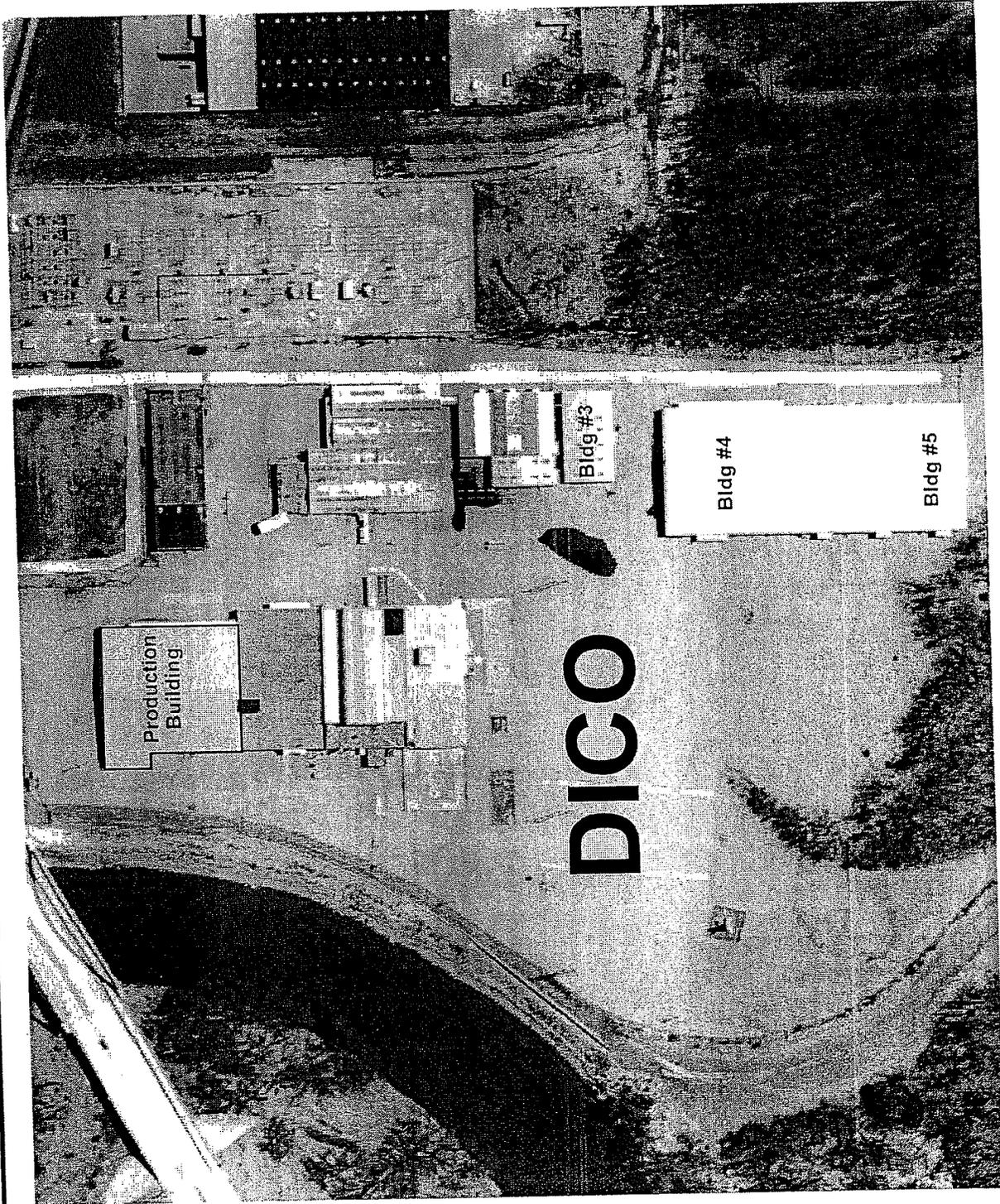


ATTACHMENT #17



LEGEND

Buildings Removed
as of December 11, 2007:
Building #3
Building #4
Building #5
Production Building



ENVIRONMENTAL MANAGEMENT AND ENGINEERING, INC.
28 Middleton Street, Nashville, Tennessee
Telephone 615.742.0875 • Facsimile 615.742.0873

FIGURE X
REMOVED BUILDINGS
DICO FACILITY
DES MOINES, IOWA

Date: 12/11/07
DWG: FIG X AERIAL - DICO

Work Summary Report

DICO

PCB Insulation Project

Presented to:

Dr. Gazi George, PhD, CHMM
2701 Spruce Street
Quincy, IL 62301

From:

Mr. Jeff Rothwell, CHMM
Greenleaf Environmental Group, Inc.
4943 Austin Park Avenue
Buford, GA 30518

678-714-8420

www.greenleafgroup.net

April 18, 2008

TABLE OF CONTENTS

1.0 Work Summary

2.0 Site Photos

- 2.1 Insulation in barn – 1278 Old Six Road, Malcom, IA location
- 2.2 Barn storage of insulation – Malcom, IA site
- 2.3 Loading insulation in permitted 30-yd end dump
- 2.4 Truck leaving site – 1278 Old Six Road, Malcom, IA
- 2.5 Insulation that was installed in bedroom on farm residence
- 2.6 Insulation that was installed in bedroom on farm residence – 2nd
- 2.7 Stockpile – Located 755 460th Avenue, Grinnell, Iowa
- 2.8 Insulation at the Grinnell, Iowa location
- 2.9 OSHA trained technicians collecting insulation at Grinnell, IA site
- 2.10 Loading insulation in 30 yard end dump
- 2.11 Loading insulation in 30 yard end dump – Grinnell, IA
- 2.12 Loading Insulation – Grinnell, Iowa location
- 2.13 Technicians hand loading Insulation onto truck
- 2.14 Placarded Load
- 2.15 Ready and Loaded for proper DOT shipment

3.0 Load Volumes

4.0 Disposal Facilities

5.0 Conclusions

6.0 Attachments

- 6.1 Attachment A – Manifests
- 6.2 Attachment B – Analytical
- 6.3 Attachment C – Profile
- 6.4 Attachment D – Health and Safety Plan

1.0 WORK SUMMARY

Greenleaf Environmental Group (GEG) was contracted by DICO to perform remedial activities at two different locations in Iowa where PCB Insulation from the DICO site. Greenleaf mobilized a three-man crew to locate and remove insulation from two different locations in Iowa.

March 20, 2008

Location One (1) 1278 Old Six Road
 Malcom, IA 51057
 Contact: Sandy Beck
 641-990-6204

On March 20, 2008, Greenleaf arrived at 1278 Old Six Road, Malcom, Iowa and removed insulation from a barn as well as a bedroom at the Beck family residence. Due to the cold weather and freezing conditions, some of the insulation was frozen to the floor. This material was left and re-addressed on 4-15-2008. Greenleaf loaded a permitted DOT HAZMAT 30-yard end-dump with the insulation. The load was properly manifested and placarded before departure. The waste was then transported to USE – Beatty, Nevada, an EPA approved TSCA landfill for proper disposal. It was determined during the course of the project that there was additional insulation located in Grinnell, Iowa. Greenleaf de-mobilized from the site to await re-mobilization to Grinnell, Iowa at a later date.

April 18, 2008

Location Two (2) 755 460th Avenue
 Grinnell, IA 51057
 Contact: Kent Gunderson
 641-990-6280

On April 15, 2008, Greenleaf arrived at 755 460th Avenue, Grinnell, IA location and removed insulation from the site. The material was stockpiled near some abandoned van box trailers and debris. Due to the inclement weather in recent weeks, the insulation was saturated and much heavier than the previous load. Greenleaf had to rent a 4wd Bach Hoe from a local vendor to load the material into the truck. During the day, the wind was blowing at approx 20 – 30 mph, making loading difficult. Crew members hand picked up and loaded loose insulation from the property. This material was placed in trash bags and loaded into the truck. Greenleaf loaded a permitted DOT HAZMAT 30-yard end-dump with the insulation. The load was properly manifested and placarded before departure. The waste was then transported to USE – Beatty, Nevada, an EPA approved TSCA landfill for proper disposal. Greenleaf de-mobilized from the site after completion of the work.

Greenleaf took a grab sample of the insulation from the Grinnell site. The sample was tested for Total PCB (SW8082/SW3550A). The results and chain of custody are attached in 6.2 – Attachment B.

2.0 SITE PHOTOS

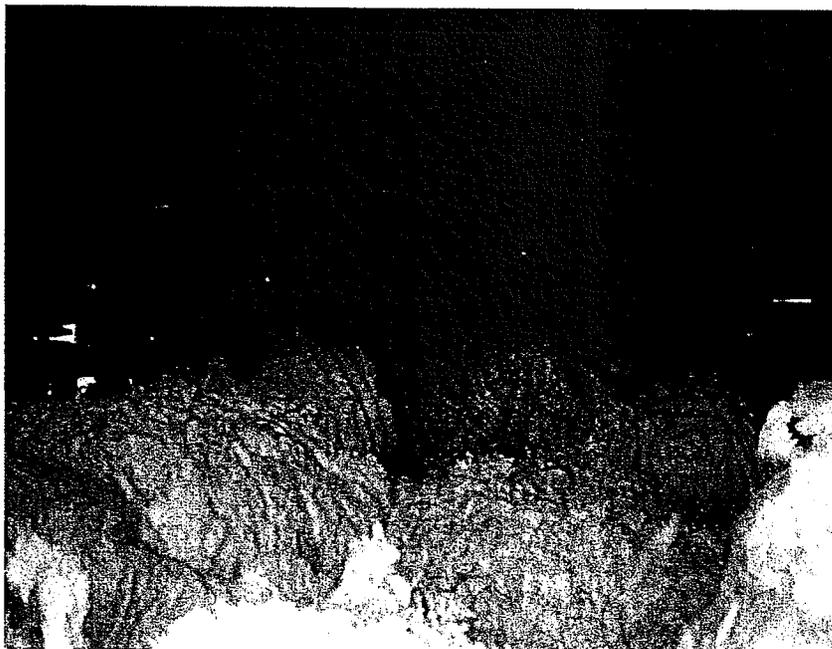


Photo 2.1 Insulation in Barn – 1278 Old Six Road, Malcom IA location

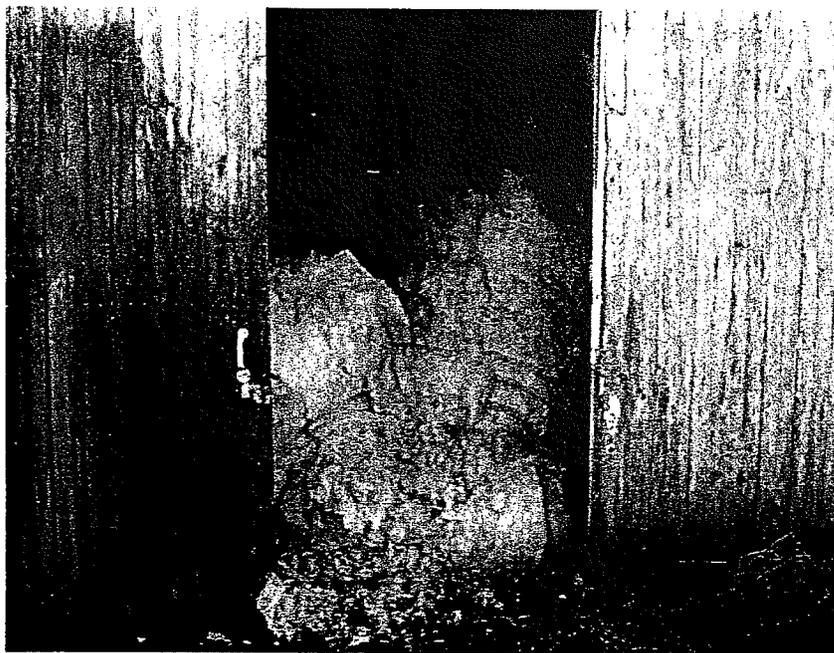


Photo 2.2 Barn Storage of Insulation – Malcom, IA site



Photo 2.3 Loading Insulation in permitted 30-yd end dump, Greenleaf Technician in PPE



Photo 2.4 Truck leaving Site – 1278 Old Six Road, Malcom, IA

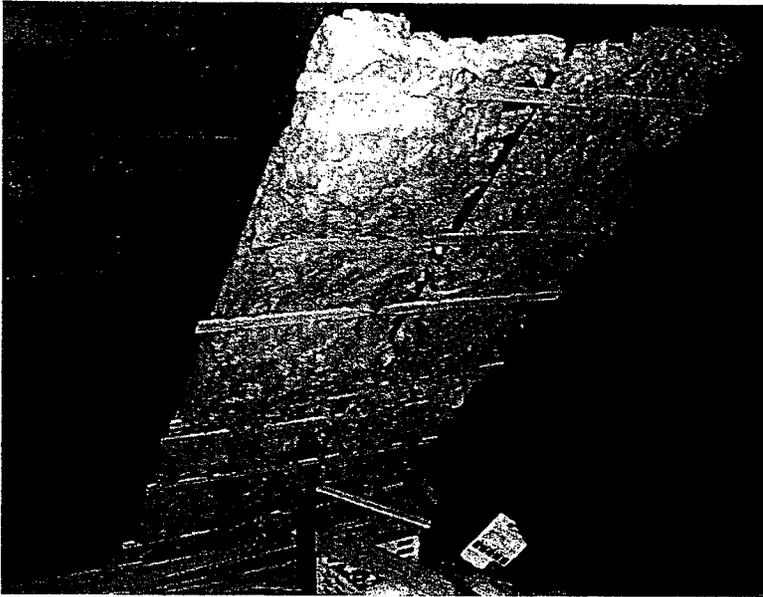


Photo 2.5 Insulation that was installed in bedroom on farm residence.



Photo 2.6 Insulation that was installed in bedroom on farm residence.



Photo 2.7 2nd Stockpile – Located 755 460th Avenue, Grinnell, Iowa



Photo 2.8 Insulation at Grinnell, Iowa location

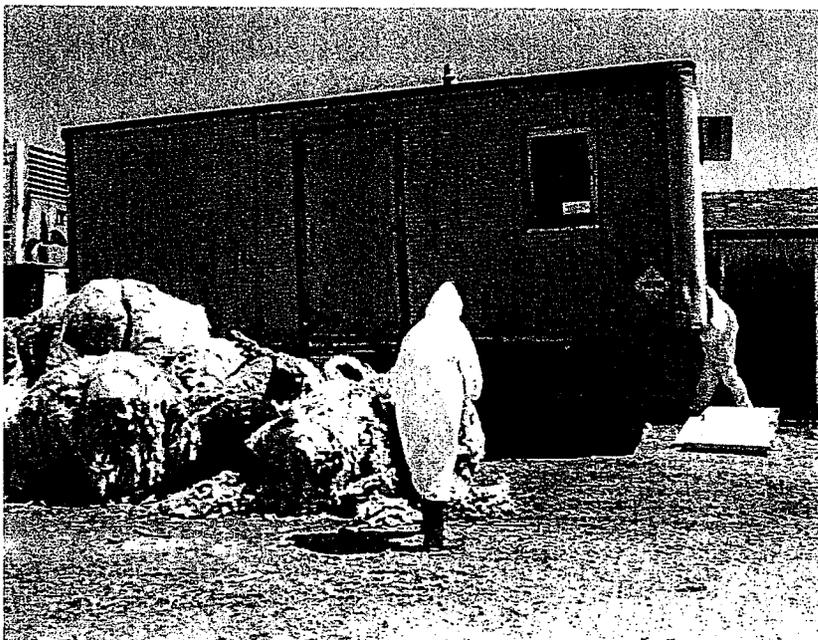


Photo 2.9 OSHA Trained Technicians collecting insulation from site

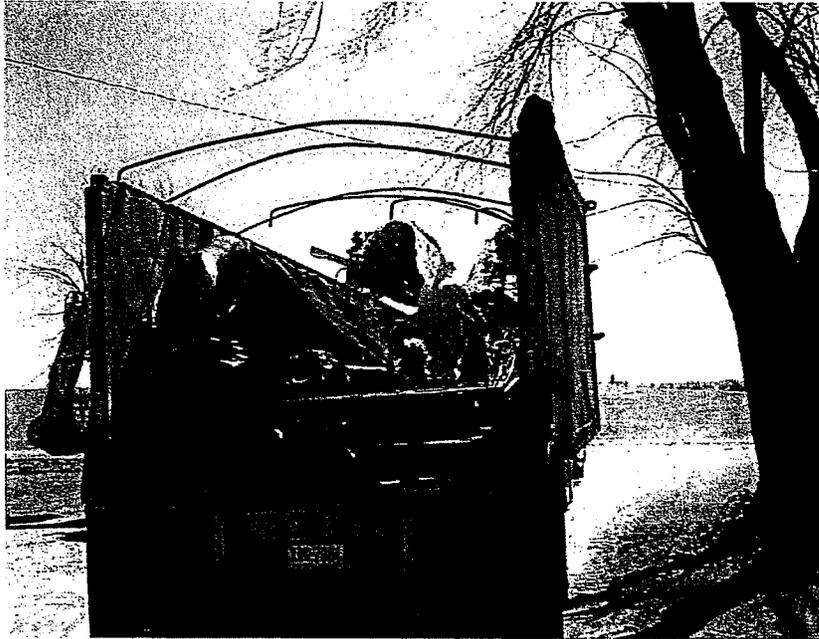


Photo 2.10 Loading Insulation in 30 Yard End Dump



Photo 2.11 Loading Insulation in 30 Yard End Dump – Grinnell, Iowa



Photo 2.12 Loading Insulation – Grinnell, Iowa location

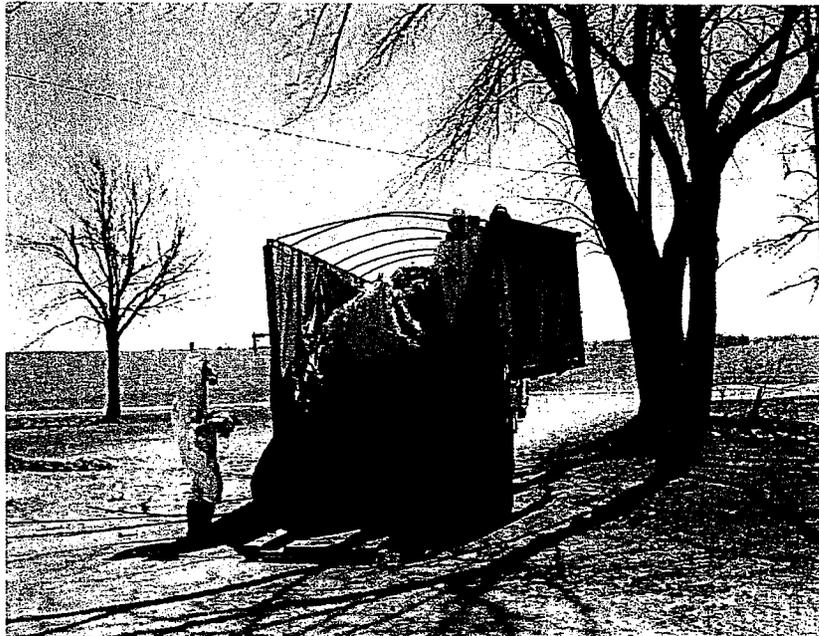


Photo 2.13 Technicians hand loading Insulation onto truck

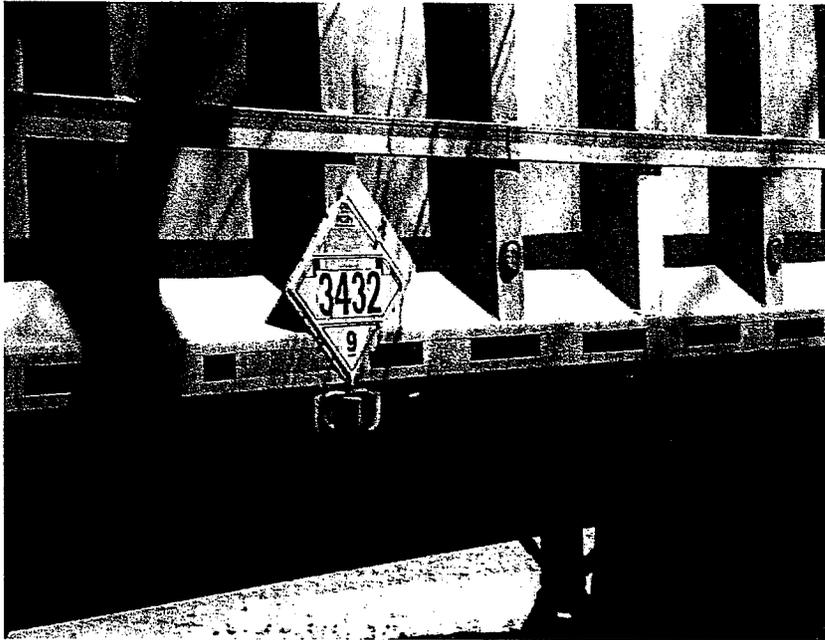


Photo 2.14 Placarded Load

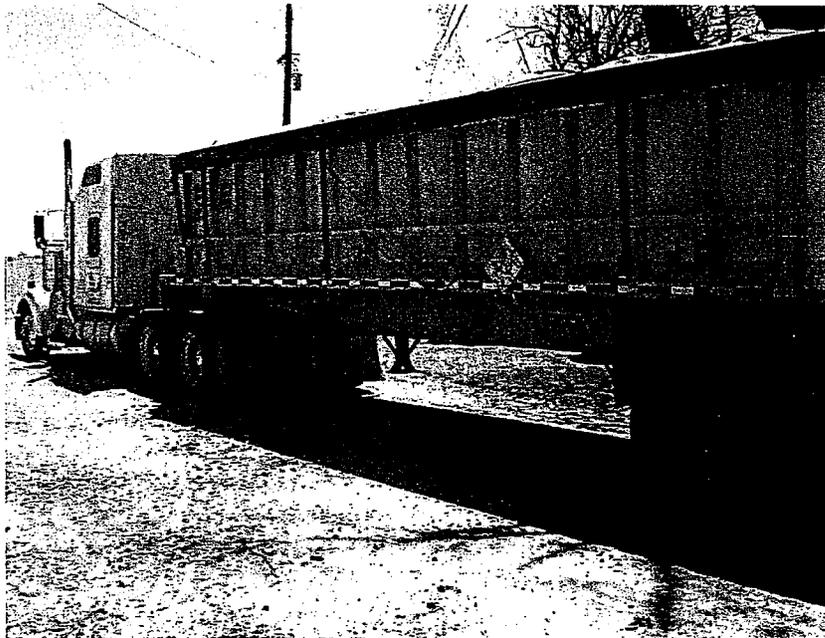


Photo 2.15 Ready and Loaded for proper DOT shipment

3.0 LOAD VOLUMES

PCB Insulation

Manifest Doc #	Load Date	Volume	Tonnage
003005831JJK	3-20-08	30 Cubic Yards	1.40 tons approx. 1272.73 kg
000761487JJK	4-15-08	30 Cubic Yards	2.69 tons approx. 2445.45 kg
Total Loads – 2		CY – 60	Tonnage – 4.09 Approx 3718.18 kg

Per the instruction of Dr. Gazi George, Greenleaf e-mailed a copy of the final manifests and certificates of destruction to these EPA Contacts:

1. Ms. Mary Peterson, US EPA Region VII
Peterson.mary@epa.gov
913-551-7882
2. Dr. Jim Dworak, PhD, US EPA Region VII
Dworak.james@epa.gov
913-551-7485

4.0 DISPOSAL FACILITIES

PCB Insulation Disposal

US Ecology
Hwy 95, 11 miles S of Beatty
Beatty, NV 89003

CERCLA approved
TSCA approved
US EPA ID# NVT330010000

5.0 CONCLUSIONS

Greenleaf Environmental has successfully removed, transported, and disposed of PCB Insulation per the original scope of work. All work was performed in a professional, expeditious manner. GEG adhered to our strong commitment to safety. All work was done in accordance with all local, state, and federal rules and regulations.

I hereby certify that the information contained in the report is true and accurate and the methods and procedures used to complete this project were conducted in accordance with approved and accepted methods to the best of my ability and knowledge.



Report Preparer Signature

Printed Name: Jeff Rothwell, CHMM
Title: Principal
Date: April 18, 2008

6.1 ATTACHMENT A - MANIFESTS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IAD 980 687 933	2. Page 1 of 1	3. Emergency Response Phone (515) 710-9654	4. Manifest Tracking Number 003005831 JJK				
5. Generator's Name and Mailing Address DICO Attn: Legal Dept. 2701 Spruce Street Quincy, IL 62301			Generator's Site Address (if different than mailing address) DICO 200 SW 16th Street Des Moines, IA 50305						
6. Transporter 1 Company Name US Bulk Transport Inc.			U.S. EPA ID Number PAD 987 347 515						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address US Ecology Hwy 95 11 miles South of Beatty Beatty, NV 89003 (800)-239-3943			U.S. EPA ID Number NVT 330 010 000						
Facility's Phone:									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		1. Waste polychlorinated Biphenyls solid, 9, UN3432. PG III, ERG #171 Approval # WPO Ref# 070150234	No.	Type	9100 Est.	KG			
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information WPO Ref# 070150234									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name Gazi George			Signature <i>Gazi George</i>			Month Day Year 03 20 08			
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
TRANSPORTER	Transporter 1 Printed/Typed Name John W Urquhart			Signature <i>John W Urquhart</i>			Month Day Year 3 20 08		
	Transporter 2 Printed/Typed Name			Signature			Month Day Year		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____								
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H132		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Lamar W. Walters			Signature <i>Lamar Walters</i>			Month Day Year 03 24 08			

Scale Ticket

Phone: 800 239 3943

U.S. ECOLOGY NEVADA, INC.
BEATTY, NV

Scale Ticket #: 82185

Work Order #: 08032403054

Checkin Date: 03/24/2008 Time: 07:22

Checkout Date: 03/24/2008 Time: 08:37

003005831JJK

Transporter:

U.S. BULK

, PA

EPA ID: PAD987347515

Truck #: 1266

Tractor #:

Trailer #:

Driver: JOHN URGUHART

Customer

GREENLEAF ENVIRONMENTAL GROUP, INC.
4943 AUSTIN PARK AVENUE
BUFORD, GA

GROSS WEIGHT :	37,060.00	LBs
TARE WEIGHT :	34,260.00	LBs
NET WEIGHT :	2,800.00	LBs

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IA D 9 8 0 6 8 7 9 3 3	2. Page 1 of 1	3. Emergency Response Phone 515-710-9654	4. Manifest Tracking Number 000761487 JJK				
5. Generator's Name and Mailing Address DICO		Generator's Site Address (if different than mailing address) Attn: Legal Dept. 2701 Spruce Street Quincy, IL 62301			DICO 200 SW 16th Street Des Moines IA 50305				
Generator's Phone: 515-710-9654		U.S. EPA ID Number			U.S. EPA ID Number PA D 9 8 7 3 4 7 5 1 5				
6. Transporter 1 Company Name US Bulk Transport, Inc		U.S. EPA ID Number			U.S. EPA ID Number				
7. Transporter 2 Company Name		U.S. EPA ID Number			U.S. EPA ID Number				
8. Designated Facility Name and Site Address US Ecology HWY 95 11 Miles South of Beatty Beatty NV 89003		U.S. EPA ID Number			U.S. EPA ID Number NVT 3 3 0 0 1 0 0 0 0				
Facility's Phone: 800-239-3943		U.S. EPA ID Number			U.S. EPA ID Number				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity Est	12. Unit Wt/Vol KG	13. Waste Codes	
	X	1. Waste Polychlorinated Biphenyls, Solid, 9, UN3432, PGIII, ERG#171 Approval#WPC		001 DT		2500	KG		
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 9b.1 30Y 9b.1. Waste PCB Insulation (Source>50ppm)/Non RCRA Waste Reference:# 070150234									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offorer's Printed/Typed Name Gazi George				Signature 		Month Day Year 04 15 08			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name John Wilcox				Signature 		Month Day Year 4 15 08			
Transporter 2 Printed/Typed Name				Signature		Month Day Year			
18. Discrepancy <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
18a. Discrepancy Indication Space									
18b. Alternate Facility (or Generator)									
18c. Signature of Alternate Facility (or Generator)									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest (except as noted in item 18a)									
Printed/Typed Name H. C. ...				Signature 		Month Day Year 4 15 08			

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Scale Ticket

Phone: 800 239 3943

U.S. ECOLOGY NEVADA, INC.
BEATTY, NV

Scale Ticket #: 84981

Work Order #: 08041704270

Checkin Date: 04/17/2008 Time: 09:03

Checkout Date: 04/17/2008 Time: 09:32

000761487JJK

Transporter:
U.S. BULK

Customer
GREENLEAF ENVIRONMENTAL GROUP, INC.
4943 AUSTIN PARK AVENUE
BUFORD, GA

, PA

EPA ID: PAD987347515

Truck #: 1266

Tractor #:

Trailer #:

Driver: JOHN U.

GROSS WEIGHT :	39,000.00	LBs
TARE WEIGHT :	33,620.00	LBs
NET WEIGHT :	<u>5,380.00</u>	LBs

6.2 ATTACHMENT B – ANALYTICAL & CHAIN OF CUSTODY

ENCLOSED

(1) Original Analytical 1/31/2008

(2) Sample – Grinnell, IA 4/15/2008

TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

704 Enterprise Drive Cedar Falls, IA 50613 * 800-760-2401 * Fax 319-277-2425

February 04, 2008

Client:

DICO, Inc.
200 SW 16th Street
Des Moines, IA 50309

Work Order: CRA1276
Project Name: Analytical Testing
Project Number: DICO, Inc.-Insulation #1

Attn: Cheri Holley

Date Received: 01/31/08

The Chain(s) of Custody, 2 pages, are included and are an integral part of this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-(800)750-2401

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
Insulation #1	CRA1276-01	01/30/08 11:45

NELAC states that samples which require thermal preservation shall be considered acceptable if the arrival temperature is within 2 degrees C of the required temperature or the method specified range. For samples with a temperature requirement of 4 degrees C, an arrival temperature from 0 degrees C to 6 degrees C meets specifications. Samples that are delivered to the laboratory on the same day that they are collected may not meet these criteria. In these cases, the samples are considered acceptable if there is evidence that the chilling process has begun, such as arrival on ice.

Please refer to the Temperature and Sample Receipt form that is included with this report for additional information regarding the condition of samples at the time of receipt by the laboratory.

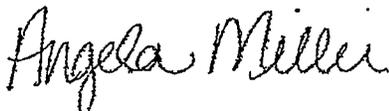
The reported results were obtained in compliance with the 2003 NELAC standards unless otherwise noted.

Iowa Certification Number: 007

Reproduction of this analytical report is permitted only in its entirety. This report shall not be reproduced except in full without the written approval of the laboratory.

TestAmerica Analytical Testing Corporation certifies that the analytical results contained herein apply only to the specific sample analyzed.

Approved By:



TestAmerica Cedar Falls
Angie Miller
Project Coordinator

TestAmerica

704 Enterprise Drive Cedar Falls, IA 50613 * 800-750-2401 * Fax 319-277-2425

THE LEADER IN ENVIRONMENTAL TESTING

DICO, Inc.
200 SW 16th Street
Des Moines, IA 50309
Cheri Holley

Work Order: CRA1276
Project: Analytical Testing
Project Number: DICO, Inc.-Insulation #1

Received: 01/31/08
Reported: 02/04/08 16:22

ANALYTICAL REPORT

Analyte	Sample Result	Data Qualifiers	Units	Quan. Limit	Dilution Factor	Date Analyzed	Seq/Analyst	Batch	Method
Sample ID: CRA1276-01 (Insulation #1 - Misc. Solid)						Sampled: 01/30/08 11:45	Recvd: 01/31/08 09:45		
Organochlorine Pesticides/PCBs									
PCB-1016	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
PCB-1221	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
PCB-1232	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
PCB-1242	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
PCB-1248	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
PCB-1254	1.18		mg/kg wet	0.735	14.7	02/04/08 14:53	sit	8020025	SW 8082
PCB-1260	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
PCB-1268	<0.735		mg/kg wet	0.735	14.7	02/04/08 14:00	sit	8020025	SW 8082
Surr: Decachlorobiphenyl (59-140%)	95 %								
Surr: Tetrachloro-meta-xylene (46-136%)	46 %								

TestAmerica Cedar Falls
Angie Miller
Project Coordinator

TestAmerica

704 Enterprise Drive Cedar Falls, IA 50613 * 800-760-2401 * Fax 319-277-2425

THE LEADER IN ENVIRONMENTAL TESTING

DICO, Inc.
200 SW 16th Street
Des Moines, IA 50309
Cheri Holley

Work Order: CRA1276
Project: Analytical Testing
Project Number: DICO, Inc.-Insulation #1

Received: 01/31/08
Reported: 02/04/08 16:22

SAMPLE EXTRACTION DATA

Parameter	Batch	Lab Number	Wt/Vol Extracted	Extracted Vol	Date	Analyst	Extraction Method
Organochlorine Pesticides/PCBs							
SW 8082	8020025	CRA1276-01	2	10	02/01/08 10:54	TJT	SW 3550B GC
SW 8082	8020025	CRA1276-01RE1	2	10	02/01/08 10:54	TJT	SW 3550B GC

TestAmerica Cedar Falls
Angie Miller
Project Coordinator

D0408

TestAmerica

704 Enterprise Drive Cedar Falls, IA 50613 * 800-750-2401 * Fax 319-277-2425

THE LEADER IN ENVIRONMENTAL TESTING

DICO, Inc.
 200 SW 16th Street
 Des Moines, IA 50309
 Cheri Holley

Work Order: CRA1276
 Project: Analytical Testing
 Project Number: DICO, Inc.-Insulation #1

Received: 01/31/08
 Reported: 02/04/08 16:22

CERTIFICATION SUMMARY

TestAmerica Cedar Falls

Method	Matrix	Nelac	Iowa
SW 8082	Solid/Soil	X	X

Any abnormalities or departures from sample acceptance policy shall be documented on the 'Sample Receipt and Temperature Log Form' and 'Sample Non-conformance Form' (if applicable) included with this report.

For information concerning certifications of this facility or another TestAmerica facility, please visit our website at www.TestAmericaInc.com

Samples collected by TestAmerica Field Services personnel are noted on the Chain of Custody (COC) and are sampled in accordance with TA-CF SOP CF09-01.

DATA QUALIFIERS AND DEFINITIONS

ADDITIONAL COMMENTS

Results are reported on a wet weight basis unless otherwise noted.

TestAmerica Cedar Falls
 Angie Miller
 Project Coordinator

D0409

Page 4 of 4

Test America

ANALYTICAL TESTING CORPORATION

704 ENTERPRISE DRIVE • CEDAR FALLS, IA 50613 • 800-750-2401 • 319-277-2425 FAX

DICO Inc. Sample Receipt and Temperature Log Form

Client: Titan Tire Project: _____

City: _____

Date: 1-31-08 Receiver's Initials: CH Time (Delivered): 9:45

Temperature Record:

Thermometer:

Courier:

Cooler ID# (If Applicable)
KSC

NO
°C / On Ice

- IR - 61997670 'A'
- IR - 61997671 'B'
- IR - 61854108
- 22126775

<input type="checkbox"/> UPS	<input type="checkbox"/> TA Courier
<input checked="" type="checkbox"/> FedEx	<input type="checkbox"/> TA Field Services
<input type="checkbox"/> DHL	<input type="checkbox"/> Client
<input type="checkbox"/> US Postal Service	<input type="checkbox"/> Other
<input type="checkbox"/> Spee-Dee	

NO
Temp Blank

Temperature out of compliance

Custody seals present?

Yes

Custody seals intact?

Yes No

Non-Conformance report started

Exceptions Noted

- Sample(s) not received in a cooler.
- Samples(s) received same day of sampling.
- Evidence of a chilling process
- Temperature not taken:

*Refer to SOP CF01-01 for Temperature Criteria

Analytical Environmental Services, Inc.

Date: 30-Apr-08

CLIENT: Greenleaf Environmental
Lab Order: 0804H40
Project: Dico-Grinnell
Lab ID: 0804H40-001A

Client Sample ID: INSULATION-002-GRINNELL
Tag Number:
Collection Date: 4/15/2008 2:00:00 PM
Matrix: SOLID

Analyses	Result	Limit Qual	Units	BatchID	DF	Date Analyzed
POLYCHLORINATED BIPHENYLS		SW8082		(SW3550A)		Analyst: MM
Aroclor 1016	BRL	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Aroclor 1221	BRL	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Aroclor 1232	BRL	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Aroclor 1242	BRL	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Aroclor 1248	570	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Aroclor 1254	BRL	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Aroclor 1260	BRL	43	µg/Kg	98921	1	4/29/2008 10:31:00 PM
Surr: Decachlorobiphenyl	56.6	35.5-146	%REC	98921	1	4/29/2008 10:31:00 PM
Surr: Tetrachloro-m-xylene	55.8	31-142	%REC	98921	1	4/29/2008 10:31:00 PM

Qualifiers:	*	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range
	H	Holding times for preparation or analysis exceeded	J	Estimated value detected below Reporting Limit
	N	Analyte not NELAC certified	Rpt Lim	Reporting Limit
	S	Spike Recovery outside limits due to matrix		

6.3 ATTACHMENT C – PROFILE



an American Ecology company

US Ecology Nevada (Beatty) US Ecology Texas (Robstown) Profile #:
Fax (775) 553-2125 Fax (361) 387-0794
US Ecology Idaho (Grand View)
Fax (208) 834-2919

A. CUSTOMER INFORMATION

*Waste as shipped will be: Industrial NON - Industrial (Texas customers only)

Generator: DICO
Facility Address: 200 SW 16th Street
Mailing Address:
City/State/Zip: Des Moines, IA 50305
Technical Contact: Gazi George, PhD, CHMM Consultant/ Titan International
Phone: (515) 710-9654 Fax: (217) 228-3040
Billing Company: Greenleaf Environmental Group, Inc.
Billing Address: 4943 Austin Park Avenue
City/State/Zip: Buford, GA 30518
Billing Contact: Jeff Rothwell, CHMM
Phone No.: 678-714-8420 Fax No.: 678-714-8425
Email: jrothwell@greenleafgroup.net
NAICS# CESQG SQG LQG EPA ID: IAD980687933 State ID#

B. SHIPPING INFORMATION

1. US DOT Shipping Name Polychlorinated Biphenyls, Solid 2. Hazard Class 9
3. UN/NA # 3432 4. Packaging Group II 5. RQ
6. Container Type: Bulk Totes Pallet Size 30 Yards 7. Frequency: Year QTR Month
Boxes Bags Drums Other Quantity 1 Time Other

C. GENERAL MATERIAL & REGULATORY INFORMATION

1. Common name for this waste Insulation Material contaminated with PCBs
2. Process generating the material Contaminated insulation with PCBs from removal project, EPA Region 7
3. Describe Physical Appearance of Waste Characteristic, Old Pink/ Yellow fiberglass insulation with paperbacking glued
4. Describe odor of waste: None Slight Strong Describe:
5. Knowledge is from: Lab Analysis MSDS Process/Generator knowledge Other (specify)
Is the material <500 PPMW VOC as generated? Is the waste restricted under EPA Land Disposal Restrictions?
Waste Subject to Benzene NESHAP regulations (40 CFR 268), if yes please complete LDR form
State waste codes * LDR treatment sub-category Wastewater Non-wastewater
CERCLA Regulated (Superfund) Waste Exempt Waste: If yes, list ref. 40 CFR
EPA Haz. Waste (list codes) Contains UHCs/Constituents of Concern: List in section D
Has the waste been treated after the initial point of generation?
Subpart XX
Alternative standards for Soil?
Source Code G Form Code W Mgt. Method H

D. MATERIAL COMPOSITION (Physical/Chemical)

Table with columns: Component, Typical value, Unit, Range. Rows include Fiberglass Insulation, Adhesive/Caulk, Paper backing.

E. Does the waste exhibit or contain the following:

Yes No Oxidizer React. Sulfides ppm
Yes No Explosive React. Cyanides ppm
Yes No Organic Peroxide Water/Air (Pyrophoric) React.
Yes No Shock Sensitive Thermally Unstable
Yes No Tires TSCA Regulated PCB Waste
Yes No Pyrophoric Regulated Medical/Infectious Waste
Yes No Radioactive** Compressed Gasses
Yes No Exempt RAD**
Yes No Halogenated Organic Compounds? (per 40 CFR 268, Appendix III)

F. PHYSICAL CHARACTERISTICS

1. Flash Pt. N/A °F (if <140°F) 2. Typical pH: pH Range: <= 2
Possibility of incidental liquids from transportation? > 2, < 12.50
Does waste pass the EPA specified paint filter test? >= 12.5

G. GENERATOR'S CERTIFICATION:

Yes No I certify this material may be disposed of without further treatment.
Certification Statement: I certify under penalty of law that I am familiar with this waste stream through analysis and/or process knowledge, and that all information provided is true, accurate, representative and complete, and that all known or suspected hazards have been disclosed.
Furthermore, I certify that this form was completed in accordance with the instructions provided.

Print Name: Dr Gazi George, CHMM

Signature: [Handwritten Signature]

Title: Authorized Consultant

Date: 2/28/2008

Facility use only

First review Second review Final review:

Date approved: Date Denied:

D0415

American Ecology Corporation Land Disposal Restriction Form

Generator: DICO

EPA I.D. Number: _____

Waste Stream Number: _____

Manifest # (with shipment): _____

Waste is a:

Wastewater

Non-Wastewater

Debris

EPA WASTE CODE(S) _____

Sub Category _____

For Debris - Contaminants subject to Treatment

Check if the waste is one of the following:

D001 - D043

Complete Attachment 2 (UHC list)

F001 - F005

Complete Attachment 3A (Spent Solvent)

F039

Complete Attachment 3B (Leachate)

If treatment standards are expressed as a specific technology then list the 5 letter treatment code(s): _____

A. Restricted Waste Meets Treatment Standards (40 CFR 268.7(a) (3))

The restricted waste identified above meets the treatment standards in 40 CFR 268.40 or Alternative LDR treatment standards for contaminated soil 40CFR268.49 and can be landfill disposed without further treatment. I have attached all supporting analytical data, where available.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

B. Restricted Waste Treated To Treatment Standards (40 CFR 268.7(b) (1) & 268.7 (b) (2))

The treatment residue, or extract of such residue, or the restricted waste identified above has been tested to assure that the treatment residues or extract meet all applicable treatment standards in 40 CFR 268.40 and/or performance standards in 40 CFR 268.45. I have attached all supporting analytical data, where available.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

C. Restricted Waste With Technology Based Treatment Standards (40 CFR 268.7(b) (4))

I certify under penalty of law that I personally have examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the treatment standards specified in 40 CFR 268.40, without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

D. Restricted Waste Decharacterized But Requires Treatment For UHC (40 CFR 268.9)

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains Underlying Hazardous Constituents (UHC) that require further treatment to meet the universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Complete LDR Attachment 2 for UHC.

E. Restricted Waste Subject To Treatment (40 CFR 268.7(a) (2))

The restricted waste identified above must be treated to the applicable treatment standards in 40 CFR 268.40, or treated to comply with applicable prohibitions set forth in Part 268.32 or RCRA Section 3004(d). I have attached all supporting analytical data, where available.

F. Hazardous Debris Subject To Treatment (40 CFR 268.45)

This hazardous debris identified above must be treated to the alternative treatment standards in 40 CFR 268.45.

G. Restricted Waste Subject To A Variance or Extension (40 CFR 268.7(a) (4))

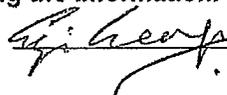
This restricted waste identified above is subject to a case by case exemption under 40 CFR 268.5, an exemption under 40 CFR 268.6 or a nationwide capacity variance under Subpart C of 40 CFR 268, and is not prohibited from land disposal. LDR prohibitions become effective on _____ (date) for this restricted waste. The corresponding treatment standard(s) are promulgated in 40 CFR 268.40. I have attached all supporting analytical data, where available.

H. Restricted Waste Managed In A "Lab Pack" (40 CFR 268.7(a) (9))

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only waste that have been excluded under appendix IV to 40 CFR Part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

I certify and warrant that the information that appears on this form, and appended documents, is true and correct. I have correctly indicated how my waste is to be managed in accordance with 40 CFR 268. My certification is based on personal examination of the information submitted, or is based on my inquiries of those individuals responsible for obtaining the information.

Authorized Signature



Ph.D., CHMM

Title

Authorized Consultant

Date

3/6/2008

Attachment 1

VOLATILE ORGANICS RULE - 40 CFR 264/265 SUBPART CC

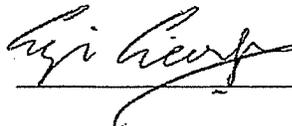
WASTE DETERMINATION - VOLATILE ORGANIC CONCENTRATION

Generator Name: DICO EPA ID #: _____
Waste Stream Number _____

Waste Determination Method:

- Direct Measurement: Samples must be collected in accordance with SW-846 Methods, 25D in 40 CFR Part 60.
Volatile Organic Concentration: _____ ppmw
- Knowledge of the Waste
 - As documented on WDI the chemical composition contains no volatile organics in the process generating the waste.
 - Volatile Organic Constituent concentration is <500 ppm. Analytical is attached.
 - Volatile Organic constituents of the waste are below LDR treatment standards.
 - Test data that provide speciation analysis results for the waste that are still applicable to the current waste management practices and from which the total concentration of organics in the waste can be computed. Provide documentation describing testing protocol and the procedures followed to ensure testing of a representative sample is attached.

I certify that the volatile organic concentration of the waste material offered for treatment, storage or disposal is less than 500 ppmw, as determined in accordance to the procedures described above. I further certify and warrant that all statements and documentation supporting the waste determination are true and correct.

Authorized Signature  Ph.D., CHMM Title Authorized Consultant Date 3/6/2008

Attachment 2 Constituent List for Underlying Hazardous Constituents

Generator Name: DICO

EPA ID #: _____

Waste Stream Number _____

Check all hazardous constituent which are expected to be present or check that none are present.

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> A2213
<input type="checkbox"/> Acenaphthene
<input type="checkbox"/> Acenaphthylene
<input type="checkbox"/> Acetone
<input type="checkbox"/> Acetonitrile

<input type="checkbox"/> Acetophenone

<input type="checkbox"/> 2-Acetylaminofluorene
<input type="checkbox"/> Acrolein
<input type="checkbox"/> Acrylamide
<input type="checkbox"/> Aldicarb Sulfone
<input type="checkbox"/> Acrylonitrile
<input type="checkbox"/> Aldrin
<input type="checkbox"/> 4-Aminobiphenyl
<input type="checkbox"/> Aniline
<input type="checkbox"/> Anthracene
<input type="checkbox"/> Aramite
<input type="checkbox"/> alpha-BHC
<input type="checkbox"/> beta-BHC
<input type="checkbox"/> delta-BHC
<input type="checkbox"/> gamma-BHC
<input type="checkbox"/> Barban

<input type="checkbox"/> Bendiocarb
<input type="checkbox"/> Bendiocarb Phenol
<input type="checkbox"/> Benomyl

<input type="checkbox"/> Benzene
<input type="checkbox"/> Benz(a) Anthracene
<input type="checkbox"/> Benzal Chloride
<input type="checkbox"/> Benzo(b) Fluoranthene
<input type="checkbox"/> Benzo(k) Fluoranthene
<input type="checkbox"/> Benzo (g,h,i) Perylene
<input type="checkbox"/> Benzo(a) pyrene
<input type="checkbox"/> Bromodichloromethane
<input type="checkbox"/> Bromoform

<input type="checkbox"/> Bromomethane
<input type="checkbox"/> 4-Bromophenyl phenylether
<input type="checkbox"/> N-Butyl Alcohol
<input type="checkbox"/> Butyl benzyl phthalate
<input type="checkbox"/> Butylate
<input type="checkbox"/> 2-sec-Butyl-4,6 dinitro phenol (Dinoseb)
<input type="checkbox"/> Carbaryl
<input type="checkbox"/> Carbenzadim
<input type="checkbox"/> Carbofuran
<input type="checkbox"/> Carbofuran Phenol
<input type="checkbox"/> Carbon Disulfide
<input type="checkbox"/> Carbon Tetrachloride
<input type="checkbox"/> Carbosulfan
<input type="checkbox"/> Chlorodane (alpha & gamma isomers)
<input type="checkbox"/> p-Chloroaniline
<input type="checkbox"/> Chlorobenzene
<input type="checkbox"/> Chlorobenzilate
<input type="checkbox"/> 2-Chloro-1,3-Butadiene | <input type="checkbox"/> Chlorodibromomethane
<input type="checkbox"/> Chloroethane
<input type="checkbox"/> bis-(2-Chloroethoxy) methane
<input type="checkbox"/> bis-(2-Chloroethyl) ether
<input type="checkbox"/> Chloroform

<input type="checkbox"/> bis(2-Chloroisopropyl) ether

<input type="checkbox"/> p-Chloro-m-cresol
<input type="checkbox"/> Chloromethane
<input type="checkbox"/> 2-Chloronaphthalene
<input type="checkbox"/> 2-Chlorophenol
<input type="checkbox"/> 3-Chloropropylene
<input type="checkbox"/> Chrysene
<input type="checkbox"/> o-Cresol
<input type="checkbox"/> m-Cresol
<input type="checkbox"/> p-Cresol
<input type="checkbox"/> m-Cumenyl Methylcarbamate
<input type="checkbox"/> Cycloate
<input type="checkbox"/> Cyclohexanone
<input type="checkbox"/> 1,2 Dibromo-3-chloropropane
<input type="checkbox"/> Ethylene Dibromide
<input type="checkbox"/> Dibromomethane

<input type="checkbox"/> 2,4-Dichlorophenoxyacetic acid
<input type="checkbox"/> o,p-DDD
<input type="checkbox"/> o,p-DDE

<input type="checkbox"/> o,p-DDT
<input type="checkbox"/> p,p-DDD
<input type="checkbox"/> p,p-DDE
<input type="checkbox"/> p,p-DDT
<input type="checkbox"/> Dibenz(a,h)anthracene
<input type="checkbox"/> Dibenzo(a,e)pyrene
<input type="checkbox"/> m-Dichlorobenzene
<input type="checkbox"/> o-Dichlorobenzene
<input type="checkbox"/> p-Dichlorobenzene

<input type="checkbox"/> Dichlorodifluoromethane
<input type="checkbox"/> 1,1-Dichloroethane

<input type="checkbox"/> 1,2-Dichloroethane
<input type="checkbox"/> 1,1-Dichloroethylene
<input type="checkbox"/> trans-1,2-Dichloroethylene
<input type="checkbox"/> 2,4-Dichlorophenol
<input type="checkbox"/> 2,6-Dichlorophenol
<input type="checkbox"/> 1,2-Dichloropropane
<input type="checkbox"/> cis-1,3-Dichloropropylene
<input type="checkbox"/> trans-1,3-Dichloropropylene
<input type="checkbox"/> Dieldrin
<input type="checkbox"/> Diethyl phthalate
<input type="checkbox"/> Diethylene glycol
<input type="checkbox"/> 2,4-Dimethyl phenol
<input type="checkbox"/> Dimethyl Phthalate
<input type="checkbox"/> Dimetilan
<input type="checkbox"/> Di-n-butyl phthalate
<input type="checkbox"/> 1,4-Dinitrobenzene
<input type="checkbox"/> 4,6 Dinitro-o-cresol
<input type="checkbox"/> 2,4 Dinitrophenol | <input type="checkbox"/> 2,4-Dinitrotoluene
<input type="checkbox"/> 2,6-Dinitrotoluene
<input type="checkbox"/> Di-n-octyl phthalate
<input type="checkbox"/> Di-n-propyl nitrosoamine
<input type="checkbox"/> p-Dimethylaminoazobenzene
<input type="checkbox"/> Diphenylamine

<input type="checkbox"/> 1,2 Diphenylhydrazine
<input type="checkbox"/> Diphenylnitrosamine
<input type="checkbox"/> 1,4-Dioxane
<input type="checkbox"/> Disulfoton
<input type="checkbox"/> Dithiocarbamate
<input type="checkbox"/> Endosulfan I
<input type="checkbox"/> Endosulfan II
<input type="checkbox"/> Endosulfan Sulfate
<input type="checkbox"/> Endrin
<input type="checkbox"/> Edrin Aldehyde
<input type="checkbox"/> EPTC
<input type="checkbox"/> Ethyl Acetate
<input type="checkbox"/> Ethyl Cyanide
<input type="checkbox"/> Ethyl Benzene
<input type="checkbox"/> Ethyl Ether

<input type="checkbox"/> Famphur
<input type="checkbox"/> Fluoranthene
<input type="checkbox"/> Fluorene
<input type="checkbox"/> Formetanate HCL
<input type="checkbox"/> Formparanate
<input type="checkbox"/> Heptachlor
<input type="checkbox"/> Heptachlor Epoxide
<input type="checkbox"/> Hexachlorobenzene
<input type="checkbox"/> Hexachlorobutadiene

<input type="checkbox"/> Hexachlorocyclopentadiene
<input type="checkbox"/> Hexachlorodibenzofurans

<input type="checkbox"/> Hexachlorodibenzo-p-dioxins
<input type="checkbox"/> Hexachloroethane
<input type="checkbox"/> Hexachloropropylene
<input type="checkbox"/> Indeno(1,2,3-c,d) pyrene
<input type="checkbox"/> Iodomethane
<input type="checkbox"/> 3-Iodo-2-propynyl-n-butylcarbamate
<input type="checkbox"/> Isobutyl alcohol
<input type="checkbox"/> Isodrin
<input type="checkbox"/> Isolan
<input type="checkbox"/> Isosafrole
<input type="checkbox"/> Kepone
<input type="checkbox"/> Methacrylonitrile
<input type="checkbox"/> Methanol
<input type="checkbox"/> Methapyriline
<input type="checkbox"/> Methiocarb
<input type="checkbox"/> Methomyl
<input type="checkbox"/> Methoxychlor | <input type="checkbox"/> 3-Methylcholanthrene
<input type="checkbox"/> Methylene Chloride
<input type="checkbox"/> 4,4-Methylene-bis(2-chloroaniline)
<input type="checkbox"/> Methyl Ethyl Ketone

<input type="checkbox"/> MIBK

<input type="checkbox"/> Methyl Methacrylate
<input type="checkbox"/> Methyl Methanesulfonate
<input type="checkbox"/> Methyl Parathion
<input type="checkbox"/> Metoicarb
<input type="checkbox"/> Mexacarbate
<input type="checkbox"/> Molinate
<input type="checkbox"/> Naphthalene
<input type="checkbox"/> 2-Naphthylamine
<input type="checkbox"/> o-Nitroaniline
<input type="checkbox"/> p-Nitroaniline
<input type="checkbox"/> Nitrobenzene
<input type="checkbox"/> 5-Nitro-o-toluidine
<input type="checkbox"/> o-Nitrophenol
<input type="checkbox"/> p-Nitrophenol
<input type="checkbox"/> N-Nitrosodiethylamine

<input type="checkbox"/> N-Nitrosodimethylamine
<input type="checkbox"/> N-Nitrosodi-n-butylamine
<input type="checkbox"/> N-Nitrosomethylethylamine
<input type="checkbox"/> N-Nitrosomorpholine
<input type="checkbox"/> N-Nitrosopyrrolidine
<input type="checkbox"/> N-Nitrosopiperidine
<input type="checkbox"/> Oxamyl
<input type="checkbox"/> Parathion
<input type="checkbox"/> PCB (Total)
<input type="checkbox"/> Pebulate
<input type="checkbox"/> Pentachlorobenzene
<input type="checkbox"/> Pentachlorodibenzo-p-dioxan
<input type="checkbox"/> Pentachlorodibenzofuran
<input type="checkbox"/> Pentachloroethane

<input type="checkbox"/> Pentachloronitrobenzene
<input type="checkbox"/> Pentachlorophenol
<input type="checkbox"/> Phenacetin
<input type="checkbox"/> Phenanthrene
<input type="checkbox"/> Phenol
<input type="checkbox"/> o-Phenylenediamine
<input type="checkbox"/> Phorate
<input type="checkbox"/> Phthalic Acid
<input type="checkbox"/> Phthalic Anhydride
<input type="checkbox"/> Physostigmine
<input type="checkbox"/> Physostigmine Salicylate
<input type="checkbox"/> Promecarb
<input type="checkbox"/> Pronamide
<input type="checkbox"/> Propham
<input type="checkbox"/> Propoxur
<input type="checkbox"/> Prosulfocarb
<input type="checkbox"/> Pyrene
<input type="checkbox"/> Pyridine | <input type="checkbox"/> Safrole
<input type="checkbox"/> Silvex
<input type="checkbox"/> 2,4,5-T
<input type="checkbox"/> 1,2,4,5-Tetrachlorobenzene
<input type="checkbox"/> Tetrachlorodibenzofurans

<input type="checkbox"/> Tetrachlorodibenzo-p-dioxans
<input type="checkbox"/> 1,1,1,2-Tetrachloroethane
<input type="checkbox"/> 1,1,2,2-Tetrachloroethane
<input type="checkbox"/> Tetrachloroethylene
<input type="checkbox"/> 2,3,4,6-Tetrachlorophenol
<input type="checkbox"/> Thiocarb
<input type="checkbox"/> Thiophanate-methyl
<input type="checkbox"/> Tirpate
<input type="checkbox"/> Toluene
<input type="checkbox"/> Toxaphene
<input type="checkbox"/> Triallate
<input type="checkbox"/> 1,2,4-Trichlorobenzene
<input type="checkbox"/> 1,1,1-Trichloroethane
<input type="checkbox"/> 1,1,2-Trichloroethane
<input type="checkbox"/> Trichloroethylene
<input type="checkbox"/> Trichloromonofluoromethane
<input type="checkbox"/> 2,4,5-Trichlorophenol
<input type="checkbox"/> 2,4,6-Trichlorophenol
<input type="checkbox"/> 1,2,3-Trichloropropane

<input type="checkbox"/> 1,1,2-Trichloro-2,2,2-trifluoroethane
<input type="checkbox"/> Triethylamine
<input type="checkbox"/> Tris (2,3-Dibromopropyl) phosphate
<input type="checkbox"/> Vermolate
<input type="checkbox"/> Vinyl Chloride
<input type="checkbox"/> Xylene(s)
<input type="checkbox"/> Antimony

<input type="checkbox"/> Arsenic
<input type="checkbox"/> Barium

<input type="checkbox"/> Beryllium
<input type="checkbox"/> Cadmium
<input type="checkbox"/> Chromium (Total)
<input type="checkbox"/> Cyanide (Total)
<input type="checkbox"/> Cyanide (Amenable)
<input type="checkbox"/> Lead
<input type="checkbox"/> Mercury(Retort NWW)
<input type="checkbox"/> Mercury(All Others)
<input type="checkbox"/> Nickel
<input type="checkbox"/> Selenium
<input type="checkbox"/> Silver
<input type="checkbox"/> Sulfide
<input type="checkbox"/> Thallium
<input type="checkbox"/> Vanadium |
|---|--|--|---|---|

ATTACHMENT 4

BENZENE WASTE OPERATIONS INFORMATION
NESHAPS

1. Type of Facility: Petroleum Refinery (SIC 2911)
 Chemical Mfg. (SIC 2800 thru 2899)
 Coke by-product Recovery Plant (SIC 3312)
 TSDF Handling benzene from one of the above (SIC 4953)
 None of the Above - Please do not complete form

2. Water content of waste by weight: > 10% < 10%

3. Total Benzene Concentration of the waste _____ ppmw.

4. Facility Total Annual Benzene (TAB) Quantity: < 1 Mg* 1 - < 10 Mg 10 Mg or >

5. If TAB is 10 Mg or greater, is facility operating under a waiver of compliance per 40 CFR Part 61 Subpart FF.
 YES NO

6. Waste Stream Name: _____

7. Does waste require control per 40 CFR Part 61 Subpart FF: YES NO EXEMPT
Explain: _____

8. If subject waste requires control, has this process been completed prior to shipment off-site:
 YES 99% or greater benzene removal
 YES treated to < 10 ppmw benzene
 NO requires control prior to disposal - A signed copy of this document must accompany each manifested shipment which requires NESHAP treatment and control.

PLEASE NOTE THAT, EVEN THOUGH AS A GENERATOR YOU MAY BE EXEMPT FROM SOME BENZENE NESHAP REQUIREMENT, A TSDF THAT SUBSEQUENTLY RECEIVES YOUR WASTE MAY BE AFFECTED.

I certify and warrant that the above noted information concerning the waste material offered for disposal is true and correct.

Signature: 
Printed Name: Gazi George, Ph.D., CHMM

Company Name: DICO
Date: 3/6/2008

*Megagram (1 Megagram = 1,000 kilogram, 1,000,000 grams or 2204 pounds)

Attachment 3

Generator Name: DICO EPA ID #: _____
Waste Stream Number _____

Section A: F001 - F005 (Spent Solvents)

Check the appropriate box(es) and circle the individual constituents which are likely to be present.

- | | |
|---|---|
| <input type="checkbox"/> F001 - Spent Halogenated Solvents used in Degreasing
Carbon Tetrachloride
Methylene Chloride
Tetrachloroethylene
1,1,1-Trichloroethane
Trichloroethylene
1,1,2-Trichloro-1,2,2-Trifluoroethane
Trichloromonofluoromethane | <input type="checkbox"/> F002 - Spent Halogenated Solvents
Chlorobenzene
o-Dichlorobenzene
Methylene Chloride
Tetrachloroethylene
1,1,1-Trichloroethane
1,1,2-Trichloroethane
Trichloroethylene
1,1,2-Trichloro-1,2,2-Trifluoroethane
Trichloromonofluoromethane |
| <input type="checkbox"/> F003 - Spent Non-Halogenated Solvents
Acetone
n-Butyl Alcohol
Cyclohexanone
Ethyl Benzene
Ethyl Ether
Methanol
Methyl Isobutyl Ketone
Xylenes(Total) | <input type="checkbox"/> F004 -Spent Non-Halogenated Solvents
Chlorobenzene
o-Cresol
Nitrobenzene |
| <input type="checkbox"/> F005 - Spent Non-Halogenated Solvents
Benzene
Carbon Disulfide
2-Ethoxyethanol
Isobutyl Alcohol
Methyl Ethyl Ketone
2-Nitropropane
Pyridine
Toluene | |

Section B: F039 (Leachate)

Indicated by checking the appropriate box below, if your waste meet treatment standards for all constituents, if your waste needs treatment for a partial list of the F039 constituents or if your waste needs treatment for the entire list of the F039 constituents. Using Attachment 2, circle the individual constituent which are likely to be present in the waste. If all constituents meet treatment standards or if all constituents will be treated or monitored, please check below in lieu of circling all constituents on Attachment 2.

- All F039 constituents meet treatment standards.
- Constituents circled on Attachment 2 are the only constituents present which need to be treated or monitored.
- All F039 constituents need to be treated or monitored.

6.4 ATTACHMENT D – HEALTH & SAFETY PLAN (HASP)

A. GENERAL:

SITE NAME: Beck Farm

LOCATION: 1278 Old 6 Rd., Malcolm, IA 50157

PROJECT NAME: Insulation Load-Out PROJECT NO: 020807

PREPARED BY (Name): David Wheeler, CHMM

PREPARED BY (Signature):  DATE: 03/13/08

B. PROJECT OBJECTIVES:

Load old insulation onto a 28-YD dump trailer, complete paperwork.

C. PROJECT ORGANIZATION:

PROJECT MANAGER: David Wheeler

SITE SUPERINTENDENT: Tom Folley

SITE SAFETY OFFICER: Tom Folley

CLIENT CONTACT: Gazi George

REGULATORY AGENCY CONTACTS: None

SUBCONTRACTORS: Hydro Clean

D. SITE DESCRIPTION: (attach map if available)

Site is a rural farm located NW of Malcolm, Iowa.

E. SITE SECURITY & CONTROLS

Site is private property.

F. HAZARD EVALUATION:

<u>Physical Hazards</u>	<u>Chemical Hazards</u>	<u>Other Hazards</u>
<input type="checkbox"/> Heat Stress [] Flammable	<input type="checkbox"/> Radioactive	
<input checked="" type="checkbox"/> Cold Stress	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Pathogenic
<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Toxic	<input type="checkbox"/> Confined Space
<input checked="" type="checkbox"/> Heavy Equip.	<input type="checkbox"/> Reactive	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Drum Handling	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (snake,insects)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Slip/Trip/Fall
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>Fiberglass particulates</u>	

Waste Types: Liquid Solid Semi-Solid Gas Unknown

Known or Suspected Substances	PEL/TLV	Exposure Routes
PCBs CAS 11097-69-1	TWA 0.5 mg/m ³ [skin]	Sk, Ey, Ih, Ig
Fiberglass	OSHA PEL: TWA 15 mg/m ³	Sk, Ey, Ih, Ig

*Sk =skin, Ey = eyes, Ih = Inhalation, Ig = Ingestion, Un=Unknown

The NIOSH Pocket Guide for PCBs and Fiberglass are provided in Attachment A. While present on site, chemical exposures are not anticipated in the execution of the scope of work.

G. (Task/Activity #1 Backfill/Compact/Asphalt) PERSONAL PROTECTIVE EQUIPMENT:

Task/Activity:

Load fiberglass onto truck.

Protective Equipment:

Clothing

Encapsulating Suit

Splash Suit

Saranex Coverall

Polytyvek Coverall

Tyvek Coverall

Nomex Coverall

Other _____

Respiratory

Not Needed

SCBA

Airline

Full-Face APR w/cartridge **OR**

Half-Face APR w/cartridge

Escape mask

Cartridge P95 or P100

Head/Eye

Not Needed

Safety Glasses (if half face)

Goggles

Face Shield

Hard Hat

Other

Gloves/Boots

Not Needed

Inner Glove -latex

Outer glove - Work Glove

Boots -Steel Toe

Overboots - _____

Hearing Protection

Not Needed

Ear Plugs

Ear Muffs

Other

H. NATURAL TOXINS: Work on site may involve disturbing areas that are natural habitats to spiders, snakes and species of poisonous plants. All care should be taken to avoid exposure to these natural hazards if encountered, including:

- Wear shoes and heavy pants when walking and hiking in areas where snakes, spiders and ticks are likely found.
- Do not reach into rocky cracks, under logs, or large rocks.
- Do not get near or tease a snake.
- Wash hands and exposed arms at break times.

I. TRAINING & MEDICAL MONITORING: All personnel performing site work are required to have 40-Hr OSHA HAZWOPER training and a current 8-hr OSHA Annual Refresher Training. Above personnel must participate in a medical monitoring program that consists of, at a minimum, a baseline, annual and exit physical. OSHA Training records for all site workers will be kept in the project office.

J. DECONTAMINATION: Decontamination for this project will consist primarily of dry decontamination. The procedure is outlined below:

PERSONNEL:

1. Brush off dirt, mud, briars and burrs.
2. Remove booties & outer gloves,
3. Remove tyvek suite and inner gloves,
4. Bag all PPE and load onto truck,
5. Wash hands with soap and water.

EQUIPMENT:

1. None

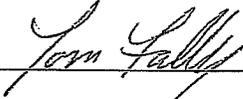
K. EMERGENCY RESPONSE:

First Aid: First Aid kit and fire extinguisher are located in the site trailer.

Hospital:	<u>Phone Number</u>
Grinnell Regional Med Ctr	<u>911</u>
Address: 310 4th Ave, Grinnell, IA 50112	
Phone: (641) 236-7433	
Ambulance:	<u>911</u>
Fire Department:	<u>911</u>

A map and directions to the hospital are provided as Attachment B.

L. Health and Safety Plan Acknowledgement:

NAME	SIGNATURE
Tom Folley	
Travis Head	
Levi Miller	


[CDC Home](#)
[CDC Search](#)
[CDC Health Topics A-Z](#)
NIOSH National Institute for
Occupational Safety and Health

[Search NIOSH](#) | [NIOSH Home](#) | [NIOSH Topics](#) | [Site Index](#) | [Databases and Information Resources](#) | [NIOSH Products](#) | [Contact Us](#)

September 2005

NIOSH Pocket Guide to Chemical Hazards

[NPG Home](#) | [Introduction](#) | [Synonyms & Trade Names](#) | [Chemical Names](#) | [CAS Numbers](#) | [RTECS Numbers](#) | [Appendices](#) | [Search](#)

Chlorodiphenyl (54% chlorine)

CAS 11097-69-1

C₆H₃Cl₂C₆H₂Cl₃ (approx)

RTECS TQ1360000

Synonyms & Trade Names

Aroclor® 1254, PCB, Polychlorinated biphenyl

DOT ID & Guide

2315 171

Exposure

NIOSH REL*: Ca TWA 0.001 mg/m³ [See Appendix A](#) [*Note: The REL also applies to other PCBs.]

Limits

OSHA PEL: TWA 0.5 mg/m³ [skin]

IDLH Ca [5 mg/m³] See: [IDLH](#)

Conversion

INDEX

Physical Description

Colorless to pale-yellow, viscous liquid or solid (below 50°F) with a mild, hydrocarbon odor.

MW: 326 (approx)

BP: 689-734°F

FRZ: 50°F

Sol: Insoluble

VP: 0.00006 mmHg

IP: ?

Sp.Gr(77°F): 1.38

Fl.P: NA

UEL: NA

LEL: NA

Nonflammable Liquid, but exposure in a fire results in the formation of a black soot containing PCBs, polychlorinated dibenzofurans, and chlorinated dibenzo-p-dioxins.

Incompatibilities & Reactivities

Strong oxidizers

Measurement Methods

NIOSH 5503; OSHA PV2088

See: [NMAM](#) or [OSHA Methods](#)

Personal Protection & Sanitation [\(See protection\)](#)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: When contaminated

Remove: When wet or contaminated

Change: Daily

Provide: Eyewash, Quick drench

First Aid [\(See procedures\)](#)

Eye: Irrigate immediately

Skin: Soap wash immediately

Breathing: Respiratory support

Swallow: Medical attention immediately

Respirator Recommendations NIOSH

At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister having an N100, R100, or P100 filter. [Click here](#) for information on selection of N, R, or P filters./Any appropriate escape-type, self-contained breathing apparatus[Important additional information about respirator selection](#)

Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact

Symptoms Irritation eyes, chloracne; liver damage; reproductive effects; [potential occupational carcinogen]

D0427

Target Organs Skin, eyes, liver, reproductive system

Cancer Site [in animals: tumors of the pituitary gland & liver, leukemia]

See also: [INTRODUCTION](#) See ICSC CARD: [0939](#) See MEDICAL TESTS: [0176](#)

[NIOSH Home](#) | [NIOSH Search](#) | [Site Index](#) | [Topic List](#) | [Contact Us](#)

D0428


[CDC Home](#)
[CDC Search](#)
[CDC Health Topics A-Z](#)
NIOSH National Institute for
Occupational Safety and Health

[Search NIOSH](#) | [NIOSH Home](#) | [NIOSH Topics](#) | [Site Index](#) | [Databases and Information Resources](#) | [NIOSH Products](#) | [Contact Us](#)

NIOSH Publication No. 2005-151:

September 2005

NIOSH Pocket Guide to Chemical Hazards

[NPG Home](#) | [Introduction](#) | [Synonyms & Trade Names](#) | [Chemical Names](#) | [CAS Numbers](#) | [RTECS Numbers](#) | [Appendices](#) | [Search](#)

Fibrous glass dust

CAS

RTECS [LK3651000](#)

DOT ID & Guide

Synonyms & Trade Names

Fiber glas®; Fiberglass; Glass fibers; Glass wool [Note: Usually produced from borosilicate & low alkali silicate glasses.]

Exposure Limits

NIOSH REL: TWA 3 fibers/cm³ (fibers with diameter < or = 3.5 µm & length > or = 10 µm.) TWA 5 mg/m³ (total)

OSHA PEL: TWA 15 mg/m³ (total) TWA 5 mg/m³ (resp)

IDLH N.D. See: [IDLH INDEX](#)

Conversion

Physical Description

Typically, glass filaments >3 µm in diameter or glass "wool" with diameters down to 0.05 µm & length > 1 µm.

MW: NA

BP: NA

MLT: ?

Sol: Insoluble

VP: 0 mmHg (approx)

IP: NA

Sp.Gr: 2.5

Fl.P: NA

UEL: NA

LEL: NA

Noncombustible Fibers

Incompatibilities & Reactivities

None reported

Measurement Methods

NIOSH 7400

See: [NMAM](#) or [OSHA Methods](#)

Personal Protection & Sanitation [\(See protection\)](#)

Skin: Prevent skin contact

Eyes: Prevent eye contact

Wash skin: Daily

Remove: No recommendation

Change: Daily

First Aid [\(See procedures\)](#)

Eye: Irrigate immediately

Breathing: Fresh air

Respirator Recommendations NIOSH

Up to 5X REL:

(APF = 5) Any quarter-mask respirator. [Click here](#) for information on selection of N, R, or P filters.

Up to 10X REL:

(APF = 10) Any particulate respirator equipped with an N95, R95, or P95 filter (including N95, R95, and P95 filtering facepieces) except quarter-mask respirators. The following filters may also be used: N99, R99, P99, N100, R100, P100. [Click here](#) for information on selection of N, R, or P filters.

(APF = 10) Any supplied-air respirator

Up to 25X REL:

(APF = 25) Any supplied-air respirator operated in a continuous-flow mode

(APF = 25) Any powered air-purifying respirator with a high-efficiency particulate filter.

Up to 50X REL:

(APF = 50) Any air-purifying, full-facepiece respirator with an N100, R100, or P100 filter. [Click here](#) for information on selection of N, R, or P filters.

(APF = 50) Any powered, air-purifying respirator with a tight-fitting facepiece and a high-efficiency particulate filter

(APF = 50) Any self-contained breathing apparatus with a full facepiece

(APF = 50) Any supplied-air respirator with a full facepiece

D0429

Up to 1000X REL:

(APF = 2000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

Emergency or planned entry into unknown concentrations or IDLH conditions:

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

Escape:

(APF = 50) Any air-purifying, full-facepiece respirator with an N100, R100, or P100 filter. [Click here](#) for information on selection of N, R, or P filters./Any appropriate escape-type, self-contained breathing apparatus

[Important additional information about respirator selection](#)

Exposure Routes inhalation, skin and/or eye contact

Symptoms Irritation eyes, skin, nose, throat; dyspnea (breathing difficulty)

Target Organs Eyes, skin, respiratory system

See also: [INTRODUCTION](#)

[NIOSH Home](#) | [NIOSH Search](#) | [Site Index](#) | [Topic List](#) | [Contact Us](#)

Directions to Grinnell, IA 50112-1835



Summary and Notes

START **A** 1278 Old 6 Rd, Malcom, IA 50157-8035

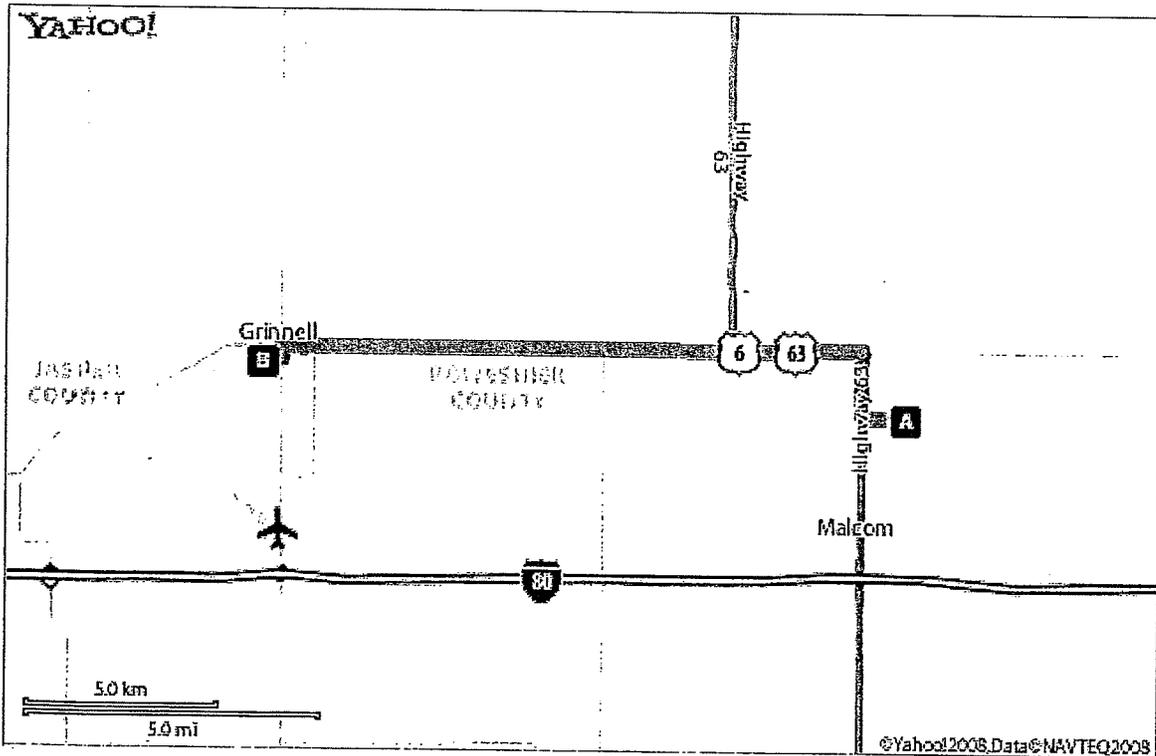
FINISH **B** Grinnell Regional Med Center (641)
236-7433
310 4th Ave, Grinnell, IA 50112-1835

Total Distance: 11.3 miles, Total Time:
19 mins (approx.)

Add your notes here...

	Distance
A 1278 OLD 6 RD, MALCOM, IA 50157-8035	
1. Start at 1278 OLD 6 RD, MALCOM going toward HIGHWAY 63	go 0.7 mi
2. Turn R on HIGHWAY 63(US-63)	go 1 mi
3. Turn L on HIGHWAY 6(US-6)	go 2 mi
4. Continue to follow US-6	go 7.1 mi
5. Turn L on WEST ST(IA-146)	go 0.2 mi
6. Turn R on 4TH AVE	go 0.3 mi
7. Arrive at 310 4TH AVE, GRINNELL, on the L	go < 0.1 mi
B 310 4TH AVE, GRINNELL, IA 50112-1835	

Distance: 11.3 miles, Time: 19 mins



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

D0431