2/13/87

Person Approving Request to Dump Wayne Copp

Date of Disposal 2/14/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.83 Tons No. Bags 128

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company E.J. Bartells

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH 11 2026 5.00 CASH
000001 02-13-87 T11:38

health

WASTE DISPOSAL AUTHORIZATION

Date: 2-12-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: Judd Hardy Phone: 225-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 8 yds

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 2-13-87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double-bagged, and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

2/13/87	DRIVER	Steve Sewco
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

FEB 12 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

[illegible] TICKET

[illegible]
CITY OF TACOMA
LANDFILL

Trans #: [illegible]
Date: [illegible]

Operator ID: [illegible]
Operator Name: [illegible]

Vehicle ID: [illegible]
Account No.: [illegible]
Account Name: [illegible]

Customer ID: [illegible]
Customer Type: CASH CUSTOMER WITH RATE

Gross Wt.: [illegible] Time In: [illegible]
Tare Wt.: [illegible] Time Out: [illegible]
Net Wt.: [illegible] Price/Ton: [illegible]

Disposal Charge: $ [illegible]
Special Charge: $ [illegible]
Total Charge: $ [illegible]

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 02-13-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

52026 1111 T11:37

City of Tacoma

JSTOMER SERVICE
BILLING AND
CREDIT SECTION
IONDAY - FRIDAY
00 a.m. - 5:00 p.m.
(When moving,
uiring about billing,
or requesting
redit information)
383-9600

DEPOSITS
(Information for
deposits on file)
593-8348

TTY
(For the hearing
npaired, 8:00 a.m. -
4:30 p.m.)
593-8343

BILLING INFORMATION
ON REVERSE SIDE

ACCOUNT NUMBER 0282 4150 011
NAME SIMPSON TAC KRAFT C
SERVICE 801 PORTLAND AVE E
ADDRESS

BILL DATE 05 07 8
DUE DATE 05 19 8

TYPE OF SERVICE	SERVICE FROM	SERVICE TO	RATE/CONSTANT	PREVIOUS READ	CURRENT READ	CONSUMPTION	DEMAND	AMOUNT DUE
REF USE		04-23-86	53205121	TAB PICKUP				2,268-00
REF USE		04-23-86	53202100	TAB PICKUP				99-25
REF USE		04-23-86	53252100	TAB PICKUP				105-00
REF USE		04-23-86	53255105	TAB PICKUP				640-00

VOUCHED

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

ENFORCEMENT CONFIDENTIAL

KEEP FOR YOUR RECORDS KEEP FOR YOUR RECORDS KEEP

725AM 4-28-86

City dumpster to pull
Kraft #1
Kraft #2

4-29-86
805 AM City Dumpster
Pulled a load from
Kraft #1

4-25-86
City dumpster to pull
Kraft #1
Kraft #2
Princeton Rep

DB

4-23-86

15
pm

City dumpster
to pull two
loads

CW

8 30 AM 4-23-86

City Dumpster
Pulled one load
only from Kraft.

8 45 4-24-86

AM City Dumpster
Pulled a load from
Kraft #1

4-20-86

mpster Pulled
om Kraft #1 - #2
ton Bag.

4-17-86.

8 50 AM City Dumpster
Pulled a load from
Kraft #1

4-22-86

7 55 AM City Dumpster
Pulled a load from
Kraft #1

4-15-86

6 55 AM

City dumpster in to pull two loads

CW

720 AM

4-17-86

City dumpster to pull 2 loads

Kraft #1

Kraft #2

Dick

4-15-86

8 25 AM City Dumpster Pulled a load from Kraft #1

4-15-86

10 00 AM City Dumpster Pulled a load from Kraft #2

4-7-86

7 15 AM

City dumpster in to pull one load.

CW

4-11-86

8 05 AM City Dumpster Pulled a load from Kraft #1

4-9-86

8 45 AM City Dumpster Pulled a load from Kraft #1

4-10-86

720 AM

City dumpster to pull Kraft #1

Princeton Bag.

Dick

4-4-86

730AM

City dumpster to pull Kraft #1

" " " " Champion Bag

Dick

4-6-86

710AM

City dumpster to pull Kraft #1 + #2

4-3-86

8:05 AM City Dumpster Pulled a load from Kraft #1

4-2-86

7:25 AM City Dumpster Pulled a load from Kraft

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

CITY OF INGLEWOOD

BILLING INFORMATION ON REVERSE SIDE

ACCOUNT NUMBER (b)(6)
NAME CHAMPION INTERNTNL
SERVICE ADDRESS P O BOX 2133

BILL DATE 10/03/85
DUE DATE 10/15/85

TYPE OF SERVICE	SERVICE FROM	SERVICE TO	RATE/CONSTANT	PREVIOUS READ	CURRENT READ	CONSUMPTION	DEMAND	AMOUNT DUE
REFUSE		09-09-85	73158300			0		3,193.20

ORIGINAL

TREE LIMBS NEED NOT CAUSE POWER OUTAGES EACH WINTER. TRIMMING THEM CAN HELP. THE LIGHT DIVISION WILL TRIM TREES THAT MAY CAUSE PROBLEMS. FOR DETAILS, SEE THE ENCLOSED FLYER.

PREVIOUS BALANCE	$0.00
PAYMENTS APPLIED	$0.00
CURRENT CHARGES	$3,193.20
TRANSFER CHARGES	$0.00
AMOUNT DUE	$3,193.20

KEEP FOR YOUR RECORDS KEEP FOR YOUR RECORDS KEEP FOR YOUR RECORDS

CITY OF TACOMA

189392

DEPT. OF PUBLIC WORKS

Champion International

REFUSE UTILITY

K629

Tag

GROSS 048880

VEHICLE

TARE 22460

AMOUNT $

NET 26420

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 159.00

CHARGE ACCOUNTS

CITY OF TACOMA

189414

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

K 629

Champion

85 SP -5 PM 3 12

GROSS 4 6 7 4 0

VEHICLE

TARE 22600

AMOUNT $

NET 23840

114.00

OTHER CHARGES $ 25.2

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 139.2

CHARGE ACCOUNTS

CITY OF TACOMA

189402

DEPT. OF PUBLIC WORKS

K629

REFUSE UTILITY

Champion Ins

85 SP -5 PM 2 07

GROSS 050340 #

VEHICLE

TARE 22400

AMOUNT $

NET 27940

114.00

OTHER CHARGES $ 54.0

SANITARY LAND FILL
HOURS 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 168.00

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188588

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion [illegible]
P.O. 2133
Tacoma, Washington [illegible]

85 [illegible] 22 AM 10:50

GROSS 34160 VEHICLE

TARE 22920 AMOUNT $

NET 12 40

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 6780

CHARGE ACCOUNTS

CITY OF TACOMA

188666

DEPT. OF PUBLIC WORKS

#K629

REFUSE UTILITY

GROSS 036700

VEHICLE

Champion Int.

P.O. 2133

Tac. Wn. 98401

TARE ~~22600~~

NET 14100

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ [illegible]

CHARGE ACCOUNTS

SCALE

CITY OF TACOMA

188680

DEPT. OF PUBLIC WORKS #K629

REFUSE UTILITY

85 AU 23 AM 11 47

Champion Int.
P.O. 2137
Tec. Wn. 98401

GROSS 037180

TARE 22600

NET 14580

VEHICLE

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 876

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188684

DEPT. OF PUBLIC WORKS #K629

REFUSE UTILITY

85 AU 23 PM 12 50

Champion Int
P.O. 2133
Tac. Wn. 98401

GROSS 33 7 3 4 0 2

TARE 22 60 c

NET 1 47 40

VEHICLE

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 88.8

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188958

DEPT. OF PUBLIC WORKS

Champion International
P.O. Box 2133
Tac. Wa. 98401

REFUSE UTILITY K629

85 AU 28 PM 1 V2

GROSS 0 5 1 7 4 0 e

VEHICLE

TARE 22366

AMOUNT $

NET 29380

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 176.40

CHARGE ACCOUNTS

SCALE

CITY OF TACOMA

188951

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion International
P.O. Box 2133
Tac. Wa. 98401

85 AU 28 PM 12 09

GROSS 0 5 4 5 4 0 =

VEHICLE

TARE 2 2 3 A0

AMOUNT $

NET 2 2 1 6 0

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 133.2[illegible]

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188941

DEPT. OF PUBLIC WORKS

Champion International
P.O. Box 2133 - Tac, Wash. 98401

REFUSE UTILITY K629

MAR 28 AM 11:05

GROSS 51980

VEHICLE

TARE 32420

AMOUNT $

NET 17560

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 105.6

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188971

DEPT. OF PUBLIC WORKS Champion International

REFUSE UTILITY K629 K629

Temp

85 AU 28 PM 2:26

GROSS 0 5 4 5 4 0 =

VEHICLE

TARE 22320

AMOUNT $

NET 32220

OTHER CHARGES $ 139.80

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189003

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion International
P.O. Box 2133
Tacoma Wa. 98400

85 AU 29 AM 9:20

GROSS 5 3 4 6 0 #

VEHICLE

TARE 22660

AMOUNT $

NET 30800

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 184.8

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189012

DEPT. OF PUBLIC WORKS

Champion ~~Interna~~ International

REFUSE UTILITY K629 P.O. Box 2133

Tac. Wash 98499

85 AUG 29 AM 10:34

GROSS 61000 VEHICLE

TARE 22620

AMOUNT $

NET 38380

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 234.00

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189255

DEPT. OF PUBLIC WORKS

Champion Int Temp

REFUSE UTILITY

85 SEP -3 PM 3:34

048220

GROSS

VEHICLE

TARE 22260

AMOUNT $

NET 25960

19

OTHER CHARGES $ 42.00 14.40

SANITARY LAND FILL

HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 56.40

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189248

K629

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion International

Temp

85 -3 PM 2:45

GROSS 47360

VEHICLE

TARE 22300

AMOUNT $

NET 25060

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 130.82

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189236

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion International
Temp

85 SP -3 PM 1:47

GROSS 048600

VEHICLE

TARE 22340

NET 26260

19

AMOUNT $

OTHER CHARGES $ 14.00 43.80

TOTAL CHARGE $ 57.80

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189224

Champion Int
881 Portland

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

85 SP -3 PM 12:21

049560

GROSS 22380

TARE

NET 22280

19

VEHICLE

AMOUNT $

OTHER CHARGES $ 140

TOTAL CHARGE $ 163,8

SANITARY LAND FILL
HOURS; 8 A.M. - 6 P.M.

TIRES $

CHARGE ACCOUNTS

SCALEMASTER

CITY OF TACOMA

189138

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion Int.
P.O. Box 2133
Tac. Wn. 98401

K629

85 AU 30 PM 3:40

049920

GROSS 22,420

VEHICLE

TARE 27500

AMOUNT $

NET

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 165.00

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189105

DEPT. OF PUBLIC WORKS

Champion Int.
P.O. Box 2133
Tac. Wash. 98401

REFUSE UTILITY K629

85 AU 30 PM 2:15

048860 #

GROSS 9248C

VEHICLE

TARE

AMOUNT $

NET 2 6380

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 158.4

CHARGE ACCOUNTS

SCALEMAN

8 #1

CITY OF TACOMA

189106

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion Int.
P.O. Box 2133
Tac, Wash. 98401

85 AUG 30 PM 12:16

GROSS 0 4 5 6 4 0 #

VEHICLE

TARE 18920

AMOUNT $

NET 26720

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 160.80

CHARGE ACCOUNTS

SCALEMAN

#8

CITY OF TACOMA

189117

DEPT. OF PUBLIC WORKS

Champion Int.
P.O. Box 2133
Tac. Wash 98401

REFUSE UTILITY K629

85 AU 30 PM 1:36

GROSS 046960 ⁰

VEHICLE

TARE 18840

AMOUNT $

NET 28120

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 169.2

CHARGE ACCOUNTS

SCALEMAN

#8

CITY OF TACOMA

189132

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Campion Int.
P.O. Box 2133
Tac. Wn. 98401

AUG 30 PM 3:08

0 4 5 8 4 0

GROSS 18800

VEHICLE

TARE

AMOUNT $

NET 9760

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 162.66

CHARGE ACCOUNTS

SCALEMASTER

City of Tacoma

BILLING INFORMATION ON REVERSE SIDE

ACCOUNT NUMBER (b)(6)
NAME ST REGIS PAPER MILL
SERVICE ADDRESS 801 PORTLAND AVE EA

BILL DATE 12/06/84
DUE DATE 12/18/84

TYPE OF SERVICE	SERVICE FROM	SERVICE TO	RATE/CONSTANT	PREVIOUS READ	CURRENT READ	CONSUMPTION	DEMAND	AMOUNT DUE
REFUSE		11-21-84	53205121	TAB PICKUP				1,904.70
REFUSE		11-21-84	53202100	TAB PICKUP				83.35

KEEP FOR YOUR RECORDS

FRIEND TO FRIEND IS A NEW PROGRAM FOR CUSTOMERS TO BE ALERTED IF THE UTILITY SERVICES OF A FRIEND OR RELATIVE ARE ABOUT TO BE DISCONTINUED. A BILL ENCLOSURE HAS THE DETAILS.

PREVIOUS BALANCE	$1,988.05
PAYMENTS APPLIED	$1,988.05CR
CURRENT CHARGES	$1,988.05
TRANSFER CHARGES	$0.00
AMOUNT DUE	$1,988.05

KEEP FOR YOUR RECORDS

KEEP FOR YOUR RECORDS

DEC 10 1984

DEC 10 1984

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

CITY OF TACOMA

PUBLIC WORKS—UTILITY SERVICES
REFUSE UTILITY DIVISION

STUB ACCOUNT CUSTOMER NO. (b)(6)

Date December 11, 1984

St Regis Paper Mill
801 Portland Ave. E.
Attn: LilDelano
Tacoma, WA 98421

NOTICE

Make check payable to order of City Treasurer, City of Tacoma, and return this invoice with your remittance for proper credit.

No further statement will be rendered.

Telephone: 591-5544

DESCRIPTION	AMOUNT	TOTAL
Refuse Collection Charges for November, 1984:		
Rent on one 20 cubic yard container	$83 35	
21 loads taken from the 20 cy container on 10/22, 10/23, 10/24, 10/25, 10/26, 10/29, 10/30, 10/31, 11/1, 11/5, 11/6, 11/7, 11/8, 11/9, 11/12, 11/13, 11/14, 11/15, 11/16, 11/19, and 11/20 @ $90.70 per load	$1,904 70	
TOTAL CURRENT CHARGES		$1,988 05

C 13 1984

ALL CHARGES DUE TEN DAYS FROM DATE OF INVOICE, NO DISCOUNT

PWK 5120 0002 (12/81)

10-25-84

5 m City Dumpster
led a load from
ft.

[illegible]

10-24-84

8 10 AM City Dumpster
Pulled a load from
Kraft.

[illegible]

24

10-23-84

7 25 AM City Dumpste
Pulled loads from
Kraft and Bag
Plants

[illegible]

OCT 23

11-5-84

05 AM
City dumpster
to pull one
ad from Kraft
ide

CZW

V - 7 1984

10-29-84

7 05 AM

City dumpster
in to pull one
load from Kraft
side

CZW

30

10-26-84

5 45 AM City Dumpste
Pulled a load from
Kraft.

[illegible]

13-84

City dumpster
to pull one load
on Kraft side

CW

NOV 14 1984

11-12-84

10 AM City Dumpster
pulled a load from
Kraft.

NOV 12 1984

11-12-84

6 55 AM

City dumpster
in to pull two
loads one from
each side

NOV 1 1984

CW

7 25 AM

11-15-84

City dumpster to pull a load
from Kraft side.

Dick.

11-14-84

7 15 AM

City dumpster to pull
a load from Kraft side.

Dick

11-20-84

5 30 AM

City dumpster in to pull one load from Kraft side

CZW

NOV 21 1984

11-19-84

6 25 AM

City dumpster in to pull one load from Kraft side

CZW

NOV 20 1984

11-4-84

655AM

City dumpster to pull a load from Kraft side.

Dick

NOV - 6 1984

11-18-84

630AM

City dumpster to pull Kraft side and Bag Plant.

[illegible]

[illegible] 9 198[illegible]

11-8-84

845 M

City dumpster to pull a load from Kraft side

Desh.

NOV - 8 1984

11-8-84

645 AM

City dumpster to pull a load from Kraft side.

Desh

NOV - 9 1984

10-30-84

45 AM

City dumpster to pull one load from Kraft side

CZW

31

11-1-84

845 AM City Dumpster Pulled a load from Kraft.

NOV - 1 1984

11-6-84

740 AM City Dumpster Pulled loads from Kraft and Bag Plant

JWD

NOV - 6 1984

10/29/84

City dumpster to pull both Kraft & Bag Plant loads.

Dick.

Billing Address:
SIMPSON TACOMA Kraft Co.
P.O. Box 2133
TACOMA WA. 98401

health

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

RECEIVED
OCT 1985
SUPERFUND BRANCH

ENFORCEMENT CONFIDENTIAL

WASTE DISPOSAL AUTHORIZATION

Date 9-30-85

A. GENERATOR NAME: Simpson Tacoma Kraft

B. GENERATOR ADDRESS: 801 Portland Ave

C. TRANSPORTER NAME: Landscape bark

D. TECHNICAL CONTACT: Wilbur Barker

E. WASTE DESCRIPTION: Sludge & Hog Fuel

LIQUID [ ] SLUDGE [X] OTHER [ ]

F. ESTIMATED QUANTITY: 250 yards

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal) _____

H. MULTIPLE LOADS: YES [X] NO [ ]

I. DATES OF DISPOSAL: month of October

J. TESTING: complete PH ok - as well as odor

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: Normal commercial disposal - may be used for cover.

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Oct 1, 1985 — Date

Asst. Tech. Supt — Title

Wilbur H Barker — Signature

APPROVED

OCT 01 1985

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

[signature]

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

To: Wilbur Barker Date: 8/22/85 17

From: Richard Forsberg Subject: Sludge refuse material to be processed log.

Linda — 627-3121

Environmental Health Department contact:
1. Doug Pierce 591-6571
2. Joe Eckhoff: odor test
3. Jane Hedges 591-6555: Doug Pierce will be on vacation for the week of 8/25, she will be the contact.
Russ Post - 6573

Thun Field contact:
Harvey Doman: he declined to take the material in "any way."

Tacoma Refuse contact:
1. Jack Jones 5915544: He said that they will accept a 10 yard trial load to determine the odor problem.
Jack Jones → He will determine future load schedules.
2PM - Hickson: on 8/22/85 he said to send a load before 2PM. Include a billing address for payment. I included the billing address on the form
Champion International
P.O. 2133
Tacoma, Washington 98401

Permit obtained on 8/21/85

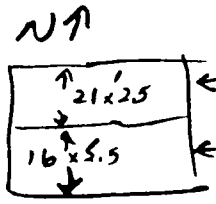
A trial load of 10 yards to the refuse site on 8/22/85 @ 10:30 AM
1. John Tuttle

The "Request for Maintenance" #is 19805
The P.O. Requestion # 79256 K 629 Karen: 233

The material was acceptable as per Doug Pierce 8/22/85

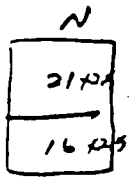
Jack Jones was contacted about scheduling.
a. Can receive material anytime, as long as the quality is as per 8/22/85

8/22 load #1



← to process
← processed } 20 yards to Tacoma Dump
" " Walton

8/23



~10 yards to Walton
~ 30 yards to Land fill

10 (a) Load of reject hoggedfuel ordered
(b) Requested area to be rotadated.

Dick Forsberg

8/28 Hauled 4 loads to City Dump ~ 87 yds.

10 Re spread pile over hogged fuel.

8/29 Hauled 2 loads to City Dump. ~ > 40 ydds

8/30 Joe Eckhoff checked out the material is OK to send to city dump.

12:00 Noon John Tuttle picked up 5 permits for loads. After hauling will spread hogged fuel and another portion from the pile.

2

New spread not rototilled. Will sit until Tuesday Sept 3.

9/3. Cleaning trash & rototilling in the morning.

9/4 Checked out OK for pH & Odor by Eckoff. needed more tilling at south end.

9/5 Scraped up. 3 loads hauled. + 2 more later. new load of hog fuel spread.

2

9/6 Spreading a new pile.

2320 / 460 / 10 ✓ Haul away after shutdown 5 loads.

2 10/3 New spread 32 rototilled yesterday & today. Checked, 20 units hogged fuel. approved on Friday. except 25 mud areas points 8 loads = 160 yds +

2 10/8 new loads spread 20 units hogged fuel.

10/9 Rototilling.

Kraft Division
P.O. Box 2133
Tacoma, Washington 98401
206 572-8300

Champion
Champion International Corporation

August 21, 1985

Mr. Doug Pierce, R.S.
Tacoma-Pierce Co. Health Department
3629 South D. St.
Tacoma, WA 98408

Dear Doug:

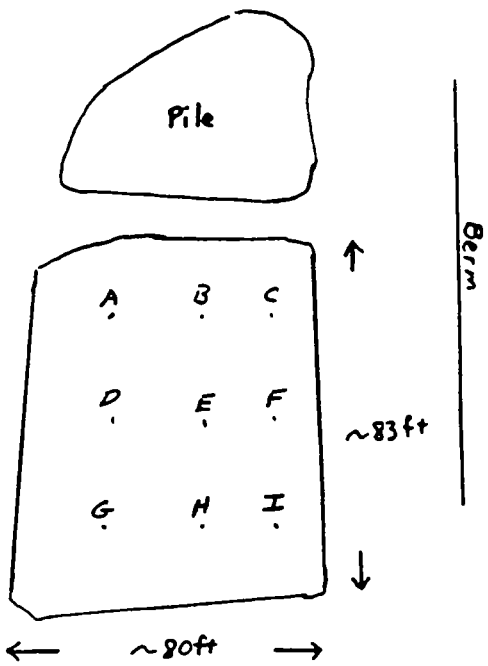
Subject: pH of refuse to a depth of 6".

Date	Location	pH
8-20-85	A	9.8
8-20-85	B	10.1
8-20-85	C	10.0
8-20-85	D	10.4
8-20-85	E	9.8
8-20-85	F	9.9
8-19-85	G	9.5
8-19-85	H	10.3
8-19-85	I	10.3

pH Range of 9.5 to 10.4

Samples collected to depth of 6 inches. The pH was determined as per "Test Method For Determing pH of Solutions in Contact with Solids, March, 1984."

Sketch



Yours truly,

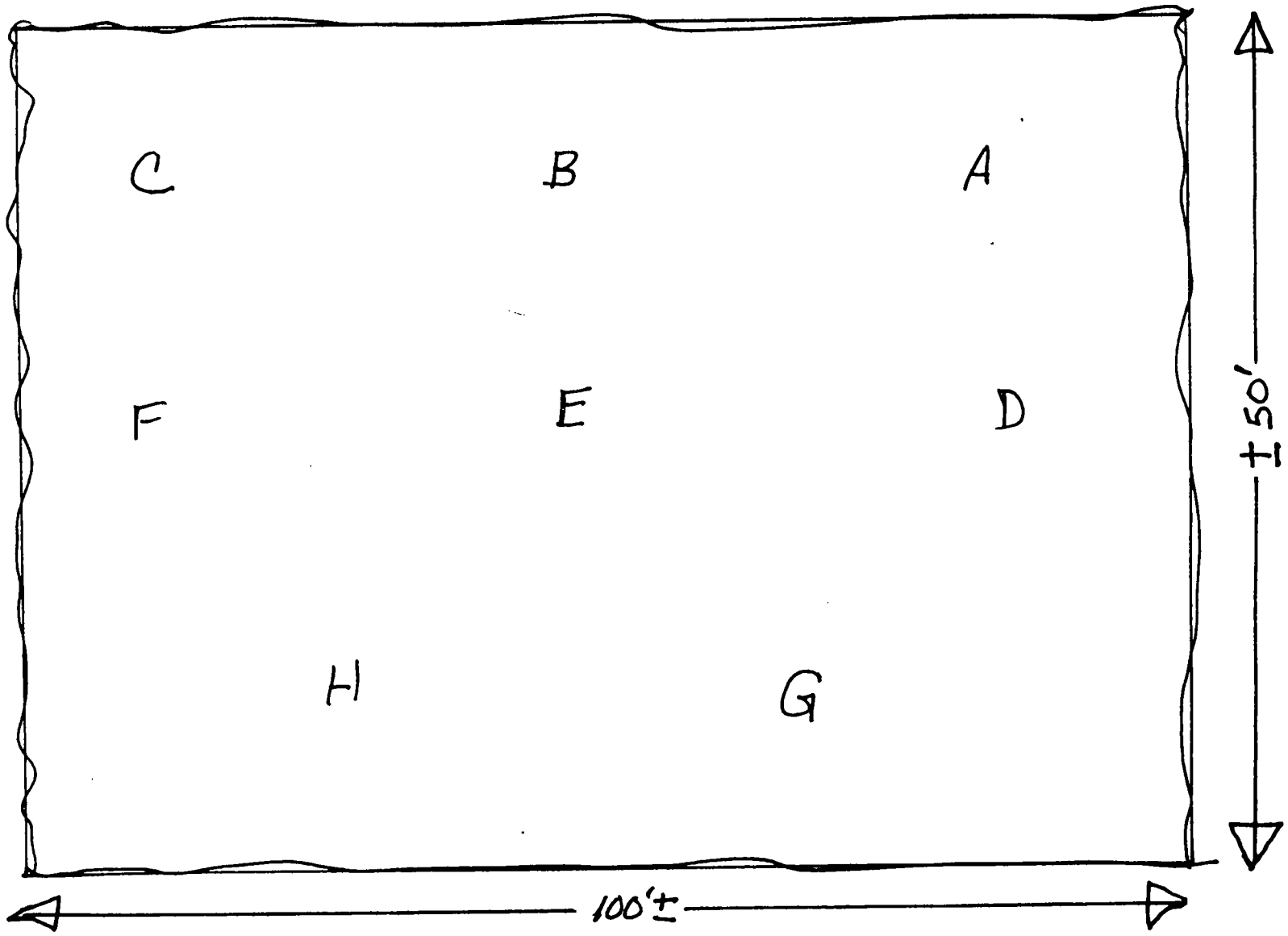
Richard L. Forsberg

Richard L. Forsberg

RLF:dm

cc: W. H. Barker
C. B. Henry

PUYALLUP RIVER



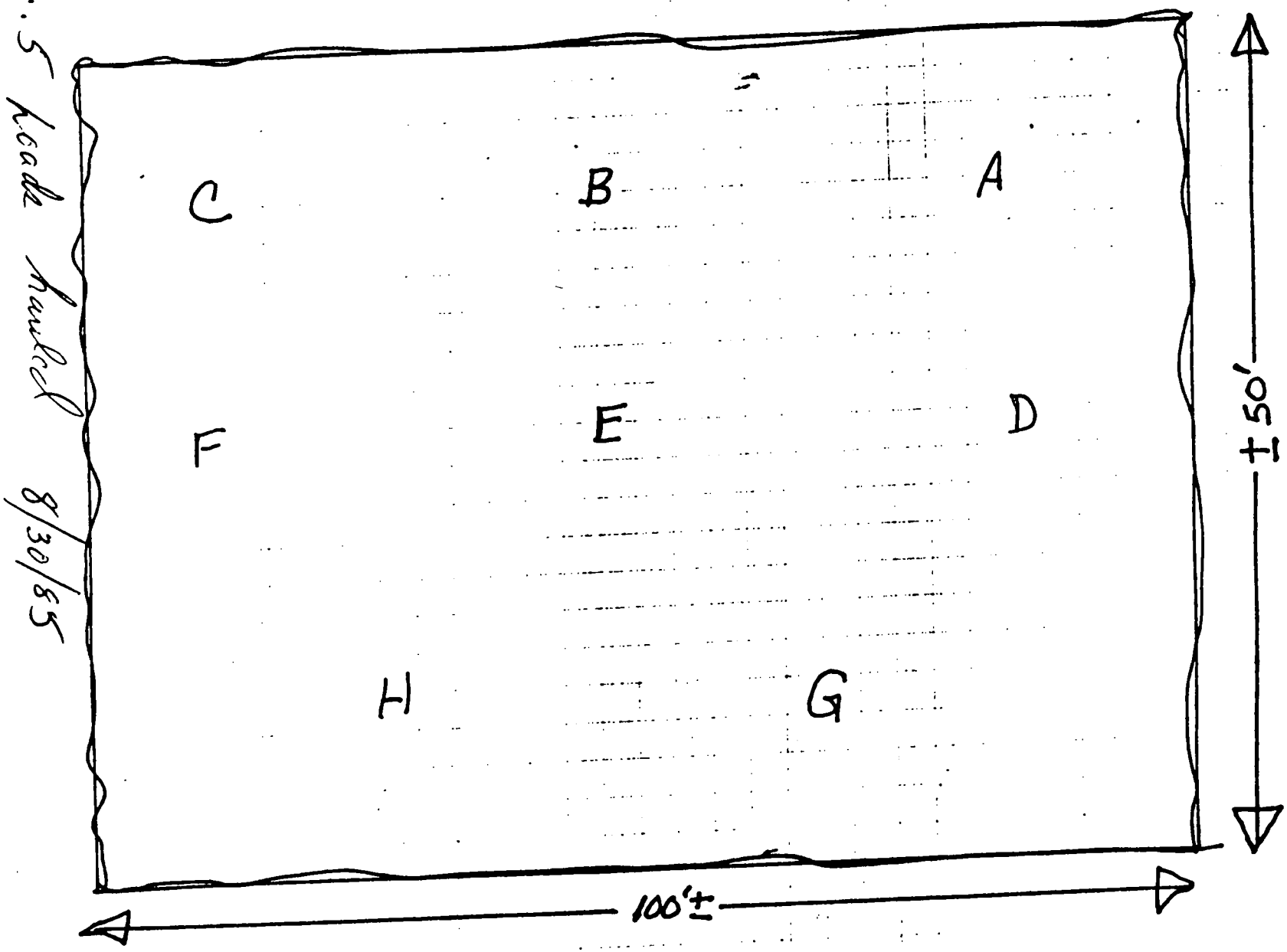
Smpl.	pH's
A	9.6
B	10.1
C	9.8
D	10.3
E	9.8
F	9.9
G	9.4
H	10.3

2:30 PM
8/27

6 loads hauled

4 on 8/28
2 on 8/29
total ~ 127 yds

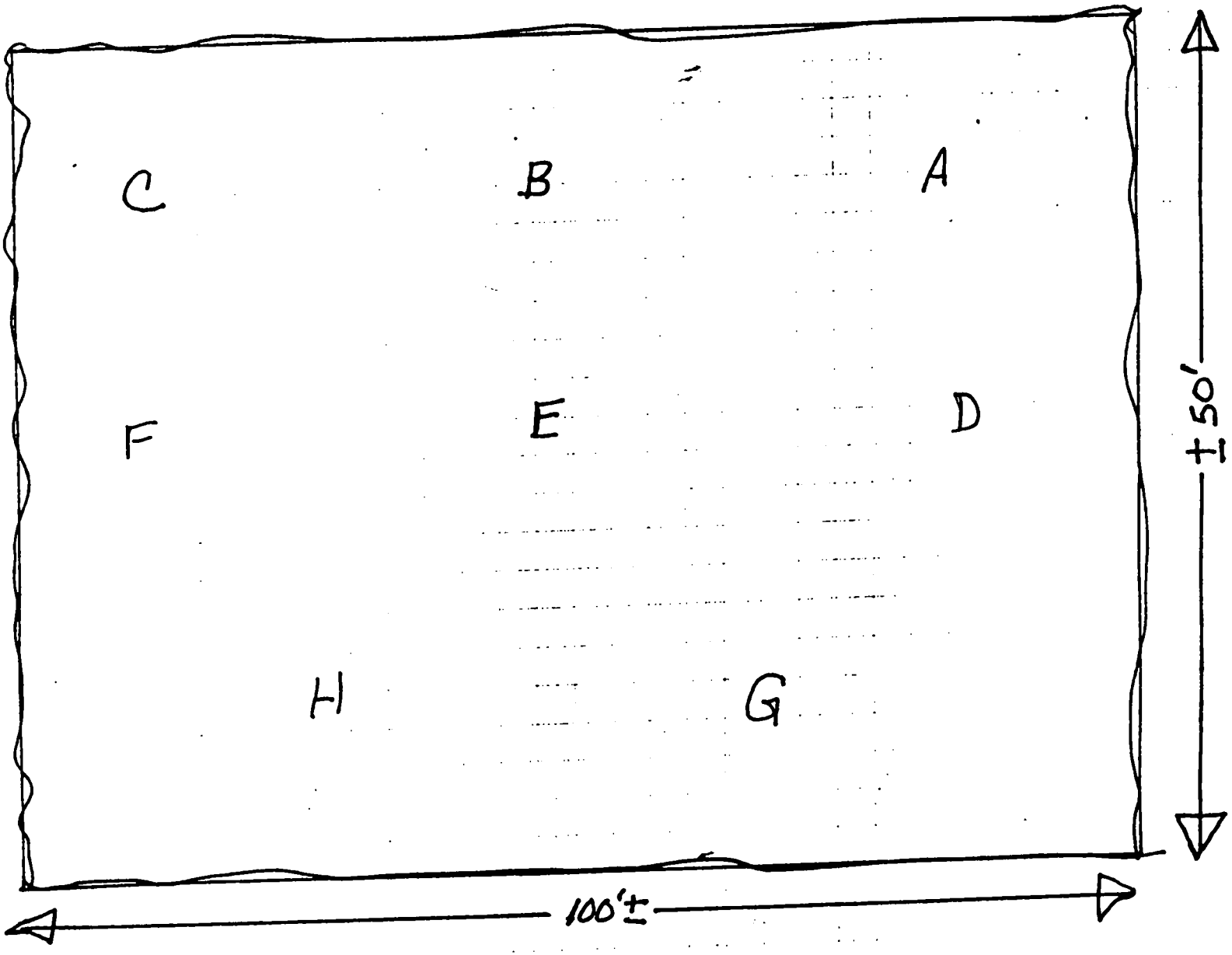
PUYALLUP RIVER



Smpl.	pH's
A	10.4
B	10.5
C	10.7
D	11.2
E	10.4
F	11.5
G	9.8
H	8.8

2:30 PM
8/29

PUYALLUP RIVER



Smpl.	pH's
A	9.6
B	9,6
C	9.3
D	9.6
E	10.4
F	9.2
G	11.0
H	10.1

9/4/85

From R Forsberg Date: 10/22/85

To W H Barker Subject: Sludge disposal slips

I gave John Tattle 3 disposal slips on 10/22/85. They will be used to remove already processed material.

Dick F

~~Systematics would like to come down Monday or Tuesday with their alkali titrator.~~

- 10/24 CH

1/2

To: Wilbur Barker

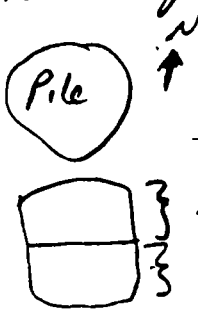
From: Richard Forsberg

Date: 8/23/85

Subject: Sludge project

I. The permit to remove the material was received on 8/21/85.

II. Approximately 70 yards have been removed from the processed area by Landscape Bark, driver ~~John Tuttle~~ B good job.



40 yards on 8/23: 10 to Walton, 30 to dump
30 yards on 8/22: 20 to Walton, 10 to dump
40

III. On 8/23

One load of reject hogged fuel delivered and spread

10

IV. on 8/24, 25

The processed area is to be rotavated on ~~[illegible]~~ 8/23, 24, 25, 26

V. Joe Eckhoff will inspect the pile on 8/26 for odor.
Jane Hedges will be taking Doug Pierces job during the week of 8/25 (telephone # 541-6555)

VI. You may or may not have to perform a pH study in order to have the material removed.

VII. I have been having the driver give the gate the weight slips. The gate has been instructed to send the slips to Sharon Glassy.

VIII. Any questions: call me 848 7658

Richard Forsberg

You will have to give the driver a "Waste Disposal Authorization" form for each load. There are about 7 loads per layer.

The asbestos project has been completed

BENLAB Since 1913
Bennett Laboratories, Inc., a subsidiary of Bencorp, Inc
901 SOUTH 9th STREET • P.O. BOX 5816 • TACOMA, WASH. 98405 • (206) 272-4507 SEATTLE 624-0570/TELEX 152556SFA

April 19, 1985

REPORT OF ANALYSIS

Our analysis of the sample Sludge

From Champion International, sample received 3/22/85

Marked As follows P.O. #K-1952

SAMPLE ID	TOC%	TKN%
SLUDGE	4.20	.29

TO: Champion International
Attn: Keith Wadsworth
P.O. Box 2133
Tacoma, WA 98401

BY George P. Richardson

Tacoma, Washington

REPORT

Service Request 12062

Page 1 of 1

ST. REGIS - SLUDGE

An EP toxicity extraction was performed on one sample of St. Regis combined sludge. The extract was then chemically analyzed with the following results found:

Test	Results mg/L
Metals	
Arsenic	<0.10
Barium	0.84
Cadmium	<0.01
Chromium	<0.01
Copper	<0.01
Iron	0.36
Lead	0.04
Mercury	<0.0005
Nickel	0.19
Selenium	<0.1
Silver	<0.01
Zinc	0.32
Organics	
Endrin	<0.001
Lindane	<0.001
Methoxychlor	<0.001
Toxaphene	<0.001
2,4-D	<0.001
2,4,5-TP Silvex	<0.001
PCB's	<0.010

Sampled 4-16-85 24 hr comp.

Approved S. W. Vincent Date 5/2/85 Notebook

S. W. Vincent

Page Number

rpd28/523/e28

BENLAB Since 1913
Bennett Laboratories, Inc., a subsidiary of Bencorp, Inc.
901 SOUTH 9th STREET • P.O. BOX 5816 • TACOMA, WASH. 98405 • (206) 272-4507 SEATTLE 624-0570/TELEX 152556SEA

January 31, 1986

REPORT OF ANALYSIS

Our analysis of the sample — Sludge

From — Simpson Tacoma Kraft, received sample on 1/24/86

Marked — P.O. #K-3051
Requisiiton #76975

SAMPLE ID: Sludge

Total Solids	54.3%
Volatile Solids	40.5% (dry basis)
pH	7.2 units
Total Kjeldahl Nitrogen	289 ppm
Ammonia Nitrogen	<5 ppm
Nitrate Nitrogen	110 ppm
Total Phosphorous	391 ppm
Total Potassium	163 ppm

Above results are "as received" except volatile solids which is dry basis.

TO: Simpson Tacoma Kraft Company
P.O. Box 2133
Tacoma, Washington 98401

BY George P. Richardson

Chck # 12821

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00204558 Date : 03/23/88 Time : 08:45:40 Operator ID : 7777
Customer ID : 05 Vehicle ID : 0000102879
Customer Type: CASH CUSTOMER CITY RATE
Account Name : CITY CASH Account # : 04000000

Gross Wt. :	11.61	Time In :	08:35:02	Disposal Charge : $	8.50
Tare Wt. :	11.14	Time Out :	08:45:40	Special Charge : $	53.00
Net Wt. :	0.47	Price/Ton :	17.00	Total Charge : $	61.50

Asbestos
'88

$100

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 3/21/88

A. Generator Name: Simpson - Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Rock

D. Technical Contact: Jerry Franklin Phone: 572-2150

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yd³

G. Total Actual Quantity (to be filled in upon disposal): 0.47

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/21/88 - 3/28/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3-21-88 Mgr Environ. Svcs

Date Title Signature

AUTHORIZATION SIGNATURE:

APPROVED

MAR 21 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

P.O. Box 73057
Puyallup, WA 98373

06/02/88

Have a nice day!

TICKET NUMBER: 11954

----------ACCOUNT----------
STC - Simpson Tacoma Craft
P.O. Box 2133
Tacoma, WA 98401

TRUCK NUMBER: STC1

COMMODITY: 10 - Asbestos
RATE: $ 0.00 per load plus $50.00 per yds above 0.00 yds

WEIGHT	SOURCE		TIME
GROSS	NO WEIGH	.0 LBS	09:40
TARE 1		0 LBS	
NET		0 LBS /	3.00 yds

------AMOUNT------
$ 150.00
Tax 5.40

TOTAL DUE $ 155.40

Weighmaster - PATSY

Driver #1 124

COMMENT:
TRANSPORTER LANDSCAPE BARK

ENFORCEMENT CONFIDENTIAL

6-2-88
$155.40
3 yd $10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 5/26/88

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Park

D. Technical Contact: Jeff Fielding Phone: 572-2150

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yds³

G. Total Actual Quantity (to be filled in upon disposal): 3 yd

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 5-26-88 thru 6-3-88

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: must be wetted double-bagged or wrapped and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

( ) City of Tacoma (X) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

5-26-88 Date

Mgr Emm Svcs Title

[signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

MAY 26 1988

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 5168 10.00 CASH
000001 03-21-88 T 11:47

health

WASTE DISPOSAL AUTHORIZATION

Date: 3/21/88

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Jerry Ficklin Phone: 572-2150

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yd³

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/21/88 - 3/28/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

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3-21-88 Mgr Environ. Svcs. [signature]

Date Title Signature

AUTHORIZATION SIGNATURE: [signature]

APPROVED

MAR 21 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 REC BLR DEMOLITION

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 1744 10.00 CASH
000001 09-12-88 T08:33

health

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

A. Generator Name: Simpson Tacoma Kraft #27-07

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

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9-12-88	Driver	Bill McCarthy
Date	Title	Signature

AUTHORIZATION SIGNATURE:

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 Recovery Boiler
Demolition

ENFORCEMENT CONFIDENTIAL

#2707

POSTED

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00323626 Date : 09/20/88 Time : 10:31:41 Operator ID : 7777
Customer ID : 03 Vehicle ID : 0000117033
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500
Gross Wt. : 10.98 Time In : 09:59:27 Disposal Charge : $ 68.00
Tare Wt. : 7.02 Time Out : 10:31:41 Special Charge : $ 53.00
Net Wt. : 3.96 Price/Ton : 17.00 Total Charge : $ 121.00

1 + 2 RECOVERY BLR DEMOLITION

$10.00

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 1744 10.00 CASH
000001 09-12-88 TOB:33

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

A. Generator Name: Simpson Tacoma Kraft #27-07

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal):
3.96 Ton's 9-20-88

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-88	Driver	Bill McCarthy
Date	Title	Signature

AUTHORIZATION SIGNATURE:

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 & 2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED September 20, 1983 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 3.96 tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Yellow Asbestos Disposal Bags, marked w/required warning lables

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: [illegible] TITLE Scale Operator

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1988
SUPPRESSING BRANCH

WEIGHT TICKET

AVOID LONG WEEKEND LINES * *
IT THE LANDFILL MONDAY THRU FRIDAY

OF TACOMA Trans #: 00076885
ANDFILL Date : 07/31/87

ator ID: 3955
ator Name:

cle ID: 102204
unt No.: 01001143
unt Name: BARTELLS MATERIALS MGMT

omer ID: 03
omer Type: ACC'T CUSTOMER CITY RATE

s Wt.: 9.81 Time In: 10:19
Wt.: 4.55 Time Out: 10:41
Wt.: 5.26 Price/Ton: 17.00

osal Charge: $ 90.10
ial Charge: $ 53.00
l Charge: $ 143.10

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 7941 5.00 C H
07-31-87 T

E DISPOSAL AUTHORIZATION

Date: 7-31-87

on Tacoma Kraft
801 Portland Ave
ells
s Lewis Phone: 228-4111
tsberbs
dge ( ) Other (X)
0 yds
to be filled in upon disposal):
5.26 TONS.
X) or No (X)
31-87 1.06

of Ecology: Yes ( ) No (X)
Requirements: wetted, double bagged,

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-31-87	Foreman	[signature]
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

JUL 31 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Ashston
87

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00074595
Date : 07/28/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	13.84	Time In:	10:31
Tare Wt.:	6.18	Time Out:	11:21
Net Wt.:	7.66	Price/Ton:	17.00

Disposal Charge: $ 130.90
Special Charge: $ 53.00
Total Charge: $ 183.90

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00080515
Date : 08/05/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	2.61	Time In:	09:12
Tare Wt.:	2.15	Time Out:	09:30
Net Wt.:	0.46	Price/Ton:	17.00

Disposal Charge: $ 8.50
Special Charge: $ 53.00
Total Charge: $ 61.50

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

ISPOSAL AUTHORIZATION

Date: 7-24-87

Tacoma Kraft
ridal Ave

Phone: 272-4111

Arborlos

( ) Other (X)

filled in upon disposal): 7.66 Tons

No ( )

87

cology: Yes ( ) No (X)
uirements: wetted double bagged

( ) Fort Lewis Landfill
) Thun Field ( ) Purdy Landfill

IFICATION

sonally examined and am familiar with
s document. Based on my inquiry of
sponsible for obtaining the infor-
tted information is true, accurate
nowledge and ability and that all
been disclosed.

Signature

APPROVED

JUL 24 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

ITY HEALTH DEPARTMENT

MA, WASHINGTON 98408-6897

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

AVOID LONG WEEKEND LINES
SIT THE LANDFILL MONDAY THRU FRIDAY

IF TACOMA LANDFILL Trans #: 00069922 Date : 07 21/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 00
Customer Type: ACC T CUSTOMER CITY RATE

Gross Wt.: 6.57 Time In: 10:17
Tare Wt.: 4.51 Time Out: 10:46
Net Wt.: 2.06 Price/Ton: 17.00

Disposal Charge: $ 35.70
Special Charge: $ 53.00
Total Charge: $ 88.70

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

DISPOSAL AUTHORIZATION

Date: 7/21/87

on Craft Company
21 Portland Ave Tacoma
Bartells
Erickson Phone: 228-4111
bestos
ge ( ) Other (X)
3 yd³
be filled in upon disposal):
2.06 tons
) No (X)
2/87

f Ecology: Yes ( ) No (X)
Requirements: wetted double
vagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-21-87 Date | Foreman Title | [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

JUL 21 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

John

Somehow The weight has been misplaced But the actual Quantity That was filled in by The disposal Company was 1.06 ton at 17.00 per ton plus Handling Charges of 53.00 = 71.02

Judd

I.P.H. • DIRECTOR OF HEALTH

AUTHORIZATION

Date: 7-14-87

Left Ave

Phone: 228-4111

Other (X)

F. Estimated Quantity: 10 yds

G. Total Actual Quantity (to be filled in upon disposal): 1.06 tons

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 7-15-87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill (X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

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7/14/87 — Date

[illegible] — Title

[illegible] — Signature

AUTHORIZATION SIGNATURE:

[illegible]

APPROVED

JUL 14 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

AVOID LONG WEEKEND LINES * *
IT THE LANDFILL MONDAY THRU FRIDAY

CF TACOMA Trans #: 00080566
LANDFILL Date : 08/05/87

ator ID: 1855
ator Name:

icle ID: 102204
ount No.: 01001143
ount Name: BARTELLS MATERIALS MGMT

tomer ID: 03
tomer Type: ACC'T CUSTOMER CITY RATE

ss Wt.: 2.69 Time In: 10:20
e Wt.: 2.15 Time Out: 10:32
Wt.: 0.54 Price/Ton: 17.00

Posal Charge: $ 9.35
cial Charge: $ 53.00
al Charge: $ 62.35

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

TE DISPOSAL AUTHORIZATION

Date: 08/05/87

pson Kraft
01 Portland Ave
.E Erickson - BARTELLS
DALE Erickson Phone: 228-4111
ASBESTOS
udge ( ) Other (✓
6 yards -
(to be filled in upon disposal): .46 Tons
.54 Tons
✓) No (✗)
08/05/87

of Ecology: Yes ( ) No (✓
cion Requirements: double bagged, wet
yellow bag

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(✓) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

8-5-87 Date Foreman Title [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

$5.00

Paid 8/5/87 SM

APPROVED
AUG 05 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ENFORCEMENT CONFIDENTIAL

WEIGHT TICKET

* AVOID LONG WEEKEND LINES * *
SIT THE LANDFILL MONDAY THRU FRIDAY

Y OF TACOMA Trans #: 00055368
LANDFILL Date : 07/02/87

rator ID: 1855
rator Name:

icle ID: 102204
ount No.: 01001143
ount Name: BARTELLS MATERIALS MGMT

tomer ID: 03
tomer Type: ACC'T CUSTOMER CITY RATE

ss Wt.: 11.65 Time In: 11:55
e Wt.: 6.13 Time Out: 12:35
Wt.: 5.52 Price/Ton: 17.00

posal Charge: $ 94.35
cial Charge: $ 53.00
al Charge: $ 147.35

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

E DISPOSAL AUTHORIZATION

Date: 7-2-87 5:00 CA
000001 07-02-87 TO :01

in Tacoma Kraft
Portland Ave
lls
Erikson Phone: 228-4111
sbestos
dge ( ) Other (X)
- yds
to be filled in upon disposal):
52
( ) No ( )
-87

of Ecology: Yes ( ) No (X)
Requirements: wetted, double bagged

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-2-87 Date | Foreman Title | [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED
JUL 02 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

$5.00

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00053821
Date : 6/30/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.: 10.21 Time In: 11:31
Tare Wt.: 6.09 Time Out: 12:08
Net Wt.: 4.12 Price/Ton: 17.00

Disposal Charge: $ 70.55
Special Charge: $ 53.00
Total Charge: $ 123.55

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

DISPOSAL AUTHORIZATION

Date: 6-15-87

Simpson Kraft
Portland Ave

Englbright Phone: 228-4111
Asbestos

( ) Other (X)

yds
filled in upon disposal):
2

No (X)
6/30/87

ogy: Yes ( ) No (X)
ements: wetted, double-bagged,

... waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

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6-29-87 Date | Foreman Title | [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

JUN 15 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

H E I G H I C K E T

** AVOID LONG EEKEND LINES **
VISIT THE LANDFIL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00045371
LANDFILL Date : 6/19/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.: 13.30 Time In: 11:10
Tare Wt.: 7.36 Time Out: 11:55
Net Wt.: 5.94 Price/Ton: 17.00

Disposal Charge: $ 101.15
Special Charge: $ 53.00
Total Charge: $ 154.15

HOURS — 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

LFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 06-18-87 T0 :50

DISPOSAL AUTHORIZATION

Date: 6-18-87

Tacoma Kraft
Portland Ave
ll,
Erikson Phone: 228-4111
sbestos
e ( ) Other (X)
ds 5.94
be filled in upon disposal):
)EE No (X)
-87

Ecology: Yes ( ) No (X)
Requirements: wetted, double bagged

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-18-87 Date Foreman Title Signature

AUTHORIZATION SIGNATURE:

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

$5.00

11 6705 5.00 CASH
05-25-87 T08:1.

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 6-24-87

A. Generator Name: Simpson Tacoma Kisott

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartell

D. Technical Contact: Jay Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yds 2.65 3.45 tons

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 6-26-87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: must be wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6/25/87 Date — Foreman Title — Signature

AUTHORIZATION SIGNATURE:

APPROVED

JUN - 4 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00050394
LANDFILL Date : 6/26/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	7.17	Time In:	10:05
Tare Wt.:	4.52	Time Out:	10:27
Net Wt.:	2.65	Price/Ton:	17.00

Disposal Charge: $ 45.05
Special Charge: $ 53.00
Total Charge: $ 98.05

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00050515
LANDFILL Date : 6/26/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102204
Account No.: 01001143
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 03
Customer Type: ACC'T CUSTOMER CITY RATE

Gross Wt.:	7.97	Time In:	11:34
Tare Wt.:	4.52	Time Out:	11:55
Net Wt.:	3.45	Price/Ton:	17.00

Disposal Charge: $ 58.65
Special Charge: $ 53.00
Total Charge: $ 111.65

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Judd

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

THU 06-18-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	10.00
CHANGE	5.00

ITEM 1

56479 1111 T09:50

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

THU 07-02-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

56959 1111 T09:00

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 06-29-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

56794 1111 T08:39

Section: Asbestos Handling Procedures

Section I I.5 Page 1

Subject: Asbestos Records
ASR-104 Asbestos Disposal

June 2, 1986

ENFORCEMENT CONFIDENTIAL

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916 - 259 - Job No. 17930 - 75

Job Name Simpson Kraft

Job Location Tacoma, Wash.

DISPOSAL SITE

Site Name City of Tacoma Landfill

Site Location Tacoma Wash

Date of Site Approval to Dump ~~5-28~~ & 5-29

Person Approving Request to Dump Jack Jones.

Date of Disposal ~~5-29-87~~ 6-1-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 334

Our Employee Doing the Disposal X W. R. Dickinson

Name of Disposal Company _____

Signature of Disposal Representative X Albert G Anderson
Scale operator

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

health

$500

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

WASTE DISPOSAL AUTHORIZATION

Date: 5/28/87

A. Generator Name: Simpson Plant

B. Generator Address: 801 Portland Ave

C. Transporter Name: Fantells

D. Technical Contact: Eric Jensen Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 200 bags (≈20 yds)

G. Total Actual Quantity (to be filled in upon disposal): 6.16

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: ~~5/29/87~~ ~~6/1/87~~ 6-1-87 ~~6-1-87~~

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged in yellow labeled bags

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-1-87 — Date

Foreman — Title

James O Lewis — Signature

APPROVED

MAY 28 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Sara Brallier

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00031521
LANDFILL Date : 6/01/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 101729
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	12.36	Time In:	10:36
Tare Wt.:	6.20	Time Out:	11:17
Net Wt.:	6.16	Price/Ton:	17.00

Disposal Charge: $ 105.40
Special Charge: $ 53.00
Total Charge: $ 158.40

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 06-01-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	10.00
CHANGE	5.00

ITEM 1

55842 1111 T08:05

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma

Job Location Tacoma.

DISPOSAL SITE

Site Name Tacoma City Landfill

Site Location Tacoma, WA.

Date of Site Approval to Dump 5/20/87

Person Approving Request to Dump Jack Jones.

Date of Disposal 5-20-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 204

Our Employee Doing the Disposal Russ Dickinson

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

S. D.

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 5496 5.00

WASTE DISPOSAL AUTHORIZATION

Date: 5-19-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: Alexander Ave Tacoma

C. Transporter Name: Bartells

D. Technical Contact: J. ~~Foote~~ Environmental Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 83 cu yards - up to 500 bags

G. Total Actual Quantity (to be filled in upon disposal): 3.60

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 5-20 & 5-22-87

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged & yellow bags

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Date Title Signature

AUTHORIZATION SIGNATURE:

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00022535
LANDFILL Date : 5/20/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101786
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 9.79 Time In: 10:12
Tare Wt.: 6.19 Time Out: 10:28
Net Wt.: 3.60 Price/Ton: 17.00

Disposal Charge: $ 61.20
Special Charge: $ 53.00
Total Charge: $ 114.20

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 05-20-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

55496 1111 T09:58

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma Kraft

Job Location Tacoma, Wash.

DISPOSAL SITE

Site Name City of Tacoma landfill

Site Location Tacoma, Wa.

Date of Site Approval to Dump 6-4-87

Person Approving Request to Dump Jack Jones

Date of Disposal 6-5-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags _____

Our Employee Doing the Disposal _____

Name of Disposal Company Bartells

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$5

11 3028 5.00 CASH
ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH 06-05-87 T09:07

health

WASTE DISPOSAL AUTHORIZATION

Date: 6-4-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: Alexander Ave

C. Transporter Name: Bartells

D. Technical Contact: Jay Englebrecht Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25-30 yds

G. Total Actual Quantity (to be filled in upon disposal): 4.45 TONS

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 6-5-87

J. Testing: None

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged & labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-5-87	FOREMEN	James P. [illegible]
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

JUN 04 1987

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00034275
LANDFILL Date : 6/05/87

Operator ID: 7777
Operator Name:

Vehicle ID: 102114
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 9.01 Time In: 10:00
Tare Wt.: 4.56 Time Out: 10:28
Net Wt.: 4.45 Price/Ton: 17.00

Disposal Charge: $ 75.65
Special Charge: $ 53.00
Total Charge: $ 128.65

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00034395
LANDFILL Date : 6/05/87

Operator ID: 7777
Operator Name:

Vehicle ID: 102137
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 8.88 Time In: 11:25
Tare Wt.: 4.55 Time Out: 11:46
Net Wt.: 4.33 Price/Ton: 17.00

Disposal Charge: $ 73.95
Special Charge: $ 53.00
Total Charge: $ 126.95

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 06-05-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

56028 1111 T09:06

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. — P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma Kraft

Job Location Tacoma, WA.

DISPOSAL SITE

Site Name City of Tacoma Landfill

Site Location Tacoma, WA.

Date of Site Approval to Dump 5-13-87

Person Approving Request to Dump Wayne Cobb.

Date of Disposal 5-14-87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped ___ Tons No. Bags 230

Our Employee Doing the Disposal Russ Dickinson

Name of Disposal Company /

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

health

#500

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

WASTE DISPOSAL AUTHORIZATION

11 5387 5.00 CA
Date: 5/13/87 05-18-87 TO 57

A. Generator Name: Simpson Craft
B. Generator Address: (Portland Ave) 401 Portland Ave
C. Transporter Name: E.J. Bartells company
D. Technical Contact: Mike Rock Phone: 228-4111
E. Waste Description: Asbestos piping material
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 230 bags 4.82
G. Total Actual Quantity (to be filled in upon disposal):
H. Multiple Loads: Yes ( ) No (X)
I. Dates of Disposal: 5/15/87
J. Testing: NA
K. Reviewed by Department of Ecology: Yes ( ) No ( )
L. Disposal/Transportation Requirements: double bagged & wetted in yellow labeled bags
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

5/18/87 (Date) Title Signature

APPROVED

AUTHORIZATION SIGNATURE:

MAY 13 1987

Ina Barbee

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00020970
LANDFILL Date : 5/18/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102196
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 11.09 Time In: 10:10
Tare Wt.: 6.27 Time Out: 10:39
Net Wt.: 4.82 Price/Ton: 17.00

Disposal Charge: $ 82.45
Special Charge: $ 53.00
Total Charge: $ 135.45

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 05-18-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

55387 1111 T09:56

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 142D7

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17887

Job Name Simpson Kraft

Job Location Tacoma wa.

DISPOSAL SITE

Site Name city of tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 3/26/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/27/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 85

Our Employee Doing the Disposal Kevin Whitmore

Name of Disposal Company _____

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

5.00 CA
000001 03-27-87 T1

WASTE DISPOSAL AUTHORIZATION

Date: 3/26/87

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: _____ Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 11 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/27/87

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: _____

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3-27-87	[illegible]	[illegible]
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[illegible] R.S.

APPROVED

MAR 26 1987

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV.

8-4-30

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 03-27-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53426 1111 T11:17

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00007755
Date : 3/27/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101734
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	4.85	Time In:	10:34
Tare Wt.:	3.53	Time Out:	11:06
Net Wt.:	1.32	Price/Ton:	17.00

Disposal Charge:	$	22.95
Special Charge:	$	53.00
Total Charge:	$	75.95

HOURS — 8:00 AM - 6:00 PM DAILY
CLOSED NEW YEARS-THANKSGIVING-CHRISTMAS
THANK YOU FOR YOUR PATRONAGE

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17916

Job Name Simpson Tacoma

Job Location Tacoma.

DISPOSAL SITE

Site Name Tacoma City Landfill

Site Location Tacoma, Wa.

Date of Site Approval to Dump 5/20/87

Person Approving Request to Dump Jack Jones

Date of Disposal 5/26/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 265

Our Employee Doing the Disposal Russ Dickinson

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 5496 5.00 CA
000001 05-20-87 TO

WASTE DISPOSAL AUTHORIZATION

Date: 5-19-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: Alexander Ave Tacoma

C. Transporter Name: Bartells

D. Technical Contact: J. ~~Fritz~~ Engelbrecht Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 83 cu yards - up to 500 bags

G. Total Actual Quantity (to be filled in upon disposal): 3.60

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 5-20 & 5-22-87

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged & yellow bags

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ENFORCEMENT CONFIDENTIAL

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00027565
Date : 5/26/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 101695
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	10.69	Time In:	11:20
Tare Wt.:	6.18	Time Out:	11:51
Net Wt.:	4.51	Price/Ton:	17.00

Disposal Charge:	$ 77.35
Special Charge:	$ 53.00
Total Charge:	$ 130.35

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00020970
LANDFILL Date : 5/19/87

Operator ID: AGAM
Operator Name:

Vehicle ID: 102195
Account No.: 04020000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 11.09 Time In: 10:10
Tare Wt.: 6.27 Time Out: 10:39
Net Wt.: 4.82 Price/Ton: 17.00

Disposal Charge: $ 82.45
Special Charge: $ 53.00
Total Charge: $ 135.45

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 05-18-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

55387 1111 T09:56

Environmental Health Division

MON 10-26-87

SUBTOTAL 5.00
TOTAL 5.00
CASH 20.00
CHANGE 15.00
ITEM 1

1 M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 10/26/87

A. Generator Name: Simpson Tacoma Kraft
B. Generator Address: 801 Portland Ave
C. Transporter Name: Tartelli
D. Technical Contact: Judd Hardy Phone: 228-4111
E. Waste Description: Asbestos
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 200 bags ≅ 5 yds
G. Total Actual Quantity (to be filled in upon disposal):
H. Multiple Loads: Yes ( ) No (X)
I. Dates of Disposal: 10/28/87
J. Testing: N/A
K. Reviewed by Department of Ecology: Yes ( ) No (X)
L. Disposal/Transportation Requirements: wetted double bagged and labeled
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
( ) City of Tacoma (X) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10/26/87 — Date
FOREMAN — Title
Signature

AUTHORIZATION SIGNATURE:

APPROVED

OCT 26 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

* AVOID LONG WEEKEND LINES * *
SIT THE LANDFILL MONDAY THRU FRIDAY

' OF TACOMA Trans #: 00131665
LANDFILL Date : 10/22/87

ator ID: 7777
ator Name:

cle ID: 102204
unt No.: 01001143
unt Name: BARTELLS MATERIALS MGMT

omer ID: 03
omer Type: ACC'T CUSTOMER CITY RATE

Wt.:	5.63	Time In:	09:44
Wt.:	4.43	Time Out:	10:03
Wt.:	1.20	Price/Ton:	17.00

sal Charge: $ 20.40
al Charge: $ 53.00
Charge: $ 73.40

OURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

TE DISPOSAL AUTHORIZATION

Date: 10/20/87

TELLS / SIMPSON TACOMA KRAFT
01 PORTLAND AVE
RTELLS
OD HARDY Phone:
SBESTOS
udge ( ) Other (X)
200 BAGS
(to be filled in upon disposal):
1.20 Tons
) No (X)
10/22/87

of Ecology: Yes ( ) No (X)
n Requirements: Wet, Double Bagged
& Cu Sa...

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10/20/87 Date — Foreman Title — [signature] Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

OCT 20 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D" Street
Tacoma Wash 98408

Environmental
Health
Division

TUE 10-20-87 R000
SWaste 5.00
TOTAL 5.00
ITEM 1
60489 1111 T14:0

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 10-20-87 14:07

health

WASTE DISPOSAL AUTHORIZATION

Date: 10/20/87

A. Generator Name: BARTELLS | SIMPSON TACOMA KRAFT

B. Generator Address: 801 PORTLAND AVE

C. Transporter Name: BARTELLS

D. Technical Contact: JODD HARDY Phone:

E. Waste Description: ASBESTOS

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 200 BAGS

G. Total Actual Quantity (to be filled in upon disposal):

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 10/22/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Wet, Double Bagged & Labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10/20/87 — Date
FOREMAN — Title
Signature

AUTHORIZATION SIGNATURE:

APPROVED

OCT 20 1987

Gary Kato

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 08-19-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

58573 1111 T08:05 #70

Bartells Materials M

Washington Contractor No. B

700 Powell Avenue S. W. - P
Renton, Washington
206-228-4111

ASBESTOS DISPOSAL

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA LANDFILL — Trans #: 20090522 — Date : 08/19/87

Operator ID: 1855
Operator Name:

Vehicle ID: 102204
Account No.: 01001148
Account Name: BARTELLS MATERIALS MGMT

Customer ID: 00
Customer Type: ACCT CUSTOMER CITY RATE

Gross Wt.:	7.12	Time In:	11:06
Tare Wt.:	4.44	Time Out:	11:34
Net Wt.:	2.68	Price/Ton:	17.00

Disposal Charge: $ 45.90
Special Charge: $ 53.00
Total Charge: $ 98.90

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Job Name Simpson Kraft

Job Location Tacoma, Wa

DISPOSAL SITE

Site Name City of Tacoma

Site Location Tacoma, Wa

Date of Site Approval to Dump 8/1

Person Approving Request to Dump 8/

Date of Disposal _____

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.68 Tons No. Bags _____

Our Employee Doing the Disposal _____

Name of Disposal Company _____

Signature of Disposal Representative A G Anderson Scale operator

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ASR-104 (6/86)

W E I G H T T I C K E T

* * AVOID LONG WEEKEND LINES * *
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA Trans #: 00010476
LANDFILL Date : 5/01/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101732
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 2.17 Time In: 10:16
Tare Wt.: 2.05 Time Out: 10:27
Net Wt.: .12 Price/Ton: 17.00

Disposal Charge: $ 8.50
Special Charge: $ 53.00
Total Charge: $ 61.50

61.50
45.00
16.50 Ck

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 05-01-87 T1:04

E DISPOSAL AUTHORIZATION

Date: 4-30-87

...on - Tacoma Kraft
...th & Portland Ave Tacoma
...TELS
...F Hardy Phone: 228-4111
Asbestos
...ge ( ) Other (X)
...2 yards
...o be filled in upon disposal): .12 Tons

...) No (X)
...5-1-87
...EQUIRED
...f Ecology: Yes ( ) No (X)
Requirements: Double Bagged
...ED

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

5-1-87 — Date
Driver — Title
Kirk Stephens — Signature

AUTHORIZATION SIGNATURE:

Jane O Hedges

APPROVED

APR 30 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00000145
Date : 4-15-87

Operator ID: 1355
Operator Name:

Vehicle ID: 10:785
Account No.: 34000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 3.50 Time In: 10:38
Tare Wt.: 3.44 Time Out: 10:52
Net Wt.: .13 Price/Ton: 17.00

Disposal Charge: $ 3.50
Special Charge: $ 51.00
Total Charge: $ 51.50

HOURS -- 8:00 AM - 5:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 04-15-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

54185 1111 T10:20

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 04-24-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	20.00
CHANGE	15.00

ITEM 1

54548 1111 T10:00

WEIGHT TICKET

** AVOID LONG WEEKEND LINES **
VISIT THE LANDFILL MONDAY THRU FRIDAY

CITY OF TACOMA
LANDFILL

Trans #: 00005426
Date : 4/24/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101681
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	3.79	Time In:	10:12
Tare Wt.:	3.47	Time Out:	10:28
Net Wt.:	.32	Price/Ton:	17.00

Disposal Charge:	$	8.50
Special Charge:	$	53.00
Total Charge:	$	61.50

HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 12896

Job Name SIMPSON TACOMA CRAFT

Job Location TACOMA, WA

DISPOSAL SITE

Site Name CITY OF TACOMA LANDFILL

Site Location TACOMA, WA

Date of Site Approval to Dump 4/23/87

Person Approving Request to Dump WAYNE COBB

Date of Disposal 4/24/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 32

Our Employee Doing the Disposal STEVE SALCO

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17896

Job Name Simpson

Job Location Tacoma wa.

DISPOSAL SITE

Site Name City of tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 4/30/87

Person Approving Request to Dump Mrs. Smith "Joan"

Date of Disposal 5/1/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS

Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags _____

Our Employee Doing the Disposal _____

Name of Disposal Company _____

Signature of Disposal Representative _____

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ENFORCEMENT CONFIDENTIAL

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 142D7

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17887

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 3/26/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/27/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 85

Our Employee Doing the Disposal Kim Whitmore

Name of Disposal Company _____

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

5.00 CAS
000001 03-27-87 T1

health

WASTE DISPOSAL AUTHORIZATION

Date: 3/26/87

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: _____ Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 11 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3/27/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: _____

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3-27-87	Warehouseman	Kevin Whitmore
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Russell S. Cox R.S.

APPROVED

MAR 26 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 03-27-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

53426 1111 T11:17

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00007755
Date : 3/27/87

Operator ID: 1855
Operator Name:

Vehicle ID: 101734
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.: 4.85 Time In: 10:34
Tare Wt.: 3.53 Time Out: 11:06
Net Wt.: 1.32 Price/Ton: 17.00

Disposal Charge: $ 22.95
Special Charge: $ 53.00
Total Charge: $ 75.95

HOURS -- 8:00 AM - 6:00 PM DAILY
CLOSED NEW YEARS-THANKSGIVING-CHRISTMAS
THANK YOU FOR YOUR PATRONAGE

CITY OF TACOMA

DEPT. OF PUBLIC WORKS

REFUSE UTILITY
87 AP -3 AM 9:53

0 1 0 1 0 0 2

292089

GROSS 7080

VEHICLE W Van

TARE

NET 3020

AMOUNT $

spud 53.00

OTHER CHARGES $ 26.35

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 79.35

CASH RECEIPT

SCALEMAN

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 04-03-87 R0001

SWaste 5.00
TOTAL 5.00

ITEM 1

53719 1111 T11:05

5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

5.00 CASH
000001 04-03-87 11:06

health

WASTE DISPOSAL AUTHORIZATION

Date: 4/2/87

A. Generator Name: Simpson - Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: Jay Engelbrecht Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (✓)

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal): 65

H. Multiple Loads: Yes ( ) No (✓)

I. Dates of Disposal: 4/3/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Double bagged, wet, labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

4-3-87	Truck Driver	W. R. Dickinson II
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Russell S. Cox R.S.

APPROVED

APR 02 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 7183 5.00 CASH
000001 03-20-87 T 1:34

WASTE DISPOSAL AUTHORIZATION

Date: 3-19-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 1165 Portland

C. Transporter Name: Bartell

D. Technical Contact: Judd Hardy Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 11 yd

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 3-20-87

J. Testing: _____

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted double yellow bagged & labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3/20/87	DRIVER	Steve Sevig
Date	Title	Signature

AUTHORIZATION SIGNATURE: Judy L. Snyder

APPROVED

MAR 19 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 03-20-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53183 1111 T11:34

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: [illegible]
Date : [illegible]

Operator ID: 1355
Operator Name:

Vehicle ID: 10100.
Account No.: 34000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.38	Time In:	10:55
Tare Wt.:	3.61	Time Out:	[illegible]
Net Wt.:	1.79	Price Per:	[illegible]

Disposal Charge: $ 47.50
Special Charge: $ 0.00
Total Charge: $ 47.50

Special Handling 53.00
100.00

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17827

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Load F.L.

Site Location Tacoma Wa.

Date of Site Approval to Dump 3/19/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/20/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.79 Tons No. Bags 160

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft.

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land fill

Site Location Tacoma Wa

Date of Site Approval to Dump 3/10/87

Person Approving Request to Dump Mr. Jones "H."

Date of Disposal 3/11/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 3.01 Tons No. Bags 139

Our Employee Doing the Disposal STEVE [illegible]

Name of Disposal Company

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$5.00

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

11 2861 5.00 CASH
000001 03-11-87 T11:25

WASTE DISPOSAL AUTHORIZATION

Date 3-10-87

A. Generator Name: Tacoma Simpson Tacoma
B. Generator Address: 801 Portland
C. Transporter Name: Bartell
D. Technical Contact: Judd Hardy 228-4111
E. Waste Description: Asbestos
Liquid [ ] Sludge [ ] Other [X]
F. Estimated Quantity: 8 yds.
G. Total Actual Quantity (to be filled in upon disposal) _____
H. Multiple Loads: Yes [ ] No [X]
I. Dates of Disposal: 3-11-87
J. Testing: N/A
K. Reviewed by Dept. of Ecology: Yes [ ] No [X]
L. Disposal/Transportation Requirements: wetted, double-bagged and labeled
M. Waste Disposal Destination: Cascade Pit [ ]
City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3/11/87	DRIVER	Steve Sauer
Date	Title	Signature

AUTHORIZATION SIGNATURE:

APPROVED

MAR 10 1987

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00007486
Date: 3/11/87

Operator ID: 1955
Operator Name: MLA

Vehicle ID: 101695
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	6.44	Time In:	10:51
Tare Wt.:	3.43	Time Out:	11:29
Net Wt.:	3.01	Price/Ton:	17.00

Disposal Charge: $ 51.85
Special Charge: $ 53.00
Total Charge: $ 104.85

52061 1111 11:25

ITEM	1
CHANGE	5.00
CASH	10.00
TOTAL	5.00
Waste	5.00

REC 03-11-87 R0001

Environmental
Health
Division

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17487

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 3/16/87

Person Approving Request to Dump Jack Jones

Date of Disposal 3/17/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.18 Tons No. Bags 178

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative [illegible]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 3-16-87 5.00 CASH
000001 03-17-87 T11:43

A. Generator Name: Simpson Tacoma Craft
B. Generator Address: Portland Ave
C. Transporter Name: Bartells
D. Technical Contact: Fred Hardy 228-4111
E. Waste Description: Asbestos
Liquid [ ] Sludge [ ] Other [X]
F. Estimated Quantity: 11 cu yards
G. Total Actual Quantity (to be filled in upon disposal)

H. Multiple Loads: Yes [ ] No [X]
I. Dates of Disposal: 3-17-87
J. Testing: N A
K. Reviewed by Dept. of Ecology: Yes [ ] No [X]
L. Disposal/Transportation Requirements: Material has been wetted and yellow bagged
M. Waste Disposal Destination: Cascade Pit [ ]
City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

3/17/87 DRIVER [signature]
Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED
APPROVED
MAR 16 1987
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.
TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

TUE 03-17-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

53058 1111 T11:43

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00001206
Date : 3/17/87

Operator ID: AGF
Operator Name:

Vehicle ID: 101584
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 85
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.62	Time In:	10:58
Tare Wt.:	3.44	Time Out:	11:01
Net Wt.:	2.18	Price/Ton:	17.00

Disposal Charge:	$	37.40
Special Charge:	$	53.00
Total Charge:	$	90.40

ENFORCEMENT CONFIDENTIAL

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

Health-Environmt Health
For Deposit Only City
Treasurer-Tacoma Wash
1843 5.00 TOTAL
1843 5.00 CHECK
000001 12-08-87 T12:04

WASTE DISPOSAL AUTHORIZATION

Date: 12/8/87

A. Generator Name: Simpson - Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Jerry Ficklin Phone: 572-2150

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 12/8/87 - 12/15/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Double bagged, wet, + labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

591-5544

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

12-8-87 Mgr E.S. [signature]

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature] R.S.

APPROVED

DEC 08 1987

TACOMA-PIERCE COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH DIV

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ENFORCEMENT CONFIDENTIAL

R. M. [illegible] M.D., M.H.S.A. • DIRECTOR OF HEALTH

RECEIVED

OCT 8 1986

PERFUND BRANCH

health

WASTE DISPOSAL AUTHORIZATION

Date 10/13/86

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Jerry Ficklin 572-2150

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 10 yards

G. Total Actual Quantity (to be filled in upon disposal) _____

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: Week of 10/13/86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: Must be double bagged, wet & labelled

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

10-15-86 Date

Mgr Environmental Svcs. Title

[signature] Signature

AUTHORIZATION SIGNATURE:

Russell S. Post R.S.

APPROVED

OCT 13 1986

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

Asbestos
'84

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 6/3/86

A. Generator Name: Simpson-Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Gerry Ficklin

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal) _____

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: 6/3/86 through 6/11/86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: must be double bagged, wet, labeled, covered on disposal. Have handler exercise caution.

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [ ] Thun Field [X] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-3-86 Date

Mgr Emp Svcs Title

Signature

APPROVED

JUN 03 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Russell Baker R.S.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

shutdown project
Approx 150 bags -

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 10-31-86

A. GENERATOR NAME: Simpson Kraft - Tacoma

B. GENERATOR ADDRESS: 801 Portland Ave

C. TRANSPORTER NAME: Bartell's

D. TECHNICAL CONTACT: Mike Rock PHONE: 228-4111

E. WASTE DESCRIPTION: Asbestos pipe insulation

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 3½ yards

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal) _____

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 11-3-86

J. TESTING: _____

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [ ]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: wetted, double-bagged, labeled

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

11/3/86 Date

DRIVER Title

Steve Sacco Signature

APPROVED

OCT 31 1986

72 30

AUTHORIZATION SIGNATURE:

Enrico V. Garcia

TACOMA PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 11/12/86

A. GENERATOR NAME: Simpson Tacoma Kraft/CEECO (Alaskan tours)

B. GENERATOR ADDRESS: 801 Portland Ave/4012 East-West Road

C. TRANSPORTER NAME: Bartells

D. TECHNICAL CONTACT: Judd Hardy PHONE: 228-4111

E. WASTE DESCRIPTION: Asbestos pipe insulation/Asbestos pipe

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 2 yds/4 yds (6 yds total)

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 11/13/86

J. TESTING: none

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: wetted, double-bagged, and labeled

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

11-13-86 Date

Warehousman Title

Kevin Whitmore Signature

APPROVED

NOV 12 1986 $169.50

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Enrico V. Garcia

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 11-4-86

A. GENERATOR NAME: Simpson Tacoma Kraft

B. GENERATOR ADDRESS: 801 Portland Ave.

C. TRANSPORTER NAME: Bartells Material Mgt.

D. TECHNICAL CONTACT: Judd Hardy PHONE: 228-4111

E. WASTE DESCRIPTION: asbestos pipe covering

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 45 bags 5 yds

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 11-5-86

J. TESTING:

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: double-bagged wetted labeled

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

11/5/86 DRIVER Steve Sauro

Date Title Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

NOV 04 1986 #63 20

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date [illegible]

A. Generator Name: [illegible]-Tacoma [illegible]

B. Generator Address: 101 [illegible]

C. Transporter Name: [illegible]

D. Technical Contact: [illegible]

E. Waste Description: [illegible]

Liquid [ ] Sludge [ ] Other [x]

F. Estimated Quantity: 5 yards

G. Total Actual Quantity (to be filled in upon disposal) [illegible]

H. Multiple Loads: Yes [ ] No [x]

I. Dates of Disposal: 6/6/86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [x]

L. Disposal/Transportation Requirements: [illegible]

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6/4/86 — Date

Asbestos worker [illegible] — Signature

APPROVED

JUN 04 1986

APPROVED

AUTHORIZATION SIGNATURE:

TACOMA-PIERCE COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED 6\4\86 TIME _____ AM PM

QUANTITY (tons, cu.yds., # of bags) _____ WET: YES ✓ NO_

TYPE OF CONTAINER Bags LABELED: YES ✓ NO_

IF BAGGED, THICKNESS OF BAGS 6 mill DOUBLE BAGS: YES ✓ NO_

HAULER COMPANY NAME Savage enter prize

STREET ADDRESS 309 South clover dale

CITY Seattle STATE wash ZIP CODE 98108

DRIVER NAME Frank

ASBESTOS REMOVED FROM - NAME ~~Bag House~~ Pt Defeance Sempson kraft

STREET ADDRESS portland Ave

CITY tacoma STATE wash ZIP CODE _____

PERSON TO CONTACT _____

THIS IS TO CERTIFY THAT THE ABOVE ABESTOS WAS DELIVERED TO THE:

Cedar Hills Regional Landfill
Operated by King County Solid Waste Division
16645 228th Ave., SE
Maple Valley, Washington 98038
Phone (206) 228-4940

WHICH IS APPROVED FOR ASBESTOS DISPOSAL AND WILL BE COVERED WITH AT LEAST SIX INCHES (15 OF NON-ASBESTOS MATERIAL WITHIN 24 HOURS.

CERTIFIED BY: [signature] TITLE: 6/5/86

FOR KING COUNTY, SOLID WASTE DIVISION

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

WASTE DISPOSAL AUTHORIZATION

Date 10-29-86

GENERATOR NAME: Simpson Tacoma Kraft

GENERATOR ADDRESS: St. Paul & Portland Ave.

TRANSPORTER NAME: Bartells

TECHNICAL CONTACT: Mike Rock PHONE: 228-4111

WASTE DESCRIPTION: Asbestos

LIQUID [ ] SLUDGE [ ] OTHER [X]

ESTIMATED QUANTITY: 3 1/2 yards

TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

MULTIPLE LOADS: YES [ ] NO [X]

DATES OF DISPOSAL: 10-30 or 10-31, 86

TESTING: N/A

REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

DISPOSAL/TRANSPORTATION REQUIREMENTS: Material has been wetted and bagged

WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

IFICATION:

reby certify that I have personally examined and am familiar with the information tted in this document. Based on my inquiry of those individuals immediately nsible for obtaining the information, I believe that the submitted information ue, accurate, and complete to the best of my knowledge and ability and that all n and suspected hazards have been disclosed.

10/30/86 Date

DRIVER Title

Steve Sears Signature

RIZATION SIGNATURE:

APPROVED

OCT 29 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 9-25-86

A. GENERATOR NAME: Simpson Tacoma Kraft

B. GENERATOR ADDRESS: Tacoma

C. TRANSPORTER NAME: Battelle Material Management 2284111

D. TECHNICAL CONTACT: Judd Hardy

E. WASTE DESCRIPTION: Asbestos

LIQUID [ ] SLUDGE [ ] OTHER [X]

F. ESTIMATED QUANTITY: 30 bags - 3.3 cu yards

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal)

H. MULTIPLE LOADS: YES [ ] NO [X]

I. DATES OF DISPOSAL: 9-26-86

J. TESTING: NA

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: material has been wetted and double bagged

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9/26/86 — Date

Foreman — Title

Signature

AUTHORIZATION SIGNATURE:

APPROVED

SEP 29 1986

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

FOR. T&M WORK

CITY OF TACOMA

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

AUG 26 AM 11:05

282321

0 0 7 5 4 0

GROSS

TARE 6900

NET 640

VEHICLE

AMOUNT $

paid 42.00

OTHER CHARGES $ 7.00

TOTAL CHARGE $ 52.00

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

CASH RECEIPT

SCALEMAN

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17382

Job Name Simpson Kraft

Job Location 12th/portland Tacoma wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma wa.

Date of Site Approval to Dump 11-25-86.

Person Approving Request to Dump Jody Snyder

Date of Disposal 11-26-86

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 720 lbs. Tons No. Bags 16

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative

Note: G G Anderson

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17-60

Job Name [illegible]

Job Location Tacoma [illegible]

DISPOSAL SITE

Site Name City of Tacoma Sand Fill

Site Location Tacoma [illegible]

Date of Site Approval to Dump 11-12-86

Person Approving Request to Dump Reed + Robert

Date of Disposal 11-13-86

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS

Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 9

Our Employee Doing the Disposal _____

Name of Disposal Company _____

Signature of Disposal Representative _____

#11.07

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

#1370

Job No. 17382

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name Tacoma city land fill

Site Location

Date of Site Approval to Dump 11-4-86

Person Approving Request to Dump Doug

Date of Disposal 11-5-86

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 93

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 9-12-86

A. Generator Name: Simpson Kraft

B. Generator Address: 801 Portland Ave.

C. Transporter Name: Bartell's Materials Management

D. Technical Contact: Dale Erickson 228-4111

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 81 bags ≈ 27yds

G. Total Actual Quantity (to be filled in upon disposal)

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: 9-12-86

J. Testing: N/A

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: wetted, double bagged & labeled.

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [X] Thun Field OK JS [X] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-86 Date _____ Title Al Ranger Signature

$67.40

APPROVED

SEP 1 2 1986

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Jody L. Snyder

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH TACOMA, WASHINGTON 98408

ENFORCEMENT CONFIDENTIAL

Bartells Materials Management, Inc.
Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft

Job Location Tacoma Wa

DISPOSAL SITE

Site Name city of Tacoma Land Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 2/5/86

Person Approving Request to Dump Russ Post

Date of Disposal 2/9/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 145

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 1853 5.00 CASH
000001 02-09-87 T11:40

WASTE DISPOSAL AUTHORIZATION

Date: 2/6/87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartell Co.

D. Technical Contact: Mike Rock Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 10 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 2/9/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No ( )

L. Disposal/Transportation Requirements: Double bagged, wet labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

2/9/87 — Date

DRIVER — Title

Steve Sano — Signature

AUTHORIZATION SIGNATURE:

Russell S. Rose R.S.

APPROVED

FEB 06 1987

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

MON 02-09-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

51853 1111 T11:39

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 33534173
Date: 2/03/87

Operator ID: AGA
Operator Name: AGA

Vehicle ID: 101752
Account No.: 04000000
Account Name: CITY CAS-

Customer ID: CC
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.00	Time In:	11:35
Tare Wt.:	2.50	Time Out:	11:35
Net Wt.:	2.50	Price/Ton:	17.00

Disposal Charge: $ 43.45
Special Charge: $ 58.00
Total Charge: $ 101.45

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207

700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft

Job Location Tacoma Wa.

DISPOSAL SITE

Site Name City of Tacoma Land Fill

Site Location Tacoma Wa.

Date of Site Approval to Dump 2/3/87

Person Approving Request to Dump Russell Post

Date of Disposal 2/4/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped _____ Tons No. Bags 60

Our Employee Doing the Disposal STEVE SALCO

Name of Disposal Company _____

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

5.00

11 1710 5.00 CAS
000001 02-04-87 T1C .6

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

WASTE DISPOSAL AUTHORIZATION

Date: 2/3/87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave.

C. Transporter Name: Bartels

D. Technical Contact: Judd Hardy Phone: 228-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 7 yards

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 2/4/87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: Must be double bagged, wet, + labelled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

2/4/87	DRIVER	Steve Sauro
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Russell S. Post R.S.

APPROVED

FEB 03 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

WED 02-04-87 R0001

SWaste	5.00
TOTAL	5.00
CASH	10.00
CHANGE	5.00

ITEM 1

51710 1111 T10:56

WEIGHT TICKET

CITY OF TACOMA
LANDFILL

Trans #: 30002542
Date: 2/04/87

Operator ID: 1855
Operator Name: MLF

Vehicle ID: 101586
Account No.: 04000000
Account Name: CITY CASH

Customer ID: 05
Customer Type: CASH CUSTOMER CITY RATE

Gross Wt.:	5.83	Time In:	10:24
Tare Wt.:	3.47	Time Out:	10:45
Net Wt.:	2.35	Price/Ton:	17.00

Disposal Charge: $ 40.30
Special Charge: $ 53.00
Total Charge: $ 93.30

Bartells Materials Management, Inc.

Washington Contractor No. BARTEMM 14207
700 Powell Avenue S. W. - P. O. Box 997
Renton, Washington 98057
206-228-4111

ASBESTOS DISPOSAL

Job No. 17764

Job Name Simpson Kraft

Job Location Tacoma Wash

DISPOSAL SITE

Site Name City of Tacoma Landfill

Site Location Pierce County

Date of Site Approval to Dump 2/13/87

Person Approving Request to Dump Wayne Copp

Date of Disposal 2/14/87

Types of Materials Dumped INSULATIONS CONTAINING ASBESTOS FIBERS
Double Bagged and Sealed and Identified

Total Weight of Materials Dumped 2.83 Tons No. Bags 128

Our Employee Doing the Disposal STEVE SACCO

Name of Disposal Company E.J. Bartells

Signature of Disposal Representative [signature]

Note:

1. Prepare form in triplicate and present to the disposal company and/or the disposal site.

2. Return the completed signed original of the form, and a copy of the receipt or other document received at the disposal site, to your Branch Contract Accounting Department to be filed in the job folder.

$5.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH 11 2026 5.00 CASH
000001 02-17-87 T11:38

health

WASTE DISPOSAL AUTHORIZATION

Date: 2-12-87

A. Generator Name: Simpson Tacoma Kraft

B. Generator Address: 801 Portland Ave

C. Transporter Name: Bartells

D. Technical Contact: Judd Hardy Phone: 225-4111

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 8 yds

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes ( ) No (X)

I. Dates of Disposal: 2-13-87

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double-bagged, and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

2/13/87	DRIVER	Steve Senco
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

FEB 12 1987

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

WEIGH TICKET

CITY OF TACOMA
LANDFILL

Trans #: 00000563
Date: 2/13/87

Operator ID: [illegible]
Operator Name: [illegible]

Vehicle ID: [illegible]
Account No.: 04000000
Account Name: [illegible]

Customer ID: 00
Customer Type: CASH CUSTOMER WITH RATE

Gross Wt.: 5.29 Time In: 13:53
Tare Wt.: 0.46 Time Out: [illegible]
Net Wt.: 4.83 Price/Ton: [illegible]

Disposal Charge: $ 48.45
Special Charge: $ 53.00
Total Charge: $ 101.45

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 02-13-87 R0001

SWaste	5.00
TOTAL	5.00

ITEM 1

52026 1111 T11:37

City of Tacoma

JSTOMER SERVICE
BILLING AND
CREDIT SECTION
IONDAY - FRIDAY
00 a.m. - 5:00 p.m.
(When moving,
uiring about billing,
or requesting
redit information)
383-9600

DEPOSITS
(Information for
deposits on file)
593-8348

TTY
(For the hearing
npaired, 8:00 a.m. -
4:30 p.m.)
593-8343

BILLING INFORMATION
ON REVERSE SIDE

ACCOUNT NUMBER (b)(6)
NAME SIMPSON TAC KRAFT C
SERVICE ADDRESS 801 PORTLAND AVE E

BILL DATE 05 07 86
DUE DATE 05 19 86

TYPE OF SERVICE	SERVICE FROM	SERVICE TO	RATE/CONSTANT	PREVIOUS READ	CURRENT READ	CONSUMPTION	DEMAND	AMOUNT DUE
REFUSE		04-23-86	53205121	TAB PICKUP				2,268-00
REFUSE		04-23-86	53202100	TAB PICKUP				99-25
REFUSE		04-23-86	53252100	TAB PICKUP				105-00
REFUSE		04-23-86	53255105	TAB PICKUP				640-00

PAID

RECEIVED
OCT 31 1988
SUPERFUND BRANCH

ENFORCEMENT CONFIDENTIAL

KEEP FOR YOUR RECORDS KEEP FOR YOUR RECORDS KEEP F

Sample of
City of Tacoma
Records '86
Simpson

725AM 4-28-86

City dumpster to pull
Kraft #1
Kraft #2

4-29-86
8:05 AM City Dumpster
Pulled a load from
Kraft #1

4-25-86
City dumpster to pull
Kraft #1
Kraft #2
Princeton Bag

DB

4-23-86

15
PM

City dumpster
to pull two
loads

CW

8 30 AM 4-23-86

City Dumpster
Pulled one load
only from Kraft.

4-24-86

8 45 AM City Dumpster
Pulled a load from
Kraft #1

4-20-8

mpster Pulled
om Kraft #1 - #2
eton Bag.

4-17-86.

8 50 AM City Dumpster
Pulled a load from
Kraft #1

4-22-86

7 55 AM City Dumpster
Pulled a load from
Kraft #1

4-15-86

6 55/AM

City dumpster in to pull two loads

CM

720AM 4-17-86

City dumpster to pull 2 loads
Kraft #1
Kraft #2

Dick

4-15-86

8 25/AM City Dumpster Pulled a load from Kraft #1

4-15-86

10 00/AM City Dumpster Pulled a load from Kraft #2

4-7-86

7 15 AM

City dumpster in to pull one load.

CW

4-11-86

8 05 AM City Dumpster Pulled a load from Kraft #1

4-9-86

8 45 AM City Dumpster Pulled a load from Kraft #1

4-10-86

7 20 AM

City dumpster to pull Kraft #1 Princeton Bay.

Dick

4-4-86

730AM

City dumpster to pull Kraft #1

" " " " Champion Bag

Nick

4-6-86

710AM

City dumpster to pull Kraft #1 + #2

4-3-86

8:05 AM City Dumpster Pulled a load from Kraft #1

4-2-86

7:25 AM City Dumpster Pulled a load from Kraft

ENFORCEMENT CONFIDENTIAL

RECEIVED
OCT 31 1985
SUPERFUND BRANCH

CITY OF TACOMA

BILLING INFORMATION ON REVERSE SIDE

ACCOUNT NUMBER (b)(6)
NAME CHAMPION INTERNTNL
SERVICE ADDRESS P O BOX 2133

BILL DATE 10/03/85
DUE DATE 10/15/85

TYPE OF SERVICE	SERVICE FROM	SERVICE TO	RATE/CONSTANT	PREVIOUS READ	CURRENT READ	CONSUMPTION	DEMAND	AMOUNT DUE
REFUSE		09-09-85	73158300			0		3,193.20

ORIGINAL

TREE LIMBS NEED NOT CAUSE POWER OUTAGES EACH WINTER. TRIMMING THEM CAN HELP. THE LIGHT DIVISION WILL TRIM TREES THAT MAY CAUSE PROBLEMS. FOR DETAILS, SEE THE ENCLOSED FLYER.

PREVIOUS BALANCE	$0.00
PAYMENTS APPLIED	$0.00
CURRENT CHARGES	$3,193.20
TRANSFER CHARGES	$0.00
AMOUNT DUE	$3,193.20

KEEP FOR YOUR RECORDS KEEP FOR YOUR RECORDS KEEP FOR YOUR RECORDS

Sample of
City of Tacoma
Records '85
champion

CITY OF TACOMA

189392

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion International

K629

Tarp

85 SP -5 PM 1:06

GROSS 0 4 8 8 8 0 lb

VEHICLE

22466

TARE

AMOUNT $

26420

NET

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 159.00

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189414

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

K 629

Champion Inc

85 SP -5 PM 3:12

GROSS 4 5 7 4 0 #

VEHICLE

TARE 22600

AMOUNT $

NET 23140

114.00

OTHER CHARGES $ 25.20

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 139.20

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189402

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

K629

Champion Int

85 SP -5 PM 2:07

GROSS 050340 #

VEHICLE Temp

TARE 22400

AMOUNT $

NET 27940

114.00

OTHER CHARGES $ 54.00

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 168.00

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188588

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion International
P.O. 2133
Tacoma, Washington, 98401

85 AU 22 AM 10:50

GROSS 034160 ≈

VEHICLE

TARE 22920

AMOUNT $

NET 11240

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 67.80

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188666

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

#K629

85 AUG 23 AM 10:43

GROSS 036700 lb

VEHICLE

Champion Int.
P.O. 2133
Tac. Wn. 98401

TARE ~~22600~~

NET 14100

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 84.60

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188680

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

#K629

85 AU 23 AM 11:47

Champion Int.
P.O. 2137
Tec. Wn. 98401

GROSS 037180 lb

TARE ~~22600~~

NET 14580

VEHICLE

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 87.60

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188684

DEPT. OF PUBLIC WORKS

#K629

REFUSE UTILITY

85 AUG 23 PM 12:50

Champion Int.
P.O. 2133
Tacoma, Wn. 98401

GROSS 37340 lb

TARE 22600

NET 14740

VEHICLE

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 88.80

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188958

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion International
P.O. Box 2133
Tacoma Wa. 98401

85 AU 28 PM 1:12

GROSS 051740 #

VEHICLE

TARE 22360

AMOUNT $

NET 29380

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 176.40

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188951

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion International
P.O. Box 2133
Tac. Wa. 98401

85 AU 28 PM 12:09

GROSS 0 5 4 5 4 0 =

VEHICLE

TARE 22380

AMOUNT $

NET 22160

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 133.20

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188941

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion International
P.O. Box 2133 - Tac. Wash. 98401

85 AU 28 AM 11:05

GROSS 051980 lb

VEHICLE

TARE 22420

AMOUNT $

NET 17560

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 105.60

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

188971

DEPT. OF PUBLIC WORKS Champion International

REFUSE UTILITY K629 K629

Temp

85 AU 28 PM 2:26

GROSS 0 5 4 5 4 0 #

VEHICLE

TARE 22320

AMOUNT $

NET 32220

OTHER CHARGES $ 139.80

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $

SCALEMAN

CHARGE ACCOUNTS

CITY OF TACOMA

189003

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion International
P.O. Box 2133
Tac. Wa. 98401

85 AU 29 AM 9:20

GROSS 53460 #

VEHICLE

TARE 22660

AMOUNT $

NET 30800

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 184.80

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189012

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion ~~Interation~~ International
P.O. Box 2133
Tac. Wash. 98499

85 AU 29 AM 10: 34

GROSS 61000 ⌀ VEHICLE

TARE 22620

AMOUNT $

NET 38380

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 234.00

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189255

DEPT. OF PUBLIC WORKS

Championdut Temp

REFUSE UTILITY

85 SP -3 PM 3:34

048220

GROSS

VEHICLE

TARE 22260

AMOUNT $

NET 25960

19

OTHER CHARGES $ 42.00 400

TOTAL CHARGE $ 156.00

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189248

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion International

85 SP -3 PM 2:45

GROSS 47360

TARE 22300

NET 25060

VEHICLE Tarp

AMOUNT $

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 130.80

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189236

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

Champion International Temp

85 SP -3 PM 1:47

GROSS 048600 #

VEHICLE

TARE 22340

AMOUNT $

NET 26260

19

OTHER CHARGES $ 114.00 43.80

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 157.80

CHARGE ACCOUNTS

SCALEMAN

K629

CITY OF TACOMA

189224

Champion Int
801 Portland

DEPT. OF PUBLIC WORKS

REFUSE UTILITY

85 SP -3 PM 12:21

049560

GROSS 22380

TARE

NET 27280

19

VEHICLE

AMOUNT $

OTHER CHARGES $ 49.80 14.00

TOTAL CHARGE $ 63.80

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189138

DEPT. OF PUBLIC WORKS

Champion Int.
P.O. Box 2133
Tac. Wn. 98401

REFUSE UTILITY K629

85 AU 30 PM 3:40

049920

GROSS 22420

VEHICLE

TARE 27500

AMOUNT $

NET

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 165.00

CHARGE ACCOUNTS

SCALEMAN

CITY OF TACOMA

189105

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion Int.
P.O. Box 2133
Tac. Wash. 98401

85 AU 30 PM 12:15

048860

GROSS 22480

VEHICLE

TARE

AMOUNT $

NET 26380

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 158.40

CHARGE ACCOUNTS

SCALEMAN

8 #

CITY OF TACOMA

189106

DEPT. OF PUBLIC WORKS

Champion Int.
P.O. Box 2133
Tac. Wash. 98401

REFUSE UTILITY K629

85 AUG 30 PM 12:16

GROSS 0 4 5 6 4 0 ≈

VEHICLE

TARE 18920

AMOUNT $

NET 26720

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 160.80

CHARGE ACCOUNTS

SCALEMAN

#8

CITY OF TACOMA

189117

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Champion Int.
P.O. Box 2133
Tacoma 98401

85 AU 30 PM 1:36

GROSS 0 4 6 9 6 0 ≈

VEHICLE

TARE 18840

AMOUNT $

NET 28120

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 169.20

CHARGE ACCOUNTS

SCALEMAN

#8

CITY OF TACOMA

189132

DEPT. OF PUBLIC WORKS

REFUSE UTILITY K629

Campton Int.
P.O. Box 2133
Tac. Wn. 98401

85 AU 30 PM 3:08

GROSS 0 4 5 8 4 0 ≙

VEHICLE

TARE 18800

AMOUNT $

NET 27040

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ 162.60

CHARGE ACCOUNTS

SCALEMAN

City of Tacoma

BILLING INFORMATION ON REVERSE SIDE

ACCOUNT NUMBER (b)(6)

NAME ST REGIS PAPER MILL

SERVICE ADDRESS 801 PORTLAND AVE EA

BILL DATE 12/06/84

DUE DATE 12/18/84

TYPE OF SERVICE	SERVICE FROM	SERVICE TO	RATE/CONSTANT	PREVIOUS READ	CURRENT READ	CONSUMPTION	DEMAND	AMOUNT DUE
REFUSE		11-21-84	53205121	TAB PICKUP				1,904.70
REFUSE		11-21-84	53202100	TAB PICKUP				83.35

KEEP FOR YOUR RECORDS

FRIEND TO FRIEND IS A NEW PROGRAM FOR CUSTOMERS TO BE ALERTED IF THE UTILITY SERVICES OF A FRIEND OR RELATIVE ARE ABOUT TO BE DISCONTINUED. A BILL ENCLOSURE HAS THE DETAILS.

PREVIOUS BALANCE	$1,988.05
PAYMENTS APPLIED	$1,988.05CR
CURRENT CHARGES	$1,988.05
TRANSFER CHARGES	$0.00
AMOUNT DUE	$1,988.05

KEEP FOR YOUR RECORDS

DEC 10 1984

DEC 10 1984

ENFORCEMENT CONFIDENTIAL

RECEIVED OCT 31 1988 SUPERFUND BRANCH

Sample of
City of Tacoma
Records '84

St Regis

CITY OF TACOMA

PUBLIC WORKS—UTILITY SERVICES
REFUSE UTILITY DIVISION

STUB ACCOUNT
CUSTOMER NO. (b)(6)

Date December 11, 1984

St Regis Paper Mill
801 Portland Ave. E.
Attn: LilDelano
Tacoma, WA 98421

NOTICE

Make check payable to order of City Treasurer, City of Tacoma, and return this invoice with your remittance for proper credit.

No further statement will be rendered.

Telephone: 591-5544

DESCRIPTION	AMOUNT	TOTAL
Refuse Collection Charges for November, 1984:		
Rent on one 20 cubic yard container	$83 35	
21 loads taken from the 20 cy container on 10/22, 10/23, 10/24, 10/25, 10/26, 10/29, 10/30, 10/31, 11/1, 11/5, 11/6, 11/7, 11/8, 11/9, 11/12, 11/13, 11/14, 11/15, 11/16, 11/19, and 11/20 @ $90.70 per load	$1,904 70	
TOTAL CURRENT CHARGES		$1,988 05

C 1 3 1984

ALL CHARGES DUE TEN DAYS FROM DATE OF INVOICE, NO DISCOUNT

PWK 5120 0002 (12/81)

10-25-84

5 m City Dumpster
led a load from
ft.

[illegible]

10-29-84

8 10 AM City Dumpster
Pulled a load from
Kraft.

[illegible]

OCT 24

10-23-84

7 25 AM City Dumpster
Pulled loads from
Kraft and Bug
Plants

[illegible]

OCT 23

11-5-84

05 AM
City dumpster
to pull one
ad from Kraft
ide

CZW

IV - 7 1984

10-29-84

7 05 AM
City dumpster
in to pull one
load from Kraft
side

CZW

[redacted] 30 [redacted]

10-26-84

5 45 AM City Dumpster
Pulled a load from
Kraft.

[illegible]

13-84

City dumpster
to pull one load
on Kraft side

CW

NOV 14 1984

11-12-84

10 00 AM City Dumpster
Pulled a load from
Kraft.

NOV 12 1984

11-12-84

6 55 AM

City dumpster
in to pull two
loads one from
each side

NOV 1 1984

CW

7 25 AM

11-15-84

City dumpster to pull a load
from Kraft side.

Dick.

11-14-84

7 15 AM

City dumpster to pull
a load from Kraft side.

Dick

11-20-84

5 30 AM

City dumpster in to pull one load from Kraft side

CZW

NOV 21 1984

11-19-84

6 25 AM

City dumpster in to pull one load from Kraft side

CZW

NOV 20 1984

11-4-84

655AM

City dumpster to pull a load from Kraft side.

Nick

NOV - 6 1984

11-18-84

630AM

City dumpster to pull Kraft side and Bag Plant.

ZRL

NOV 18 1984

11-8-84

845AM

City dumpster to pull a load from Kraft side

Dick

NOV - 8 1984

11-8-84

645AM

City dumpster to pull a load from Kraft side.

Dick

NOV - 9 1984

10-30-84

45 AM

City dumpster to pull one load from Kraft side

CZW

[redacted] 31 [redacted]

11-1-84

845 AM City Dumpster Pulled a load from Kraft.

NOV - 1 1984

11-6-84

740 AM City Dumpster Pulled loads from Kraftland Bag Plant

NOV - 6 1984

10/29/84

City dumpster to pull both Kraft & Bag Plant loads.

Dick.

Billing Address:
Simpson Tacoma Kraft Co.
P.O. Box 2133
Tacoma Wa. 98401

health

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

RECEIVED
OCT 1 1985
SUPERFUND BRANCH

ENFORCEMENT CONFIDENTIAL

WASTE DISPOSAL AUTHORIZATION

Date 9-30-85

A. GENERATOR NAME: Simpson Tacoma Kraft

B. GENERATOR ADDRESS: 801 Portland Ave

C. TRANSPORTER NAME: Landscape bark

D. TECHNICAL CONTACT: Wilbur Barker

E. WASTE DESCRIPTION: Sludge & Hog fuel

LIQUID [ ] SLUDGE [X] OTHER [ ]

F. ESTIMATED QUANTITY: 200 yards.

G. TOTAL ACTUAL QUANTITY (to be filled in upon disposal) _____

H. MULTIPLE LOADS: YES [X] NO [ ]

I. DATES OF DISPOSAL: Month of October

J. TESTING: Complete PH ok - as well as odor

K. REVIEWED BY DEPT. OF ECOLOGY: YES [ ] NO [X]

L. DISPOSAL/TRANSPORTATION REQUIREMENTS: Normal commercial disposal - may be used for cover.

M. WASTE DISPOSAL DESTINATION: Cascade Pit [ ]

City of Tacoma [X] Thun Field [ ] Purdy Landfill [ ]

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Oct 1, 1985 — Date

Asst. Tech. Supt — Title

Wilbur H. Barker — Signature

APPROVED

OCT 01 1985

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Douglas R. [illegible]

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408

Hog Fuel + Sludge

Note: 10/31/88

Simpson effluent

contained 4 methylphenol.

Could this semi-volatile

also be in their sludge?

4 methyl phenol is also at the

landfill. Deb

To: Wilbur Barker Date: 8/22/85

From: Richard Forsberg Subject: Sludge refuse material to be processed log.

Linda — 627-3121

Environmental Health Department contact:
1. Doug Pierce 591-6571
2. Joe Eckhoff : odor test
3. Jane Hedges 591-6555 : Doug Pierce will be on vacation for the week of 8/25, she will be the contact.
Russ Post - 6573

Thun Field contact:
Harvey Doman: he declined to take the material in "any way."

Tacoma Refuse contact:
1. Jack Jones 5915544 : He said that they will accept a 10 yard trial load to determine the odor problem.
Jack Jones → He will determine future load schedules.
2. Hickson : on 8/22/85 he said to send a load before 2PM. Include a billing address for payment. I included the billing address on the permit
Champion International
P.O. 2133
Tacoma, Washington 98401

Permit obtained on 8/21/85

A trial load of 10 yards to the refuse site on 8/22/85 @ 10:30 Am
1. John Tuttle

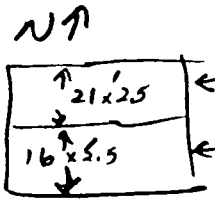
The "Request for Maintenance" # is 19805
The P.O. Requestion # 79256 K 629 Karen: 233

The material was acceptable as per Doug Pierce 8/22/85

Jack Jones was contacted about scheduling.

a. Can receive material anytime, as long as the quality is as per 8/22/85

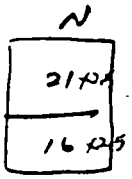
8/22 load #1



← to process

← processed } 10 yards to Tacoma Dump
20 " " Walton

8/23



~10 yards to Walton
~30 yards to Land fill

10 (a) Load of reject hogged fuel ordered
(b) Requested area to be rotabated.

Dick Forsberg

8/28 Hauled 4 loads to City Dump ~ 87 yds.

10 Re spread pile over hogged fuel.

8/29 Hauled 2 loads to City Dump. ~ >40 ydds

8/30 Joe Eckhoff checked out the material is OK to send to city dump.

12:00 Noon John Tuttle picked up 5 permits for loads. After hauling will spread hogged fuel and another portion from the pile.

2 New spread not rototilled. Will sit until Tuesday Sept 3.

9/3 Cleaning trash & rototilling in the morning.

9/4 Checked out OK for pH & Odor by Eckoff. needed more tilling at south end.

9/5 Scraped up. 3 loads hauled. + 2 more later. new load of hog fuel spread.

2 9/6 Spreading a new pile.

2320 460 10 20 Haul away after shutdown 5 loads.

2 10/3 New spread 02 rototilled yesterday & today. Checked, 20 units hogged fuel. approved on Friday. except 25 mod areas points 8 loads = 160 yds +

2 10/8 new loads spread 20 units hogged fuel.

10/9 Rototilling.

Kraft Division
P.O. Box 2133
Tacoma, Washington 98401
206 572-8300

Champion
Champion International Corporation

August 21, 1985

Mr. Doug Pierce, R.S.
Tacoma-Pierce Co. Health Department
3629 South D. St.
Tacoma, WA 98408

Dear Doug:

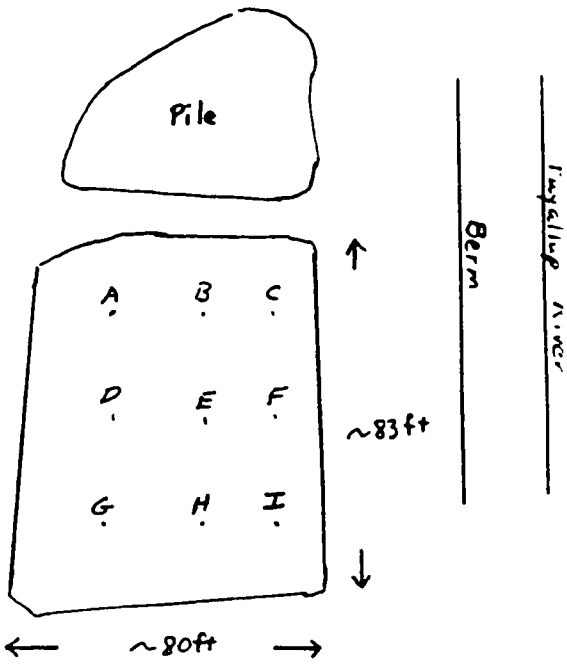
Subject: pH of refuse to a depth of 6".

Date	Location	pH
8-20-85	A	9.8
8-20-85	B	10.1
8-20-85	C	10.0
8-20-85	D	10.4
8-20-85	E	9.8
8-20-85	F	9.9
8-19-85	G	9.5
8-19-85	H	10.3
8-19-85	I	10.3

pH Range of 9.5 to 10.4

Samples collected to depth of 6 inches. The pH was determined as per "Test Method For Determing pH of Solutions in Contact with Solids, March, 1984."

Sketch



Yours truly,

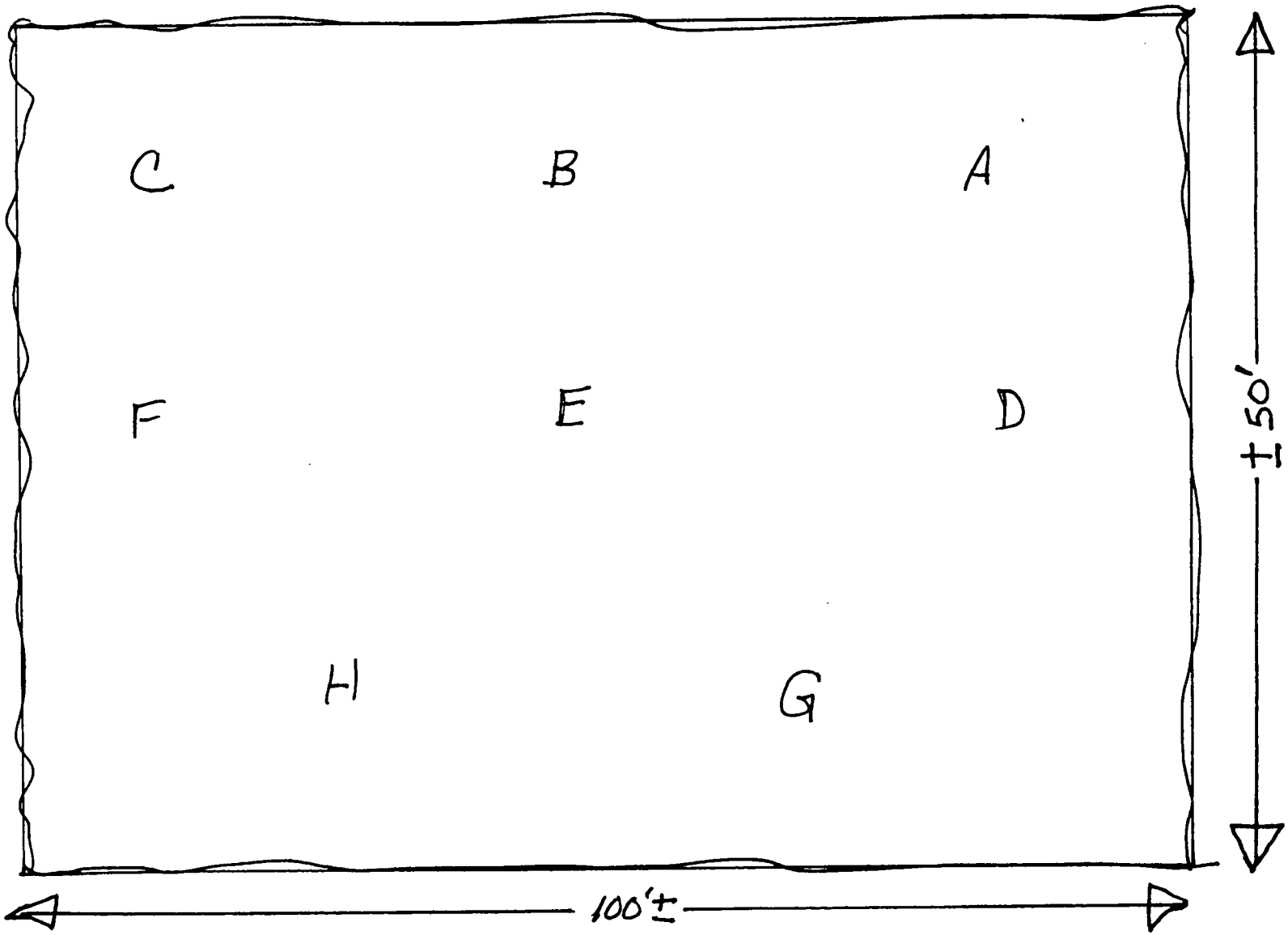
Richard L. Forsberg

Richard L. Forsberg

RLF:dm

cc: W. H. Barker
C. B. Henry

PUYALLUP RIVER



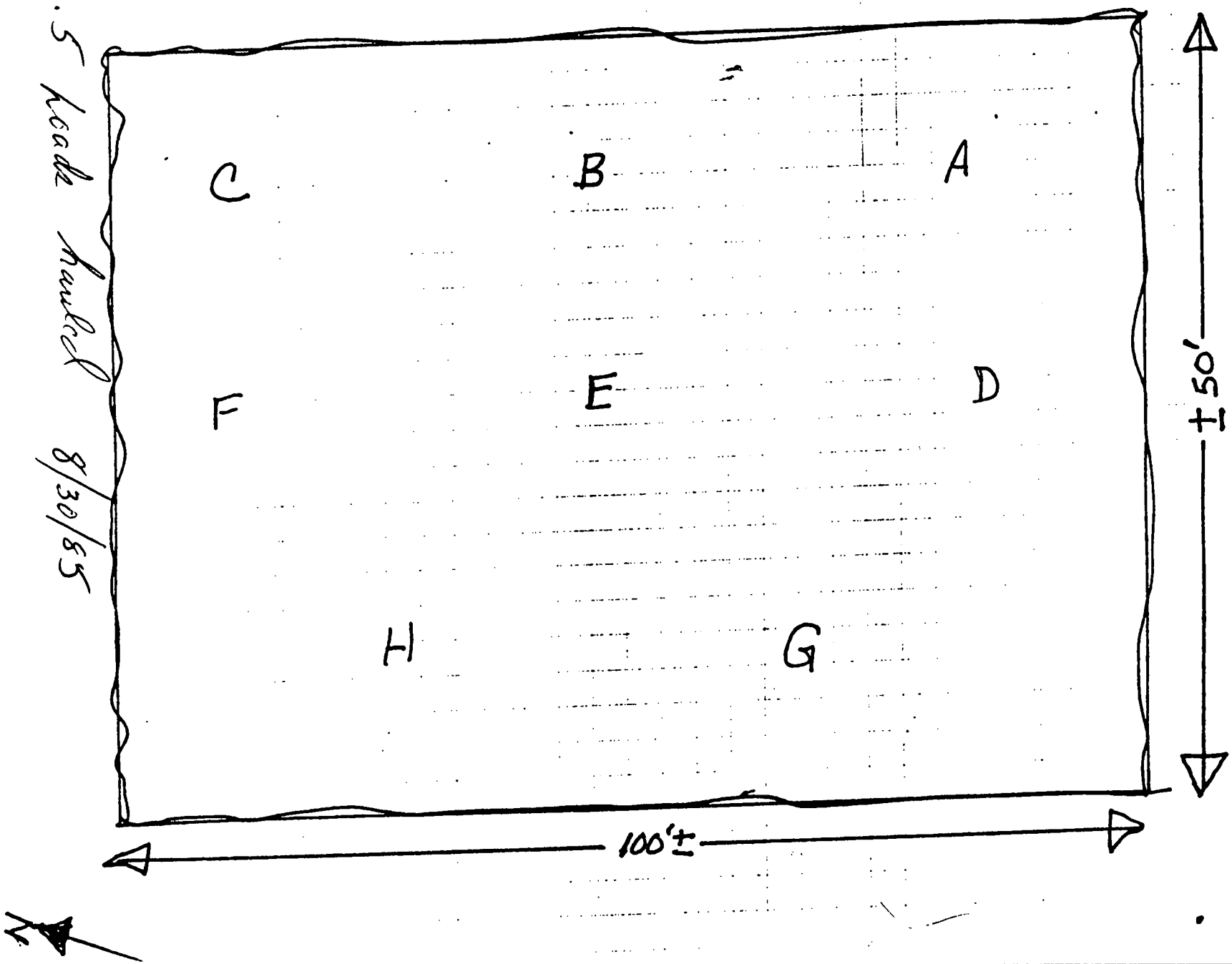
Smpl.	pH's
A	9.6
B	10.1
C	9.8
D	10.3
E	9.8
F	9.9
G	9.4
H	10.3

2:30 PM
8/27

6 loads hauled

4 on 8/28
2 on 8/29
Total ~ 127 yds

PUYALLUP RIVER

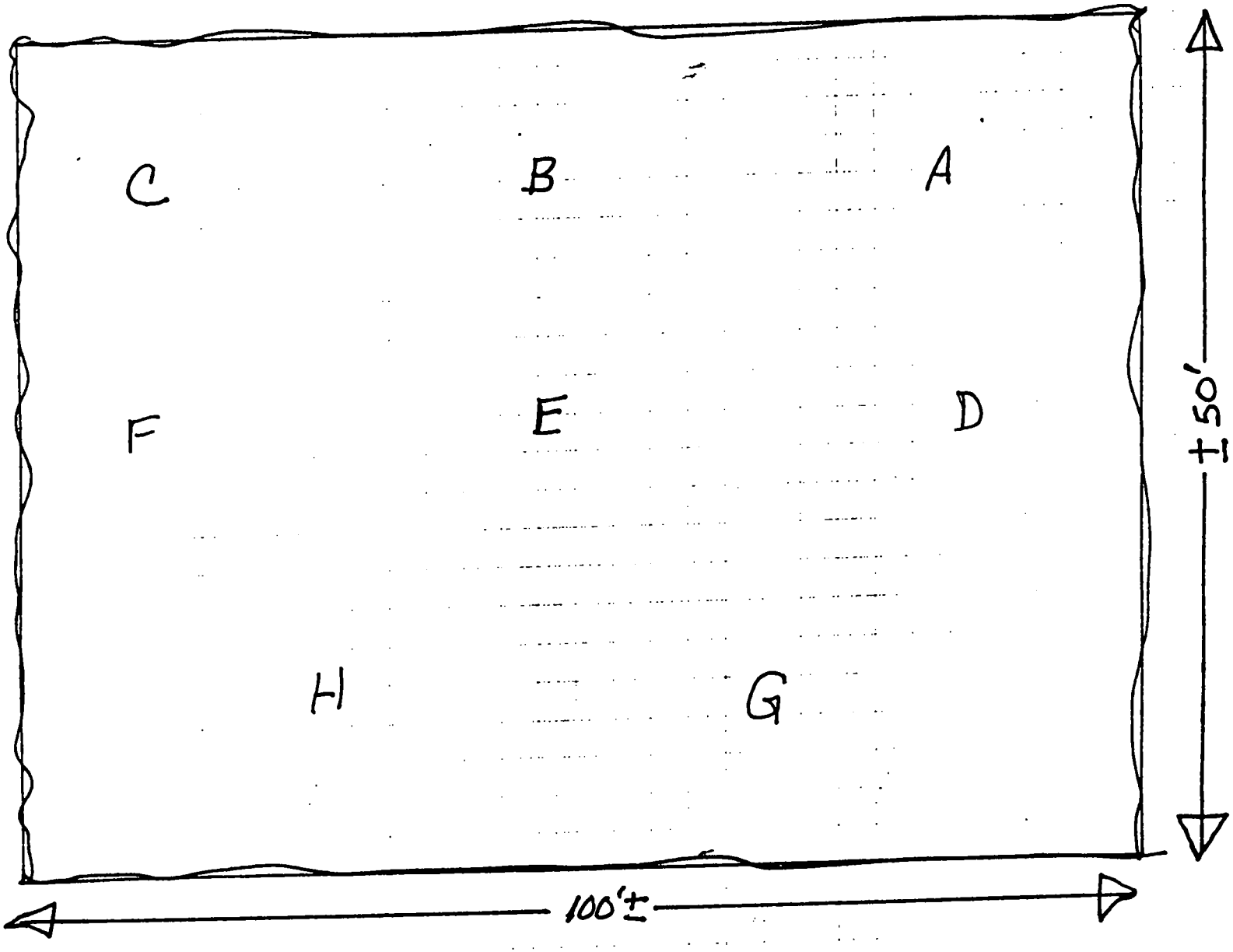


.5 loads hauled 8/30/85

Smpl.	pH's
A	10.4
B	10.5
C	10.7
D	11.2
E	10.4
F	11.5
G	9.8
H	8.8

2:30 PM
8/29

PUYALLUP RIVER



Smpl.	pH's
A	9.6
B	9.6
C	9.3
D	9.6
E	10.4
F	9.2
G	11.0
H	10.1

9/4/85

WM

From R Forsberg Date: 10/22/85

To W H Barker Subject: Sludge disposal slips

I gave John Tuttle 3 disposal slips on 10/22/85. They will be used to remove already processed material.

Dick F

~~Systematics would like to come down Monday or Tuesday with their alkali titrator.~~

- 10/24 CJ

1/2

To: Wilbur Barker

From: Richard Forsberg

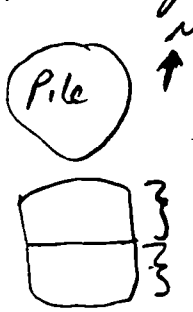
Date: 8/23/85

Subject: Sludge project

I. The permit to remove the material was received on 8/21/85.

II. Approximately 70 yards have been removed from the processed area by Landscape Bark, driver ~~John~~ Tuttle

good job.



40 yards on 8/23: 10 to Walton, 30 to dump
30 yards on 8/22: 20 to Walton, 10 to dump
40

III. On 8/23

10 One load of reject hogged fuel delivered and spread

IV. on 8/24, 25

The processed area is to be rotavated on ~~[illegible]~~ 8/23, 24, 25, 26

V. Joe Eckhoff will inspect the pile on 8/26 for odor.
Jane Hedges will be taking Doug Pierces job during the week of 8/25 (telephone # 541-6555)

VI. You may or may not have to perform a pH study in order to have the material removed.

VII. I have been having the driver give the gate the weight slips. The gate has been instructed to send the slips to Sharon Glassy.

VIII. Any questions: call me 848 7658

Richard Forsberg

You will have to give the driver a "Waste Disposal Authorization" form for each load. There are about 7 loads per layer.

The asbestos project has been completed

BENLAB Since 1913
Bennett Laboratories, Inc., a subsidiary of Bencorp, Inc.
901 SOUTH 9th STREET • P.O. BOX 5816 • TACOMA, WASH. 98405 • (206) 272-4507 SEATTLE 624-0570/TELEX 152556SFA

April 19, 1985

REPORT OF ANALYSIS

Our analysis of the sample Sludge

From Champion International, sample received 3/22/85

Marked As follows
P.O. #K-1952

SAMPLE ID	TOC%	TKN%
SLUDGE	4.20	.29

TO: Champion International
Attn: Keith Wadsworth
P.O. Box 2133
Tacoma, WA 98401

BY George P. Richardson

Tacoma, Washington

REPORT

Service Request 12062

Page 1 of 1

ST. REGIS - SLUDGE

An EP toxicity extraction was performed on one sample of St. Regis combined sludge. The extract was then chemically analyzed with the following results found:

Test	Results mg/L
Metals	
Arsenic	<0.10
Barium	0.84
Cadmium	<0.01
Chromium	<0.01
Copper	<0.01
Iron	0.36
Lead	0.04
Mercury	<0.0005
Nickel	0.19
Selenium	<0.1
Silver	<0.01
Zinc	0.32
Organics	
Endrin	<0.001
Lindane	<0.001
Methoxychlor	<0.001
Toxaphene	<0.001
2,4-D	<0.001
2,4,5-TP Silvex	<0.001
PCB's	<0.010

Sampled 4-16-85 24 hr comp.

Approved S. W. Vincent Date 5/2/85 Notebook

S. W. Vincent

Page Number

pd20/523/c28

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Bennett Laboratories, Inc., a subsidiary of Bencorp, Inc.
901 SOUTH 9th STREET • P.O. BOX 5816 • TACOMA, WASH. 98405 • (206) 272-4507 SEATTLE 624-0570/TELEX 152556SEA

January 31, 1986

REPORT OF ANALYSIS

Our analysis of the sample — Sludge

From — Simpson Tacoma Kraft, received sample on 1/24/86

Marked — P.O. #K-3051
Requisiiton #76975

SAMPLE ID: Sludge

Total Solids	54.3%
Volatile Solids	40.5% (dry basis)
pH	7.2 units
Total Kjeldahl Nitrogen	289 ppm
Ammonia Nitrogen	<5 ppm
Nitrate Nitrogen	110 ppm
Total Phosphorous	391 ppm
Total Potassium	163 ppm

Above results are "as received" except volatile solids which is dry basis.

TO: Simpson Tacoma Kraft Company
P.O. Box 2133
Tacoma, Washington 98401

BY [signature]

1 & 2 Recovery B/L Demolition

#2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00320099 Date : 09/14/88 Time : 08:54:55 Operator ID : 7777
Customer ID : 03 Vehicle ID : 0000117033
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. :	8.88	Time In :	08:27:03	Disposal Charge :	$ 51.00
Tare Wt. :	5.92	Time Out :	08:54:55	Special Charge :	$ 53.00
Net Wt. :	2.96	Price/Ton :	17.00	Total Charge :	$ 104.00

POSTED

extra copy

1 & 2 Recovery BLR - Demolition

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 1744 10.00 CASH
000001 09-12-88 TOB:

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

A. Generator Name: Simpson Tacoma Kraft #27-07

B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal): 2.96 Ton's 9-14-88

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-88	Driver	Bill McCarkle
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Sara Brallier

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 - Recovery Bldg Demolition

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED September 14, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 2.96 Ton WET: YES X NO ___

TYPE OF CONTAINER

33x50 Yellow Asbestos Disposal Bags, marked w/required warning labels

LABELED: YES X NO ___

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCarkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft 2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: [signature] TITLE Seals Crapler

No card

CITY OF TACOMA

223216

DEPT. OF PUBLIC WORKS

#2707 D & G Mechanical

REFUSE UTILITY

[redacted] 9:30 AM

GROSS 10.26

TARE 5.95

NET ~~4.31~~

VEHICLE asbesto

AMOUNT $

special 53.00

7.395

OTHER CHARGES $

SANITARY LAND FILL
HOURS: 8 A.M. - 6 P.M.

TIRES $

TOTAL CHARGE $ [redacted]

CHARGE ACCOUNTS

V 1471

180-2707

SCALEMAN

1 + 2 Recovery BLR Demolition

POSTED

1+2 Recovery BLR Demolition
$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 1744 10.00 CASH
000001 09-12-88 T08:33

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

A. Generator Name: Simpson Tacoma Kraft #27-07

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal): 4.31 Ton 9-12-88

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-88	Driver	Bill McCarthy
Date	Title	Signature

AUTHORIZATION SIGNATURE:

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED September 12, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) _____ WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Yellow Asbestos Disposal Bags, marked w/required warning labels

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Jon Field

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707, 4.31 Ton ....

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Jay Chipperfield TITLE Scalesperson

1 + 2 RECOVERY BLR DEMOLITION

#2007

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

POSTED

MON 09-12-88 R0001

SWaste	10.00
TOTAL	10.00

ITEM 1

71745 1111 T08:33

1&2 RECOVERY BLR DEMOLITION

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date: 9/8/88

A. Generator Name: Simpson Tacoma Kraft #27-07

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Orendorff Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 25 tons

G. Total Actual Quantity (to be filled in upon disposal):

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 9/9/88 - 10/9/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled with no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

9-12-88	Driver	Bill McCarthy
Date	Title	Signature

AUTHORIZATION SIGNATURE:

[signature]

APPROVED

SEP 08 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 RECOVERY BOILER DEMOLITION

V 1471
180-2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

rans # : 00312303 Date : 09/02/88 Time : 09:10:02 Operator ID : 2153
ustomer ID : 03 Vehicle ID : 0000102314
ustomer Type: ACC'T CUSTOMER CITY RATE
ccount Name : D & G MECHANICAL Account # : 01001500
ross Wt. : 11.65 Time In : 08:33:32 Disposal Charge : $ 79.90
are Wt. : 6.97 Time Out : 09:10:02 Special Charge : $ 53.00
et Wt. : 4.68 Price/Ton : 17.00 Total Charge : $ 132.90

POSTED

1 & 2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED Sept. 2, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) _____ WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33X50, Yellow Asbestos Disposal Bags marked w/required warning lables

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Norman T. Jones TITLE Scale Operator

1+2 RECOVERY BLR DEMOLITION

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 111 10.00 CASH
000001 07-29-88 TOB:18

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: TACOMA

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd^3

G. Total Actual Quantity (to be filled in upon disposal): 4.68 TON

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88 — Date

WAREHOUSE MANAGER — Title

Signature

AUTHORIZATION SIGNATURE:

Rich Singer

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 + 2 RECOVERY BLR DEMOLITION

#2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

: 00315507 Date : 09/07/88 Time : 09:47:03 Operator ID : 7777
mer ID : 03 Vehicle ID : 0000102314
mer Type: ACC'T CUSTOMER CITY RATE
nt Name : D & G MECHANICAL Account # : 01001500

Wt. : 12.19	Time In : 09:16:06	Disposal Charge :	$ 86.70
Wt. : 7.09	Time Out : 09:47:03	Special Charge :	$ 53.00
Wt. : 5.10	Price/Ton : 17.00	Total Charge :	$ 139.70

POSTED

1+2 Recovery Bin Demolition

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

II III 10.00 CASH
000001 07-29-88 TOB:18

health

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd^3

G. Total Actual Quantity (to be filled in upon disposal):

5.10 Tons 9-7-88

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88 — Date

Warehouse Manager — Title

Signature

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Rich Singer

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 & 2 Recovery Blr Demolition

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED September 7 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 5.10 Tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Yellow Asbestos Disposal Bags, marked w/required warning labels.

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft 2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Norman T. Jones TITLE Scale Operator

1+2 RECOVERY BLR DEMOLITION

√ 1471

180-2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00311008 Date : 08/31/88 Time : 09:28:23 Operator ID : 7777
Customer ID : 03 Vehicle ID : 0000102314
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. : 13.80	Time In : 08:44:26	Disposal Charge :	$ 116.45
Tare Wt. : 6.99	Time Out : 09:28:23	Special Charge :	$ 53.00
Net Wt. : 6.81	Price/Ton : 17.00	Total Charge :	$ 169.45

POSTED

1+2 RECOVERY BLR DEMOLITION

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

II III 10.00 CASH
000001 07-29-88 TOB:18

health

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: TACOMA

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd^3

G. Total Actual Quantity (to be filled in upon disposal): 6.8 Tons

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88 — Date

WAREHOUSE MANAGER — Title

Signature

AUTHORIZATION SIGNATURE:

Rich Singer

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1+2 REC BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED August 31, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 6.81 tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Yellow Asbestos Disposal Bags, marked w/required warning lables

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Norman T. Jones TITLE Site Operator

1+2 Recovering BLR Demolition

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

II III 10.00 CASH
000001 07-29-88 TOB:18

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)
B. Generator Address: TACOMA
C. Transporter Name: D & G Mechanical
D. Technical Contact: Mike Phone: 272-7649
E. Waste Description: Asbestos
Liquid ( ) Sludge ( ) Other (X)
F. Estimated Quantity: 50 yd^3
G. Total Actual Quantity (to be filled in upon completion): COMPLETED
H. Multiple Loads: Yes (X) No ( )
I. Dates of Disposal: August 8th - Sept. 8th
J. Testing: N/A
K. Reviewed by Department of Ecology: Yes ( ) No (X)
L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids
M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88 — Date
Warehouse Manager — Title
Signature

AUTHORIZATION SIGNATURE:

APPROVED

JUL 28 1988

Rich Singer

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1 of 2 Recovery B&L Demolition

#2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00307710 Date : 08/26/88 Time : 11:11:36 Operator ID : 7777
Customer ID : 03 Vehicle ID : 0000102314
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. :	11.59	Time In : 10:37:28	Disposal Charge : $ 78.20
Tare Wt. :	7.00	Time Out : 11:11:36	Special Charge : $ 53.00
Net Wt. :	4.59	Price/Ton : 17.00	Total Charge : $ 131.20

POSTED

1+2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED August 26 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 04.59 T WET: YES X NO ___

TYPE OF CONTAINER

LABELED: YES X NO ___

33X50 Yellow Asbestos Disposal Bags, marked w/required warning labels

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Jon Field

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft 2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: GC 1 TITLE S Coleman

1+2 RECOVERY BLR DEMOLITION

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

II III 10.00 CASH
000001 07-29-88 T08:18

health

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: TACOMA

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd^3

G. Total Actual Quantity (to be filled in upon disposal): 4.59 T

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88 — Date

WAREHOUSE MANAGER — Title

Signature

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Rich Singer

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

142 RECOVERY BCR DEMOLITION

V 1471
180-2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00302578 Date : 08/19/88 Time : 09:11:53 Operator ID : 2152
Customer ID : 03 Vehicle ID : 0000102378
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. :	5.42	Time In :	08:49:24	Disposal Charge :	$ 84.00
Tare Wt. :	3.46	Time Out :	09:11:53	Special Charge :	$ 03.00
Net Wt. :	1.96	Price/Ton :	17.00	Total Charge :	$ 87.00

POSTED

1&2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED August 19 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 1.98 T. WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Asbestos Disposal Bags, marked w/required Warning lables

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Jon Field

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma, Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: H.C.F. TITLE Scale Man

102 RECOVERY BLR DEMOLITION

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 111 10.00 CASH
000001 07-29-88 T08:18

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: TACOMA

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd^3

G. Total Actual Quantity (to be filled in upon disposal): 1.98 tons

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88	WAREHOUSE MANAGER	[signature]
Date	Title	Signature

AUTHORIZATION SIGNATURE:

Rich Singer

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

#2701

1+2 Recovery BLR Demolition

V1471

180-2707

CITY OF TACOMA - LANDFILL
********** WEIGHT TICKET **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00304840 Date : 08/22/88 Time : 10:24:58 Operator ID : AGAM
Customer ID : 03 Vehicle ID : 0000102314
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. :	9.93	Time In :	09:55:36	Disposal Charge :	$ 50.15
Tare Wt. :	7.00	Time Out :	10:24:58	Special Charge :	$ 53.00
Net Wt. :	2.93	Price/Ton :	17.00	Total Charge :	$ 103.15

POSTED

1+2 Recovery BLR Demolition

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

II III 10.00 CASH
000001 07-29-88 TOB:1

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: Tacoma

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd³

G. Total Actual Quantity (to be filled in upon disposal): 2.93 ton

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thoroughly wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88 — Date

Warehouse Manager — Title

Signature

AUTHORIZATION SIGNATURE:

Rich Singer

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

ASBESTOS DISPOSAL CERTIFICATE 1&2 Recovery Blr Demolition

DATE DELIVERED August 22, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 2.93 Ton WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33X50, Yellow Asbestos Disposal Bags, marked w/required warning labels

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Jon Field

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Vicky C Ray TITLE _____

1+2 RECOVERY BLR DEMOLITION

#2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00300025 Date : 08/15/88 Time : 09:24:58 Operator ID : 7777
Customer ID : 03 Vehicle ID : 0000102314
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. :	9.07	Time In :	08:58:48	Disposal Charge :	$ 37.40
Tare Wt. :	6.87	Time Out :	09:24:58	Special Charge :	$ 53.00
Net Wt. :	2.20	Price/Ton :	17.00	Total Charge :	$ 90.40

POSTED

1+2 RECOVERY BLR DEMOLITION

#2707

V1471
180-2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Cross # : 00296510 Date : 08/10/88 Time : 09:21:39 Operator ID : 7777
Customer ID : 03 Vehicle ID : [illegible]
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : [illegible]
Gross Wt. : 9.86 Time In : 08:57:39 Disposal Charge : $ 45.90
Tare Wt. : 7.16 Time Out : 09:21:39 Special Charge : $ 53.00
Net Wt. : 2.70 Price/Ton : 17.00 Total Charge : $ 93.90

POSTED

1+2 RECOVERY BCR DEMOLITION

health

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

11 111 10.00 CASH
000001 07-29-88 TO 8:18

WASTE DISPOSAL AUTHORIZATION

Date: 7/28/88

A. Generator Name: Simpson-Tacoma Kraft (2707)

B. Generator Address: TACOMA

C. Transporter Name: D & G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 50 yd^3

G. Total Actual Quantity (to be filled in upon disposal): 2.70 tons

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: August 8th - Sept. 8th

J. Testing: N/A

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: double-bagged, thorough, wet, no air voids

M. Waste Disposal Destination: ( ) Fort Lewis Landfill
(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-29-88	WAREHOUSE MANAGER	[signature]
Date	Title	Signature

AUTHORIZATION SIGNATURE: [signature]

APPROVED

JUL 28 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1+2 RECOVERY BLR DEMO

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED August 10, 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 2.70 tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33x50, Yellow Asbestos Disposal Bags, marked w/required Warning labels

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Norman T. Jones TITLE Sale Operations

192 RECOVERY BLR DEMOLITION

#2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

rans # : 00286722 Date : 07/27/88 Time : 09:49:15 Operator ID : 2153
ustomer ID : 03 Vehicle ID : 0000102314
ustomer Type: ACC'T CUSTOMER CITY RATE
ccount Name : D & G MECHANICAL Account # : 01001500
ross Wt. : 11.46 Time In : 09:20:03 Disposal Charge : $ 79.05
are Wt. : 6.82 Time Out : 09:49:15 Special Charge : $ 53.00
et Wt. : 4.64 Price/Ton : 17.00 Total Charge : $ 132.05

POSTED

7+2 Recovery BLR Demo

health

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

JT 7085 10.00 CASH
000001 06-30-88 11:59

WASTE DISPOSAL AUTHORIZATION

Date: 6/30/88

A. Generator Name: Simpson Tacoma Kraft #2707

B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 80 yd³

G. Total Actual Quantity (to be filled in upon disposal):

286722 4.64 7 132.05

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 7/5 - 8/5/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-30-88 — Date

Warehouse Manager — Title

Signature

APPROVED

JUN 30 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

Jana Bralli

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

142 Recovery Bld Demo

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED 7/27/88 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 4.64 Tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

Labled Poly bags

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME W. McCoekle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Norman T. Jones TITLE Lab Operator

1&2 REC BLR DEMOLITION

#2707

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

FRI 07-29-88 R0001

SWaste	10.00
TOTAL	10.00

ITEM 1

70111 1111 T08:17

POSTED

1 of 2 REC. BLR DEMOLITION

#2707

C I T Y O F T A C O M A - L A N D F I L L

********** W E I G H T T I C K E T **********

POSTED

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

ans # : 00282581 Date : 07/21/88 Time : 10:23:28 Operator ID : 7777
st mer ID : 03 Vehicle ID : 0000102314
stomer Type: ACC'T CUSTOMER CITY RATE
count Name : D & G MECHANICAL Account # : 01001500

os	Wt. :	9.10	Time In :	10:05:48	Disposal Charge : $ 32.30
re	Wt. :	7.23	Time Out :	10:23:28	Special Charge : $ 53.00
t	Wt. :	1.87	Price/Ton :	17.00	Total Charge : $ 85.30

#2 - RECOVERY BOILER DEMOLITION
$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 06-30-88 T 14:59

health

WASTE DISPOSAL AUTHORIZATION

Date: 6/30/88

A. Generator Name: Simpson Tacoma Kraft #2707

B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 80 yd³

G. Total Actual Quantity (to be filled in upon disposal): 7-28-88 1.87 Tons

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 7/5 - 8/5/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-30-88 — Date

WAREHOUSE MANAGER — Title

[signature] — Signature

APPROVED

JUN 30 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1+2 Recovery Blr Demolition

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED July 21 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 1.87 tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33X50 Asbestos Removal Bags, Marked w/required Warning labels

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCarkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Norman T. Jones TITLE _____

1+2 RECOVERY BLR DEMOLITION

#2707

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

TUE 07-05-88 R0001

SWaste	10.00
TOTAL	10.00

POSTED

ITEM 1

69181 1111 T14:49

1&2 RECOVERY BLR DEMOLITION

$10.00

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH 10.00 CASH

07-05-88 T14:49

health

WASTE DISPOSAL AUTHORIZATION

Date: 7/5/88

A. Generator Name: Simpson Tacoma Kraft #2707

B. Generator Address:

C. Transporter Name: D&G Mechanical / Power Master Inc

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos Slurry

Liquid ( ) Sludge ( ) Other ( )

F. Estimated Quantity: 25-50 yd³ (Truck Vaccum Slurry)

G. Total Actual Quantity (to be filled in upon disposal):

H. Multiple Loads: Yes ( ) No ( )

I. Dates of Disposal: 7/6 - 7/15

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, transported in sealed tanker and encased in lined cell

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

( ) City of Tacoma (X) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

7-5-88	Purchasing Manager	[signature]
Date	Title	Signature

AUTHORIZATION SIGNATURE:

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

JUL 07 1988

APPROVED

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

142 Recovery Bldg Demolition
$100

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

000001 06-30-88 T 1:59

health

WASTE DISPOSAL AUTHORIZATION

Date: 6/30/88

A. Generator Name: Simpson Tacoma Kraft #2707

B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 80 yd³

G. Total Actual Quantity (to be filled in upon disposal): _____

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 7/5 - 8/5/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-30-88 — Date

WAREHOUSE MANAGER — Title

[signature] — Signature

APPROVED

JUN 30 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1+2 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED July 12 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) 2.83 TONS WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33X50, Yellow Asbestos Disposal Bags, marked w/required warning lables

IF BAGGED, THICKNESS OF BAGS (mil) DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2707

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

City of Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: Leroy C Ray TITLE _____

$10.00 1+2 Recovery Blr Demolition

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

health

11 9085 10.00 CASH
000001 06-30-88 T1:59

WASTE DISPOSAL AUTHORIZATION

Date: 6/30/88

A. Generator Name: Simpson Tacoma Kraft #2707

B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 80 yd³

G. Total Actual Quantity (to be filled in upon disposal): July 12 1988 2.83 TONS

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 7/5 - 8/5/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-30-88 — Date

WAREHOUSE MANAGER — Title

[signature] — Signature

APPROVED

JUN 30 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1+2 RECOVERY BLR DEMOLITION

2707

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

rans # : 00276549 Date : 07/12/88 Time : 10:30:02 Operator ID : AGAM
ustomer ID : 03 Vehicle ID : 0000102378
ustomer Type: ACC'T CUSTOMER CITY RATE
ccount Name : D & G MECHANICAL Account # : 01001500

ross Wt. :	6.28	Time In :	10:04:11	Disposal Charge :	$ 48.45
are Wt. :	3.45	Time Out :	10:30:02	Special Charge :	$ 53.00
et Wt. :	2.83	Price/Ton :	17.00	Total Charge :	$ 101.45

POSTED

PIONEER BUSINESS FORMS TACOMA

1+2 RECOVERY BLR. DEMOLITION

180/2707 - $32.88
180/2715 - 27.00
180/2716 - 5.87

C I T Y O F T A C O M A - L A N D F I L L
********** W E I G H T T I C K E T **********

AVOID LONG WEEKEND LINES, VISIT THE LANDFILL MONDAY THRU FRIDAY.
HOURS -- 8:00 AM - 6:00 PM DAILY
THANK YOU FOR YOUR PATRONAGE

Trans # : 00271642 Date : 07/06/88 Time : 08:51:33 Operator ID : AGAM
Customer ID : 03 Vehicle ID : 0000102378
Customer Type: ACC'T CUSTOMER CITY RATE
Account Name : D & G MECHANICAL Account # : 01001500

Gross Wt. :	4.18	Time In :	08:38:56	Disposal Charge : $	12.75
Tare Wt. :	3.45	Time Out :	08:51:33	Special Charge : $	53.00
Net Wt. :	0.73	Price/Ton :	17.00	Total Charge : $	65.75

POSTED

142 RECOVERY BLR DEMOLITION

ASBESTOS DISPOSAL CERTIFICATE

DATE DELIVERED July 6 1988 TIME _____ AM PM

QUANTITY (tons, cu. yds., #of bags) .73 tons WET: YES X NO ___

TYPE OF CONTAINER LABELED: YES X NO ___

33X50 Yellow Asbestos Disposal Bags, marked w/required warning lables

IF BAGGED, THICKNESS OF BAGS 6mil DOUBLE BAGS: YES X NO ___

HAULER COMPANY NAME D&G MECHANICAL INSULATION, INC.

STREET ADDRESS 1703 PORTLAND AVENUE

CITY TACOMA STATE WA ZIP CODE 98421

DRIVER NAME Bill McCorkle

ASBESTOS REMOVED FROM

Simpson Tacoma Kraft #2716 - 4 bags
#2715 - 23 bags
#2707 - 25 bags.

THIS IS TO CERTIFY THAT THE ABOVE ASBESTOS WAS DELIVERED TO THE:

Tacoma Landfill

WHICH IS APPROVED FOR ASBESTOS DISPOSAL.

CERTIFIED BY: RLS TITLE _____

health

$10.00 1+2 Recovery Bur Demolition

ALFRED M. ALLEN, M.D., M.P.H. • DIRECTOR OF HEALTH

JT 9085 10.00 CASH
000001 06-30-88 T14:59

WASTE DISPOSAL AUTHORIZATION

Date: 6/30/88

A. Generator Name: Simpson Tacoma Kraft #2707

B. Generator Address: Tacoma

C. Transporter Name: D&G Mechanical

D. Technical Contact: Mike Phone: 272-7649

E. Waste Description: Asbestos

Liquid ( ) Sludge ( ) Other (X)

F. Estimated Quantity: 80 yd³

G. Total Actual Quantity (to be filled in upon disposal): .35 ton 7-6-88

H. Multiple Loads: Yes (X) No ( )

I. Dates of Disposal: 7/5 - 8/5/88

J. Testing: NA

K. Reviewed by Department of Ecology: Yes ( ) No (X)

L. Disposal/Transportation Requirements: wetted, double bagged and labeled

M. Waste Disposal Destination: ( ) Fort Lewis Landfill

(X) City of Tacoma ( ) Thun Field ( ) Purdy Landfill

POSTED

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

6-30-88 — Date

WAREHOUSE MANAGER — Title

[signature] — Signature

APPROVED

JUN 30 1988

TACOMA-PIERCE COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIV.

AUTHORIZATION SIGNATURE:

[signature]

HEA 1071

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408-6897

1+2 RECOVERY BLR DEMOLITION

JOB #2707

Thank You
Tacoma-Pierce
County Health Dept
3629 S. "D"Street
Tacoma Wash 98408

Environmental
Health
Division

THU 06-30-88 R0001

SWaste	10.00
TOTAL	10.00

ITEM 1

69086 1111 T14:58

POSTED

R. M. NICOLA M.D., M.H.S.A. • DIRECTOR OF HEALTH

health

WASTE DISPOSAL AUTHORIZATION

Date 8-15-85

Billing address: P.O. Box 2133 TACOMA, WA. 98401

A. Generator Name: Champion Int'l

B. Generator Address: 801 Portland Ave

C. Transporter Name: Landscape Bark

D. Technical Contact: Dick Forsberg

E. Waste Description: Asbestos

Liquid [ ] Sludge [ ] Other [X]

F. Estimated Quantity: 3 yards

G. Total Actual Quantity (to be filled in upon disposal) _____

H. Multiple Loads: Yes [ ] No [X]

I. Dates of Disposal: Aug 23rd,

J. Testing: NOT REQUIRED

K. Reviewed by Dept. of Ecology: Yes [ ] No [X]

L. Disposal/Transportation Requirements: MATERIAL HAS BEEN wetted and double bagged.

M. Waste Disposal Destination: Cascade Pit [ ]

City of Tacoma [ ] Thun Field [X] Purdy Landfill [ ]

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

Date	Title	Signature
8/19/85	Process Engineer	Richard T Forsberg
8/28/85	Asst. Tech. Supt.	Wilbur H Baker

AUTHORIZATION SIGNATURE:

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

3629 SOUTH D ST. TACOMA, WASHINGTON 98408