QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Rabo, L. Jose
SOCIAL SECURITY NO: 558-94-0376

DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT AROUND FACIAL CONTOURS.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED.
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SUBJECT IS NOT MADE TO COUGH BY SMOKE PLUME.

RESPIRATOR MODEL: NORTH X 3M
RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE
SIZE: S _ M _ L _
SUPERVISOR SIGNATURE: [Signature]
DATE 10-9-02

**EXPIRATION DATE IS ONE YEAR FROM TEST DATE**
State of California Department of Health Services

Lead-Related Certificate
Construction Certificate Worker

08/11/2002

Armando Rodriguez ID # 6633
Environmental Safety Training Professionals Ltd

Armando Rodriguez
Asbestos Contractor Supervising Refractor
03/23/02

03/23/03

03/23/04

03/23/05

03/23/06
ASBESTOS MEDICAL REPORT

Name: MACARIO E A 2G         Date of Exam: AUG 3 1 2001

Soc. Sec. No.: 715 23-8-740     Employer: VCA l union 4 e 7

This to certify that the above named employee has been examined in accordance with Federal OSHA rules per 29 CFR Parts 1910 and 1926 for asbestos workers with ANSI standards Z88.6 - 1984 and Cal OSHA regulations 5144 (h) for respirator use. The findings and conclusions are as follows:

<table>
<thead>
<tr>
<th>No Significant Findings</th>
<th>Relevant Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

MEDICAL HISTORY & EXAMINATION
CHEST X-RAY
PULMONARY FUNCTION TEST

CONCLUSIONS:

( ) No detected medical condition which would place the employee at increased risk of material impairment of health from exposure to asbestos, tremolite, anthophyllite of actinolite.

( ) Relevant problems found:

Employee has been informed of results and particularly of any condition resulting from exposure requiring further medical attention.

( ) NO MEDICAL RESTRICTIONS ON RESPIRATORY USE
( ) SPECIFIC MEDICAL RESTRICTIONS
( ) NO RESPIRATORY USE PERMITTED

RE Restrictions:

Employee has been informed of increased risk of Lung Cancer attributable to the combined effect of smoking and asbestos exposure.

EXAMINER'S SIGNATURE: [Signature]
QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Rodríguez, Armando

SOCIAL SECURITY NO: 550-29-5277

DESCRIPTION OF TEST:

1. Respirator is donned and straps adjusted.
2. Visual check is made to ensure tight fit around facial contours.
3. Exhalation/inhalation and simulated mouth movement test are performed.
4. Irritant smoke used to check fit. Proper fit is obtained if subject is not made to cough by smoke plume.

RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SUPERVISOR SIGNATURE: C. Wall

DATE 4/8/02

**EXPIRATION DATE IS ONE YEAR FROM TEST DATE**
LABORERS TRAINING & RETRAINING
TRUST FUND FOR NORTHERN CALIFORNIA

1001 Westside Drive
San Ramon, CA 94583
Phone: (925) 828-2513
Fax: (925) 828-6142

LABORERS TRAINING & RETRAINING
TRUST FUND FOR NORTHERN CALIFORNIA

MAGARISRAZO
Social Security Number: 715-23-8790
HAS SUCCESSFULLY MET OR EXCEEDED THE ACCREDITATION STANDARDS
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION
UNDER THE (TSCA) ACT TITLE IV.
Card Expires: 09/8/02
Robert Raymond
Training Center Manager

CARD NO. 3337R
Training Date: 09/8/01
Provider: CA-012-12
ACCORD\r\nCERTIFICATE OF LIABILITY INSURANCE\n\nPRODUCER\nDealey, Ranton & Associates\nP.O. Box 12575\nOakland, CA 94604-2675\n510 465-3090\n\nINSURED\nJanus Corporation\n1081 Shary Circle\nConcord, CA 94518\n\nINSURERS AFFORDING COVERAGE\nINSURER A: Zurich American Insurance Co.\nINSURER B: American Guarantee & Liability\nINSURER C: State Compensation Ins. Fund of CA\nINSURER D: Steadfast Ins. Co.\nINSURER E: \n\nCOVERAGES\n\nTHE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.\n\nINSURER \nTYPE OF INSURANCE \nA \nGENERAL LIABILITY\nX COMMERCIAL GENERAL LIABILITY\nCLAIMS MADE X OCCUR\n\nPOLICY NUMBER \nGLO521873100\n\nPOLICY EFFECTIVE DATE (MM/DD/YY) \n07/01/01\n\nPOLICY EXPIRATION DATE (MM/DD/YY) \n07/01/02\n\nLIMITS \nEACH OCCURRENCE $5,000,000\nFIRE DAMAGE (Any one fire) $100,000\nMED EXP (Any one person) $10,000\nPERSONAL & ADV INJURY $5,000,000\nGENERAL AGGREGATE $5,000,000\nPRODUCTS-COMP/OP AGG $5,000,000\n\nB \nAUTOMOBILE LIABILITY\nX ANY AUTO\nALL OWNED AUTOS\nSCHEDULED AUTOS\nHIRED AUTOS\nNON-OWNED AUTOS\n\nPOLICY NUMBER \nBAP377647202\n\nPOLICY EFFECTIVE DATE (MM/DD/YY) \n07/01/01\n\nPOLICY EXPIRATION DATE (MM/DD/YY) \n07/01/02\n\nLIMITS \nCOMBINED SINGLE LIMIT (Ca accident) $2,000,000\nBODILY INJURY (Per person) $\nBODILY INJURY (Per accident) $\nPROPERTY DAMAGE (Per accident) $\nAUTO ONLY - EA ACCIDENT $\nOTHER THAN AUTO ONLY - EA ACC $\nOTHER THAN AUTO ONLY - AGG $\nEACH OCCURRENCE $\nAGGREGATE $\n\nC \nWORKERS COMPENSATION AND EMPLOYERS' LIABILITY\n\nPOLICY NUMBER \n1633736\n\nPOLICY EFFECTIVE DATE (MM/DD/YY) \n07/01/01\n\nPOLICY EXPIRATION DATE (MM/DD/YY) \n07/01/02\n\nLIMITS \nE.L. EACH ACCIDENT $1,000,000\nE.L. DISEASE - EA EMPLOYEE $1,000,000\nE.L. DISEASE - POLICY LIMIT $1,000,000\n\nD \nOTHER Contractors\nPollution\nLiability\n\nPOLICY NUMBER \nCPL522028500\n\nPOLICY EFFECTIVE DATE (MM/DD/YY) \n07/01/01\n\nPOLICY EXPIRATION DATE (MM/DD/YY) \n07/01/02\n\nLIMITS \n$5,000,000 each loss\n$5,000,000 all losses\n\nDESCRIPTION OF OPERATIONS/LOCATIONS/Vehicles/Exclusions Added by Endorsements/Special Provisions\nJob #02-107, The certificate holder & HMS, Inc. are named as an additional insured as respects general liability for claims arising from the operations of the named insured.

CERTIFICATE HOLDER \nADDITIONAL INSURED/INSURER LETTER \nCANCELLATION Ten Day Notice for Non-Payment of Premium \n\nChico Unified School District\n1163 East 4th Street\nChico, CA 95928

AUTHORIZED REPRESENTATIVE

Steve Bohan

#M61905
QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Macario Razo

SOCIAL SECURITY NO: 715-23-8790

DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED
2. VISUAL CHECK IS MADE TO ENSURE LIGHT FIT AROUND FACIAL SURFACE
3. EXHALATION/INHALATION AND SIMULATED MOVEMENT TESTS ARE PERFORMED
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SMOKE IS NOT MADE TO COUGH BY SMOKE PLUME

RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SIZE: S M L

SUPERVISOR SIGNATURE: C. UHLE

DATE 4/8/03

**EXPIRATION DATE IS ONE YEAR FROM TEST DATE**
**NON-HAZARDOUS WASTE MANIFEST**

**Generator's Name and Mailing Address**

CHICO UNIFIED SCHOOL DISTRICT
1163 EAST 4TH ST, CHICO, CA 95928

**SITE:** 901 THE ESPLANADE

**CHICO, CA 95926**

**Generator's Phone** (530-891-3195)

**Transporter 1 Company Name**
JANUS CORPORATION

**US EPA ID Number**
CAL000190758

**A. Transporter's Phone**
925 969-9200

**Transporter 2 Company Name**

**US EPA ID Number**

**B. Transporter's Phone**

**Designated Entity Name and Site Address**

8 & J LANDFILL

3428 BAY ROAD

VACAVILLE, CA, 95687

**C. Facility's Phone**
707 451-3276

**Waste Shipping Name and Description**

**NON FRIABLE WASTE:**

**Containers No.**

**Type**

**Total Quantity**

**Unit**

**Wt/Vol**

**E. Handling Codes for Wastes Listed Above**

03

**Special Handling Instructions and Additional Information**

JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200

EPA REGION IX

BAAQMD, 939 ELLIS STREET, S.F., CA

**GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

**Printed/Typed Name**

ROBERT A MICHAEL

**Signature**

ROBERT A MICH

**Month**

**Day**

**Year**

06 05 02

**Transporter 1 Acknowledgement of Receipt of Materials**

**Printed/Typed Name**

GARY MORGAN

**Signature**

GARY MORGAN

**Month**

**Day**

**Year**

08 01 00

**Transporter 2 Acknowledgement of Receipt of Materials**

**Printed/Typed Name**

**Signature**

**Month**

**Day**

**Year**

08 01 00

**Discrepancy Indication Space**

**Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.**

**Printed/Typed Name**

TERRY SOUSA

**Signature**

TERRY SOUSA

**Month**

**Day**

**Year**

10 20 02
**NON-HAZARDOUS WASTE MANIFEST**

3. **Generator’s Name and Mailing Address**
   
   **CHICO UNIFIED SCHOOL DISTRICT**
   
   1163 EAST 4TH ST, CHICO, CA 95928
   
   CHICO, CA 95926

4. **Generator’s Phone**
   
   (530) 891-3195

5. **Transporter 1 Company Name**
   
   JANUS CORPORATION

6. **US EPA ID Number**
   
   CAL 00019075

7. **Transporter 2 Company Name**
   
   E & J CARRIAGE

8. **US EPA ID Number**
   
   CAL 00019075

9. **Designated Facility Name and Site Address**
   
   **VACAVILLE, CA, 95687**

10. **US EPA ID Number**
    
    CAL 00019075

11. **Waste Shipping Name and Description**
    
    a. **NON FIARABLE WASTE:**

    b.

    c.

    d.

12. **Containers**
    
    No. Type

13. **Total Quantity**
    
    001 cm 0015 y

14. **Unit Wt/Vol**
    
    03

15. **Special Handling Instructions and Additional Information**
    
    JANUS CORP.; 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200
    
    EPA REGION 9
    
    BAAQMD, 939 ELLIS STREET, S.F., CA

16. **GENERATOR’S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

17. **Transporter 1 Acknowledgement of Receipt of Materials**

18. **Transporter 2 Acknowledgement of Receipt of Materials**

19. **Discrepancy Indication Space**

20. **Facility Owner or Operator:** Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

---

**TRANSPORTER #2**
<table>
<thead>
<tr>
<th>LAB#</th>
<th>CLIENT #</th>
<th>DESCRIPTION</th>
<th>ANALYST</th>
<th>WORKER NAME</th>
<th>DATE</th>
<th>TIME</th>
<th>ON-OFF</th>
<th>TOTAL</th>
<th>SAMPLED</th>
<th>TOTAL MINUTES UP/A</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>P-1</td>
<td>Routine Roofing Material Detailing</td>
<td>Jose Luis Pazo, Harp</td>
<td>09/18/02</td>
<td>3:30 PM</td>
<td>20/20</td>
<td>650</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X-2</td>
<td>Blank</td>
<td>S58-94-0376</td>
<td>09/18/02</td>
<td>8:55 AM</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>Blank</td>
<td>S58-94-0376</td>
<td></td>
<td>9:00 AM</td>
<td>20/20</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>Blank</td>
<td></td>
<td></td>
<td>9:30 AM</td>
<td>20/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nelson B. Magana. 09/18/02

Received by: 09/18/02 1000

Relinquished by: 09/18/02

Return samples to Janus Corporation.
# JANUS CORPORATION

1031 Shary Circle, Concord, CA 94520-2407
626-868-9203 626-929-9290 FAX

**JOB #:** 02-107

**JOB NAME:** Chico High School

**P.C. NUMBER:** 02-107

**ANALYSIS TYPE:** PCM

**NUMBER OF SAMPLES:** 6

**TURN-AROUND TIME:** 24 hrs.

**FILTER:** 25 mm.

---

**AIR MONITORING LOG**

**REQUEST FOR ANALYSIS**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>UNIVERSITY OF CALIFORNIA, BERKELEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-1</td>
<td>Removal, bagging material, dating</td>
</tr>
<tr>
<td>X-2</td>
<td>715 - 23 - 8790</td>
</tr>
<tr>
<td>D-3</td>
<td>715 - 23 - 8790</td>
</tr>
<tr>
<td>4</td>
<td>Blank sample</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**WORKER NAME:** Macario Rao

**DATE & TIME ON/OFF AND TOTAL SAMPLE**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>UNIVERSITY OF CALIFORNIA, BERKELEY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>D-1</td>
<td></td>
</tr>
<tr>
<td>X-2</td>
<td>04/01/02 8:30 AM - 11:30 AM</td>
</tr>
<tr>
<td>D-3</td>
<td>04/01/02 11:30 AM - 02:30 PM</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**TWA:**

**RECEIVED BY:**

**DATE:** 4/21/02 10:00

**RETURN SAMPLES TO JANUS CORPORATION**
# JANUS CORPORATION

**1081 SHARY CIRCLE, CONCORD, CA 94520-2407**
**925 969-9206; 925 969-8290 FAX**

**JOB NO:** 02-107  
**JOB NAME:** Chico High School  
**35.7384°, 117.46°N**

---

**AIR MONITORING LOG**

**REQUEST FOR ANALYSIS**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>WORKER NAME</th>
<th>RESPIR</th>
<th>DATE</th>
<th>TIME</th>
<th>O/N/OFF</th>
<th>AVG. Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D-1</strong></td>
<td>Jose Luis Rodas</td>
<td>558.94 - 0376</td>
<td>04/17/02</td>
<td>10:30</td>
<td>21</td>
<td>94.07</td>
</tr>
<tr>
<td><strong>X-2</strong></td>
<td>558.94 - 0376</td>
<td>30</td>
<td>04/17/02</td>
<td>10:00</td>
<td>21</td>
<td>94.07</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Blank Sample</td>
<td>60</td>
<td>04/17/02</td>
<td>10:30</td>
<td>21</td>
<td>94.07</td>
</tr>
</tbody>
</table>

**TWA**

**RETURN SAMPLES TO JANUS CORPORATION**

---

**Analysis Type:** PCR  
**Number of Samples:** 4  
**Turnaround Time:** 24 hrs  
**Filter:** 25mm
MANAGEMENT PLAN

FOR

* CHICO UNIFIED SCHOOL DISTRICT

* CHICO HIGH SCHOOL
  * 901 ESPLANADE
  CHICO, CA  95926

LEA Superintendent:  ROBERT W. PURVIS

LEA AHERA Designee:  PAUL B. GRAVES

PREPARED BY:
[Signature]
Management Planner (accreditation attached)
Hazard Management Services, Inc.
P. O. Box 7012
Modesto, CA  95355-7012
(209) 577-8209
**NON-HAZARDOUS WASTE MANIFEST**

   Manifest Doc. No.  

2. Page 1 of 1 02-107

**Generator's Name and Mailing Address**
CHICO UNIFIED SCHOOL DIST
1141 EAST 4TH ST, CHICO, CA 95926
530-341-3125

3. Site: CHICO HIGH SCH 901 THE KGRANAM

4. Generator's Phone: (530-341-3125)

5. Transporter 1 Company Name  
   6. US EPA ID Number  
   7. Transporter 1 Company Name  
   8. US EPA ID Number  
   9. Designated Facility Name and Site Address  
   10. US EPA ID Number  

   B & J LANDFILL  
   6426 FRAY ROAD  
   VACAVILLE, CA, 95687

11. Waste Shipping Name and Description
   a. NON PETRABLE WASTE.

12. Containers  
13. Total Quantity  
14. Unit Wt/Vol

   12. Containers  
   Type  
   Total Quantity  
   Unit Wt/Vol

   a. C  
   1  
   2  
   7  
   y

15. Special Handling Instructions and Additional Information

   JANUS COE., 1651 JOHNS CIRCLE, CHICO, CA 95926 - 4 HR梯 CHOF.  
   EPA REGION II  
   BAYAS, 979 ELLIS STREET, S.F., CA

16. GENERATOR'S CERTIFICATION: I certify that the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

   Printed/Typed Name:  
   Signature:  
   Month:  
   Day:  
   Year:  

17. Transporter 1 Acknowledgement of Receipt of Materials

   Printed/Typed Name:  
   Signature:  
   Month:  
   Day:  
   Year:  

18. Transporter 2 Acknowledgement of Receipt of Materials

   Printed/Typed Name:  
   Signature:  
   Month:  
   Day:  
   Year:  

19. Discrepancy Indication Space

   Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

   Printed/Typed Name: CC. Tom  
   Signature:  
   Month:  
   Day:  
   Year:  

   Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

   Printed/Typed Name:  
   Signature:  
   Month:  
   Day:  
   Year:  

**COPY**
# NON-HAZARDOUS WASTE MANIFEST

3. Page 1 of 1  
4. Generator's Phone:  
5. Transporter's Company Name: CALIFORNIA CORPORATION  
6. US EPA ID Number: CAL 0801790758  
7. Transporter 2 Company Name:  
8. US EPA ID Number:  
9. Designated Facility Name and Site Address: B & J LANDFILL  
10. US EPA ID Number:  
11. Waste Shipping Name and Description:  
12. Containers No. Type  
13. Total Quantity  
14. Unit Wt./Vol.  
15. Special Handling Instructions and Additional Information:  
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.  
17. Transporter 1 Acknowledgement of Receipt of Materials  
18. Transporter 2 Acknowledgement of Receipt of Materials  
19. Discrepancy Indication Space  
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
NON-HAZARDOUS WASTE MANIFEST

Generator's Name and Mailing Address

CHICO UNIFIED SCH DISTRICT
1163 EAST 4TH ST, CHICO, CA 95928

SITE: CHICO HIGH
901 THE ESPLANADE, CHICO

4. Generator's Phone: 707-891-3195

5. Transporter 1 Company Name: JANUS CORPORATION
   6. US EPA ID Number: CAL 000190758
   7. Transporter 2 Company Name: B & J LANDFILL
   8. US EPA ID Number: 707 451-3276
   9. Designated Facility Name and Site Address: B & J LANDFILL
      6426 HAY ROAD
      VACAVILLE, CA, 95687
   10. US EPA ID Number: CAD 982042475

11. Waste Shipping Name and Description

   a. NON FRIABLE WASTE:

   b.

   c.

   d.

Additional Descriptions for Materials Listed Above

12. Containers No.

13. Total Quantity

14. Unit

15. Special instructions or comments:

JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR
EMER. # 925-969-9200

EPA REGION IX

SEP 16 2002

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for regulating proper disposal of Hazardous Waste.

17. Transporter 1 Acknowledgement of Receipt of Materials

18. Transporter 2 Acknowledgement of Receipt of Materials

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
**NON-HAZARDOUS WASTE MANIFEST**

**Generator's Name and Mailing Address**

CHICO UNIFIED SCH DISTRICT  
CHICO HIGH  
1163 EAST 4TH ST, CHICO, CA 95928  
901 THE ESPLANADE, CHICO

**Site:** CHICO HIGH  
**Manifest Doc. No.** 02-305  
**Page 1 of 1**

**Generator's Phone:** 530-891-3195

**Transporter 1 Company Name:** JANUS CORPORATION  
**US EPA ID Number:** CAL 000190758  
**Transporter's Phone:** 925-969-9280

**Transporter 2 Company Name:**  
**US EPA ID Number:**  
**Transporter's Phone:**

**Designated Facility Name and Site Address**

B & J LANDFILL  
6426 HAY ROAD  
VACAVILLE, CA, 95687  
**US EPA ID Number:** CAD 90204247S  
**Facility's Phone:** 707-451-3276

**Waste Shipping Name and Description**

- **NON FRIABLE WASTE:**

  - 0.01 C. M. 0.01 X. Y

**Additional Descriptions for Materials Listed Above**

**E. Handling Codes for Wastes Listed Above**

**Special Handling Instructions and Additional Information**

JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200  
EPA REGION IX  
BAAQMD, 939 ELLIS STREET, S.F., CA

**GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

**Transporter 1 Acknowledgement of Receipt of Materials**

**Transporter 2 Acknowledgement of Receipt of Materials**

**Discrepancy Indication Space**

**Facility Owner or Operator Certification of receipt of waste materials covered by this manifest except as noted in Item 19.**

**Facility Owner or Operator:**

**Signature**

**Month**  **Day**  **Year**
## NON-HAZARDOUS WASTE MANIFEST

### Generator's Name and Mailing Address

CHICO UNIFIED SCH DISTRICT  
CHICO HIGH  
1163 EAST 4TH ST, CHICO, CA 95928  
530-891-3195

### Transporter's Information

3. Page of  

### Facility Information

#### 6426 HAY ROAD  
VACAVILLE, CA, 95687  
C A D 9 8 3 0 4 2 4 7 5  
707 451-3276

### Waste Shipping Name and Description

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

EPA REGION IX  
BAAQMD, 939 ELLIS STREET, S.F., CA

### Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

17. **Transporter 1 Acknowledgement of Receipt of Materials**

18. **Transporter 2 Acknowledgement of Receipt of Materials**

19. **Discrepancy Indication Space**

### Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

**SEP 13 2002**

**GENERATOR'S COPY**
NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ........................................
2. Manifest Doc. No. ..................................................
3. Page 1 of 1 02-305

Generator's Name and Mailing Address

CHICO UNIFIED SCH DISTRICT SITEX: CHICO HIGH
1163 EAST 4TH ST, CHICO, CA 95928 901 THE ESPLANADE, CHICO

4. Generator's Phone: 925-891-3195

5. Transporter 1 Company Name
JANUS CORPORATION

6. US EPA ID Number A. Transporter's Phone
CAL 000 19 07 5 B. 925 969-9200

7. Transporter 2 Company Name: 

8. US EPA ID Number B. Transporter's Phone

9. Designated Facility Name and Site Address
B & J LANDFILL
6426 BAY ROAD
VACAVILLE, CA, 95687

10. US EPA ID Number C. Facility's Phone
CAD 982 04 24 75 707 451-3276

11. Waste Shipping Name and Description

a. NON FRIABLE WASTE: 001 CM 0025 Y

b. ............................................................

c. ............................................................

d. ............................................................

12. Containers E. Handling Codes for Wastes Listed Above
No. Type

13. Total Quantity

14. Unit WWVol

Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information
JANUS CORP., 1081 SHEARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200
EPA REGION IX
BRAMID, 939 ELLIS STREET, S.F., CA

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of hazardous Waste.
Printed/Typed Name
Signature
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

SEP 13 2002

Printed/Typed Name
Signature
Month Day Year

GENERATOR'S COPY
NON-HAZARDOUS WASTE MANIFEST

Generator's Name and Mailing Address
CHICO UNIFIED SCHOOL DISTRICT
1163 EAST 4TH ST, CHICO, CA 95928

Transporter 1 Company Name
JAMUS CORPORATION

Transporter 2 Company Name
B & J LANDFILL

Facility Name and Site Address
435 E ALT ROAD
VACAVILLE, CA, 95687

Waste Shipping Name and Description
a. NON FRIABLE WASTE:

12. Containers
13. Total Quantity
14. Unit Wt/Vol

Handling Codes for Waste Listed Above
E.

Special Handling Instructions and Additional Information
JANUS CORP., 1081 SHARY CIRCLE, CONCORD, CA 94518 - 24 HR EMER. # 925-969-9200
EPA REGION IX
BAQMD, 939 ELLIS STREET, S.F., CA

GENERATOR'S CERTIFICATION: I certify the materials described above on the manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature

Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature

Discrepancy Indication Space

SEP 10 2002

Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.