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Massachusetts Department of Environmental Protection
Bureau of Waste Prevention

Material Shipping Record & Log

For the shipment of contaminated soil, urban fill, and dredge materials not subject to management under section 310 CMR 40.0035 nor manifesting under 310 CMR 30.000

XZ24394
Tracking Number

A. Location Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Provide the following information on the location where the waste was generated:

STREET SWEEPING + CATCH BASIN CLEANINGS
Release name (optional)

148 PARK STREET — Street
DPW YARD — Location aid
BEVERLY — City/Town
MA — State
01915 — Zip code

2. Date/Period of generation: 1-09 — From; 12-09 — To
3. U.S. EPA ID number: N/A
4. 21E release: ☐ Yes ☑ No
5. List additional tracking documents associated with this document:

NONE

B. Generator Information

Important: This form is not to be used for the shipment of remediation wastes subject to management under section 310 CMR 40.0035 of the Massachusetts Contingency Plan nor is it to be used in lieu of a hazardous waste manifest for hazardous waste or recyclable materials subject to the Massachusetts Hazardous Waste Regulations 310 CMR 30.000.

1. Provide the following generator information:

BEVERLY DEPT. of PUBLIC SERVICES
Name of organization

MICHAEL P. COLLINS, PE — Contact name
COMMISSIONER — Title
148 PARK STREET — Street address
BEVERLY — City/Town
MA — State
01915 — Zip code
978-921-6053 — Telephone number(including extension)

C. Owner and/or Operator Information

1. If the owner and/or operator is different from the generator as indicated in Section B, provide the following information:

Check applicable: ☐ owner ☐ operator

N/A
Name of organization

Contact name
Title
Street address
City/Town
State
Zip code
Telephone number
Ext.

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D. Transporter/Common Carrier Information

1. Provide the following information:

WRIGHT INDUSTRIES, INC.
Transporter/Common carrier name

N/A
Hazardous waste license number (if applicable)

N/A
Licensing state (if applicable)

PAUL WRIGHT
Contact person

PRESIDENT
Title

22 WESTERN AVENUE
Street

ESSEX
City/Town

MA
State

01929
Zip code

978-768-7059
Telephone number

—
Ext.

E. Receiving Facility Information

1. Provide the following information on the receiving facility:

WARD HILL NECK ASH LANDFILL
Operator/Facility name

GEORGE DREW
Contact person

ENV. SPECIALIST
Title

100 RECOVERY WAY
Street

HAVERHILL
City/Town

MA
State

01830
Zip code

978-372-6288
Telephone number

3025
Ext.

2. Type of facility:

- ☐ asphalt batch/cold mix
- ☐ asphalt batch/hot mix
- ☐ landfill/disposal
- ☒ landfill/ daily cover
- ☐ thermal processing
- ☐ landfill/structural fill
- ☐ other(specify): _____

3. Permit number: 132291

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F. Description of Material

Check all that apply:

1. a. ☐ soil ☐ dredge material ☐ fill

   b. Description: _____

   c. Classification: ☐ MIT ☐ USDA ☐ USAEC ☐ ASEE

2. ☒ Other(describe): STREET SWEEPINGS + CATCH BASIN CLEANINGS

3. Type of contamination:

   a. ☐ gasoline ☐ diesel fuel ☐ #2 oil ☐ #4 oil
   ☐ #6 oil ☐ waste oil ☐ kerosene ☐ jet fuel

   b. ☐ Debris:

   ☐ demolition ☐ vegetative ☐ inorganic

   c. ☐ Other(describe): _____

4. Constituents of concern (check all that apply):

   ☐ As ☐ HVOCs
   ☐ Cd ☐ PATH
   ☐ Cr ☐ VOCs
   ☐ Pb ☐ PAHs
   ☐ Hg ☐ BNAs
   ☐ Na ☐ TPH
   ☐ PCBs ☐ Other(describe): _____

5. Analyses performed (check all that apply):

   ☑ As ☐ PATH
   ☑ Cd ☑ VOCs
   ☑ Cr ☑ PAHs
   ☑ Pb ☐ BNAs
   ☑ Hg ☑ TPH
   ☐ Na ☐ TCLP (inorganic)
   ☑ PCBs ☐ TCLP (organic)
   ☐ HVOCs ☑ Other(describe): CONDUCTIVITY

6. Screening performed:

   PARTICLE SIZE
   Type

   SIEVE
   Instrument used

   100% PASSING 1.5"
   Constituents

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F. Description of Material (cont.)

7. Estimated volume of materials:

500 + ONGOING
Cubic yards | Tons | Other(specify units)

8. Contaminant source (check one):

- ☐ transportation accident
- ☐ ust
- ☒ other(describe): STREET SWEEPINGS + CATCH BASIN CLEANINGS

9. Indicate which waste characterization support documentation is attached:

- ☒ site history information
- ☒ sampling and analytical methods/procedure
- ☒ laboratory data
- ☒ field screening data

If supporting documentation is not appended, provide an attachment stating the date and in connection with what document such information was previously submitted to the facility.

G. Qualified Environmental Professional Opinion

"I have personally examined and am familiar with the information contained on and submitted with this form. Based on this information, it is my opinion that the testing and assessment actions undertaken were adequate to characterize the waste, and that the facility or location can accept wastes with the characteristics described in this submittal. I am aware that significant penalties including, but not limited to, possible fines and imprisonment may result if I willfully submit information which I know to be false, inaccurate, or materially incomplete."

ALLIANCE ENVIRONMENTAL GROUP, INC.
Name of organization

MICHAEL F. GEISSER, PE, LSP
Name of professional

SENIOR PROFESSIONAL
Title

617-492-6500 | 16
Telephone number | Ext.

Signature

12-14-09
Date

6997
License number

Seal:

COMMONWEALTH OF MASSACHUSETTS
MICHAEL F. GEISSER
No. 6997
12-14-09
REGISTERED
LICENSED SITE PROFESSIONAL

Massachusetts Department of Environmental Protection
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XZZ4394
Tracking Number

H. Certification of Generator

"I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information contained herein is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information."

Signature

Date 12-15-2009

Name(print) Michael Collins

I. Acknowledgment of Receipt by Receiving Facility

Receiving facility

Representative (print)

Title

Signature

Date

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J. Load Information

Note:
Make additional copies of this page as necessary.

Load#: _____

Signature of transporter _____ Receiving facility _____

Date received _____ Time received _____ Date of shipment _____ Time of shipment _____

Truck/Tractor registration _____ Trailer registration _____

Load size (cubic yards/tons) _____

Load#: _____

Signature of transporter _____ Receiving facility _____

Date received _____ Time received _____ Date of shipment _____ Time of shipment _____

Truck/Tractor registration _____ Trailer registration _____

Load size (cubic yards/tons) _____

Load#: _____

Signature of transporter _____ Receiving facility _____

Date received _____ Time received _____ Date of shipment _____ Time of shipment _____

Truck/Tractor registration _____ Trailer registration _____

Load size (cubic yards/tons) _____

K. Log Sheet Volume Information

Total volume this page (cubic yards/tons) _____

Total carried forward (cubic yards/tons) _____

Total carried forward and this page (cubic yards/tons) _____

Page _____ of _____