

LAW FIRM

BLACKWELL SANDERS PEPER MARTIN
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Daryl G. Ward
DIRECT: (816) 983-8369

RECEIVED
U.S. E.P.A.

2006 AUG 21 PM 3:07

ENVIR. APPEALS BOARD
DIRECT FAX: (816) 983-8080
E-MAIL: dward@blackwellsanders.com

August 21, 2006

VIA COURIER

Ms. Eurika Durr
Clerk of the Board, Environmental
Appeals Board
U.S. Environmental Protection Agency
1341 G Street, N.W., Suite 600
Washington, D.C. 20005

**Re: In the Matter of Tri-County Public Airport Site
The Raytheon Aircraft Company, Petitioner
Petition Number: 106(b) 06-01**

Dear Ms. Durr:

Enclosed please find one original and five copies of Raytheon Aircraft Company's Status Report.

A sixth copy of the motion is also enclosed. Please stamp the sixth copy and return it in the self-addressed stamped envelope enclosed.

Yours truly,



Daryl G. Ward

DGW
Enclosures

KC-1423411-1

KANSAS CITY, MISSOURI • ST. LOUIS, MISSOURI • OVERLAND PARK, KANSAS • OMAHA, NEBRASKA
SPRINGFIELD, MISSOURI • BELLEVILLE, ILLINOIS • WASHINGTON, D.C. • LONDON, UNITED KINGDOM

AFFILIATES: LEEDS • MANCHESTER
MEMBER OF THE WORLD SERVICES GROUP

RECEIVED
U.S. EPA.

2007 APR 21 PM 3:07

ENVIR. APPEALS BOARD

**IN THE ENVIRONMENTAL APPEALS BOARD
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C.**

IN THE MATTER OF:)
)
)
TRI-COUNTY PUBLIC AIRPORT SITE,)
RAYTHEON AIRCRAFT COMPANY) CERCLA § 106(b) Petition No. 06-01
)
)

RAYTHEON AIRCRAFT COMPANY'S STATUS REPORT

Petitioner, Raytheon Aircraft Company ("RAC") submits this Status Report to notify the Environmental Appeals Board ("the Board") that the U.S. Environmental Protection Agency ("EPA")'s has issued a notice that RAC's Removal Action Report ("Report") is complete.

On May 22, 2006, the Board directed EPA "to file a status report with the Board explaining the status of its review of RAC's [Report] and providing an estimate of when it anticipates notifying RAC that it has approved or disapproved its Report." EPA filed the required status report with the Board on June 2, 2006, indicating that EPA's "program office has completed its review of the Report" and that as the final step, Assistant Regional Counsel Pemberton would review the report.

In a letter dated July 6, 2006, EPA notified RAC that the Report would be complete upon RAC's submittal of (1) a signed certification paragraph and (2) copies of well abandonment logs.¹ (Please see Exhibit 1.) RAC supplied the requested items on July 10, 2006. (See Exhibit 2.) On July 21, 2006, EPA issued its Notice of Approval of the Report. (See Exhibit 3.)

¹ EPA's July 6, 2006 letter also requested documentation of: (1) RAC's ability to complete the work required by the UAO; and (2) insurance coverage as required by the UAO. On August 8, 2006, RAC provided the requested insurance documents and noted the completion of work, as evidenced by EPA's approval of the Report, negated the need for documentation regarding RAC's ability to complete the work. (See Exhibit 4.)

The Report was the last task required of RAC by the UAO. Therefore, RAC respectfully moves the Board to deny EPA's Motion to Dismiss, in which EPA argues that RAC's petition was premature because EPA had not yet approved the Report. In the event EPA responds to this request by arguing that RAC's petition remains premature until EPA issues a notice of completion, RAC respectfully moves the Board to order EPA to issue the notice of completion or, in the alternative to show cause why such an order cannot be issued.

Date: August 21, 2006

Respectfully submitted,



Beverlee J. Roper

Daryl G. Ward

BLACKWELL SANDERS PEPER MARTIN LLP

4801 Main Street, Suite 1000

Kansas City, Missouri 64112

Telephone: (816) 983-8000

Facsimile: (816) 983-8080

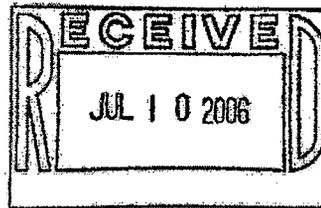
Attorneys for Petitioner Raytheon Aircraft Company



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

JUL 10 2006



John M. Baker
Manager, Environmental Engineering
Raytheon Aircraft Company
P.O. Box 85
Wichita, Kansas 67201-0085

Dear Mr. Baker:

Re: Notice of Disapproval/Request for Documentation
Tri-County Public Airport Site, Morris County, Kansas

The Environmental Protection Agency (EPA) has completed its review of the Hangar 1 Removal Action Report, dated November 2, 2005. For approval, the report needs to include the following:

1. Certification paragraph signed by a person who supervised or directed the preparation of the Removal Action Report as required by paragraph 33 (b) of the Unilateral Administrative Order (UAO) for Removal Response Action, Docket No. CERCLA-07-2004-0311.
2. Copies of the well abandonment logs/reports submitted to the Kansas Department of Health and Environment.

Please submit the two items described above as attachments/appendices to the report under separate cover to complete the Removal Action Report.

The EPA noted that areas of the Removal Action Report (i.e., photo nos. 51, 52, 57, and 99) refer to debris from building 514 and/or the Spark Plug Building, which is also referred to in historical documents as an engine repair or maintenance building. The EPA does not have sufficient information to determine whether or not the debris referenced in the report is from building 514. This comment does not require any changes to the report.

Request for Documentation

The EPA requests the following documents as required by the UAO:

1. Demonstration of Raytheon's ability to complete the work required under paragraph 66 of the UAO. This demonstration was required within 30 days after the approval of the removal action work plan. The EPA sent the letter of approval on June 22, 2005.

2. Insurance-related documents that demonstrate Raytheon Aircraft Company and their contractors or subcontractors maintained the required policies and limits of coverage under paragraph 67 of the UAO. This submittal was required seven days prior to commencing any onsite work under the UAO.

If you have any questions, please call me at (913) 551-7769 or Scott Pemberton of EPA's Office of Regional Counsel at (913) 551-7276.

Sincerely,



Kenneth Rapplean
Remedial Project Manager
Missouri/Kansas Remedial Branch
Superfund Division

Cc: Jean Underwood, Kansas Department of Health and Environment
David Way, Shaw Environmental, Inc. ✓

July 10, 2006

Kenneth Rapplean
Superfund Division
Region VII
U.S. Environmental Protection Agency
901 North 5th Street
Kansas City, Kansas 66101

Re: Response to Environmental Protection Agency Notice of Disapproval
Hangar 1 Removal Action Report
Unilateral Administrative Order (UAO) for Hangar 1 Removal Response Activities
Tri-County Public Airport Site, Morris County, Kansas
CERCLA-07-2004-0311

Dear Mr. Rapplean:

Raytheon Aircraft Company received review comments and a Notice of Disapproval letter from the U.S. Environmental Protection Agency (EPA) on July 10, 2006, for the Hangar 1 Removal Action Report (RAR) dated November 2, 2005 for the Tri-County Public Airport Site. As indicated in the referenced comment letter, EPA requests completion of the certification as required by paragraph 33 (b) of the UAO, and copies of the well abandonment logs/reports submitted to the Kansas Department of Health and Environment. In this regard, included are the following Appendices to be included in the RAR:

- 1) Appendix F – Certification Paragraph
- 2) Appendix G – Well Abandonment Reports

As indicated in EPA's comment letter, submittal of the two Appendices are all that is required for EPA to approve the RAR.

Mr. Rapplean
July 10, 2006
Page 2

Shaw Environmental, Inc.

If you have any questions, please feel free to contact me at (316) 944-5225 or John Baker of RAC at (316) 676-7695.

Sincerely,
Shaw Environmental, Inc.

A handwritten signature in black ink, appearing to read "David Way". The signature is stylized and cursive.

David Way
Project Manager

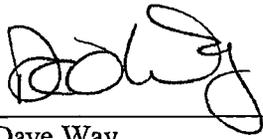
Reviewed by: SP

- c: John Baker – RAC
- Pam Bailey – RAC
- Steve Persons – Shaw
- Beverlee Roper – Blackwell Sanders
- Rick Bean – Kansas Department of Health and Environment

Appendix F
Removal Action Report Certification

Removal Action Report Certification

Under penalty of law, I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved with the preparation of this report, the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Dave Way
Project Manager
Shaw Environmental, Inc.

07/10/00

Date

Appendix G
Well Abandonment Reports

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Dickinson</u>	<u>14 1/4</u>	<u>31</u>	<u>15</u>	<u>6 E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
7 Miles east of Strington, MO on Hwy 66 then north to Tri-County Airport.

2 WATER WELL OWNER: Raymond Alford, Jr.
6709 E Central
 RR #, St. Address, Box # Wichita, KS 67201 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>79.5</u> ft. WELL'S STATIC WATER LEVEL <u>53.50</u> ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other
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Was a chemical / bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted: _____

Water Well Disinfected: Yes No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter _____ in. Was casing pulled? Yes No If yes, how much: _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 79.5 ft. to 130/131 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? _____ How many feet? 205

FROM	TO	PLUGGING MATERIALS

Notes: It appears that the well is located in the near future the well will be constructed to a depth of 6 ft. etc.

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

1	LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Wichita</u>		<u>1/4</u>	<u>14</u>	<u>19</u>	<u>E/W</u>

Distance and direction from nearest town or city street address of well if located within city?
7 miles west of Emporia, MO on Hwy 36 to the Tri-county airport

2	WATER WELL OWNER: <u>Raymond Aircraft Co.</u> <u>3700 W Central</u> <u>Wichita, KS 67201</u>	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX	4	DEPTH OF WELL <u>50.10</u> ft. WELL'S STATIC WATER LEVEL <u>2.0</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
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N

NW			NE
W			E
	SW		SE
			S

Was a chemical / bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

5	TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
Blank casing diameter in. Was casing pulled? Yes No If yes, how much	
Casing height above or below land surface in.	

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From <u>10</u> ft. to ft. From ft. to ft. From ft. to ft.	
What is the nearest source of possible contamination: 1. Septic tank 2. Sewer lines 3. Watertight sewer lines 4. Lateral lines 5. Cess pool 6. Seepage pit 7. Pit privy 8. Sewage lagoon 9. Feedyard 10. Livestock pens 11. Fuel storage 12. Fertilizer storage 13. Insecticide storage 14. Abandoned water well 15. Oil well/Gas well 16. Other (specify below) <u>SEPTIC TANK</u>	
Direction from well? How many feet?	

FROM	TO	PLUGGING MATERIALS
1.0	3	septic tank material pack
		the bottom to surface.

Must be
 This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)

by (signature) [Signature] under the business name of

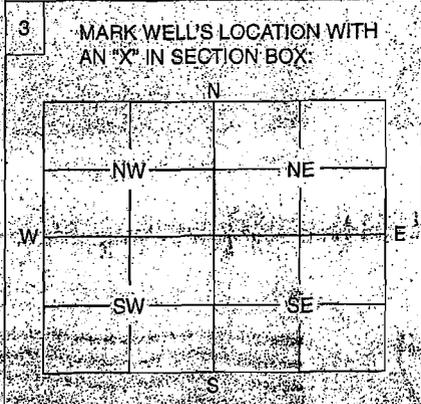
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)
by (signature) <u>[Signature]</u> under the business name of	

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

1. LOCATION OF WATER WELL: Fraction 1/4 1/4 1/4 Section Number 11 Township Number 15 Range Number EW
 County: Washington

Distance and direction from nearest town or city street address of well if located within city?
5 miles east of Washington, 1/2 mile north to the tri-county airport

2. WATER WELL OWNER: Raytheon Aircraft Co.
 RR #, St. Address, Box #: 0709 P Central Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Winning, KS 67201 Application Number:



4. DEPTH OF WELL 72 ft.
 WELL'S STATIC WATER LEVEL 27 ft. (and rising)
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes No

5. TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)

Blank casing diameter _____ in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface _____ in.

6. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug intervals: From 72 ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____

Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS

7. CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) _____

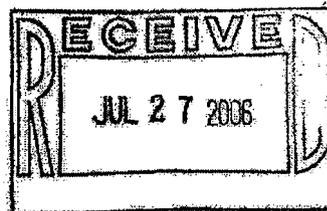
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Sta. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

JUL 21 2006



John M. Baker
Manager, Environmental Engineering
Raytheon Aircraft Company
P.O. Box 85
Wichita, Kansas 67201-0085

Dear Mr. Baker:

Re: Notice of Approval, Hangar 1 Removal Action Report
Dated November 2, 2005, Tri-County Public Airport Site
Morris County, Kansas

The Environmental Protection Agency (EPA) received the two items required in our July 6, 2006, letter for the approval of the Hangar 1 Removal Action Report. The items were transmitted by a letter dated July 10, 2006, from Shaw Environmental, Inc. The two items were as follows:

1. The Removal Action Report certification paragraph signed by Dave Way of Shaw Environmental, Inc. dated July 10.
2. The copies of the water well plugging record (KSA 82a-1212) for monitoring wells MW-12, MW-12A, MW-44, and MW-44A that were submitted to the Kansas Department of Health and Environment.

The two items submitted will be added to the report as:

Appendix F - Certification Paragraph
Appendix G - Well Abandonment Reports

The EPA approves in whole the Hangar 1 Removal Action Report with the addition of the two items above. Our letter of July 6, 2006, requested the submission of documentation that was required by the Unilateral Administrative Order, but was not submitted to EPA. Please advise as to when that documentation will be submitted to EPA.

If you have any questions, please call me at (913) 551-7769 or Scott Pemberton of EPA's Office of Regional Counsel at (913) 551-7276.

Sincerely,


Kenneth Rapplean
Remedial Project Manager
Missouri/Kansas Remedial Branch
Superfund Division

Cc: Jean Underwood, Kansas Department of Health and Environment
David Way, Shaw Environmental, Inc.



Raytheon

Raytheon Aircraft Company
P.O. Box 85
Wichita, Kansas
67201-0085 USA

August 8, 2006

Kenneth Rapplean
Superfund Division
Region VII
U.S. Environmental Protection Agency
901 North 5th Street
Kansas City, Kansas 66101

Re: Response to Environmental Protection Agency Request for Documentation
Hangar 1 Removal Action
Unilateral Administrative Order (UAO) for Hangar 1 Removal Response Activities
Tri-County Public Airport Site (Site), Morris County, Kansas
CERCLA-07-2004-0311

Dear Mr. Rapplean:

Raytheon Aircraft Company (RAC) received review comments from the U.S. Environmental Protection Agency (EPA) on July 10, 2006, for the Hangar 1 Removal Action Report (RAR) for the above referenced Site. RAC responded to EPA comments to the RAR on July 10, 2006, and received EPA Notice of Approval for the Hangar 1 Removal Action Report on July 27, 2006.

In the referenced EPA comment letter, EPA requested documentation concerning insurance coverage under paragraph 67 of the UAO. Attached are Certificates of Insurance for the following companies that conducted work on the project:

- 1) Raytheon Aircraft Company,
- 2) Shaw Environmental, Inc.,
- 3) Remediation Services, Inc.,
- 4) Waste Management and Rolling Meadows, and
- 5) Clean Harbors, Inc.

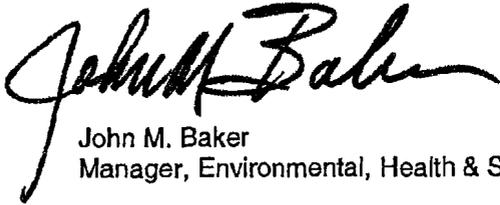
EPA also requested documentation concerning RAC's ability to complete the work. The work is complete as evidenced by EPA's approval of the RAR. Because the project required excavation, disposal, confirmatory soil sampling, and nothing else, no further work remains to be completed. RAC's completion of the work, as submitted in the EPA-approved RAR, fulfills this requirement.

Mr. Kenneth Rapplean
U.S. Environmental Protection Agency
August 8, 2006
Page 2

The submittal of the information provided here completes the project. RAC expects EPA will issue RAC a letter of completion for UAO, CERCLA-07-2004-0311. If you have any questions, please call me at 316-676-7695. I look forward to receipt of completion at your earliest convenience.

Sincerely,

RAYTHEON AIRCRAFT COMPANY

A handwritten signature in black ink, appearing to read "John M. Baker". The signature is written in a cursive style with a large initial "J".

John M. Baker
Manager, Environmental, Health & Safety

Cc: Beverlee Roper, Blackwell Sanders
Steve Persons, Shaw



Aviation

**CERTIFICATE OF INSURANCE
CERTIFICATE NO. 6010**

DATE: May 1, 2006

CERTIFICATE HOLDER: Raytheon Aircraft Company Raytheon Aircraft Services, Inc.	NAMED INSURED: Raytheon Aircraft Company Raytheon Aircraft Services, Inc.
---------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

This certifies that Insurers, as specified hereunder, are providing the following insurance, subject to policy terms, conditions, limitations and exclusions:

INSURANCE COMPANIES:	Underwriters at Lloyds, London and / or Foreign Insurers as a reinsurance of Marshall Insurance Group, Ltd.
LEAD POLICY NUMBER:	AB0600671
TYPE OF COVERAGE:	Comprehensive Aviation Liability
POLICY PERIOD:	May 1, 2006 to May 1, 2007
GEOGRAPHICAL LIMIT:	Worldwide
LIMIT OF LIABILITY:	Auto Liability: \$1,000,000. Each Occurrence Combined Single Limit Bodily Injury and Property Damage covering licensed vehicles on premises owned or operated by the Named Insured. Premises-Operations: \$5,000,000. Each Occurrence Combined Single Limit Bodily Injury and Property Damage. Coverage applies to any and all locations owned, used, or operated by the Named Insured.

DESCRIPTION OF INSURANCE

This certificate does not provide coverage for Products or Completed Operations or Pollution/Hazardous Substances/Contamination and unless stated otherwise on this certificate, all other policy terms and conditions remain unchanged.

The undersigned has been authorized by the Insurers to issue this Certificate on their behalf as a matter of convenience. This is to certify that the policies of insurance listed above 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. Limits shown may have been reduced by paid claims. The undersigned is not an insurer and has no liability of any sort under the policies. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy(ies) shown hereon.

Authorized Representative

Phillip J. Dressen



Aon Aviation

CERTIFICATE OF INSURANCE
CERTIFICATE NO. 5014

DATE: May 1, 2005

CERTIFICATE HOLDER:
Raytheon Aircraft Company
Raytheon Aircraft Services, Inc.

NAMED INSURED:
Raytheon Aircraft Company
Raytheon Aircraft Services, Inc.

This certifies that Insurers, as specified hereunder, are providing the following insurance, subject to policy terms, conditions, limitations and exclusions:

INSURANCE COMPANIES: Underwriters at Lloyds of London and various companies.

LEAD POLICY NUMBER: AB0500671

TYPE OF COVERAGE: Comprehensive Aviation Liability

POLICY PERIOD: May 1, 2005 to May 1, 2006

GEOGRAPHICAL LIMIT: Worldwide

LIMIT OF LIABILITY: Auto Liability: \$1,000,000. Each Occurrence Combined Single Limit Bodily Injury and Property Damage covering licensed vehicles on premises owned or operated by the Named Insured.

Premises-Operations: \$5,000,000. Each Occurrence Combined Single Limit Bodily Injury and Property Damage. Coverage applies to any and all locations owned, used, or operated by the Named Insured.

DESCRIPTION OF INSURANCE

This certificate does not provide coverage for Products or Completed Operations or Pollution/Hazardous Substances/Contamination and unless stated otherwise on this certificate, all other policy terms and conditions remain unchanged.

The undersigned has been authorized by the Insurers to issue this Certificate on their behalf as a matter of convenience. This is to certify that the policies of insurance listed above 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. Limits shown may have been reduced by paid claims. The undersigned is not an insurer and has no liability of any sort under the policies. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy(ies) shown hereon.

Authorized Representative

Phillip J. Dressen

Aon Aviation, A Division of Aon Risk Services, Inc.
Mid-Continent Airport • P.O. Box 9210 • Wichita, Kansas 67277-9210
tel: (888) 450-8128 or (316) 943-9331 • fax: (316) 942-6713

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE
08/02/2006

PRODUCER
877-945-7378

Willis North America, Inc.
26 Century Blvd.
P. O. Box 305191
Nashville, TN 372305191

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Shaw Environmental & Infrastructure, Inc.
Shaw Environmental, Inc.
See Below for List of Other Insureds
4171 Essen Lane
Baton Rouge, LA 70809

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: Liberty Mutual Fire Insurance Company	23035-001
INSURER B: Liberty Mutual Insurance Company	23043-007
INSURER C: Westchester Fire Insurance Company	21121-002
INSURER D:	
INSURER E:	

COVERAGES

THE 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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	RG2691004133154	9/1/2004	9/1/2005	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,500,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY	AS7691004133024	9/1/2004	9/1/2005	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CUW781343	9/1/2004	9/1/2005	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WA769D004133014	9/1/2004	9/1/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC7691004133214	9/1/2004	9/1/2005	E.L. EACH ACCIDENT \$ 1,000,000
B	If yes, describe under SPECIAL PROVISIONS below	EW769N004133034	9/1/2004	9/1/2005	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Shaw Environmental Inc.

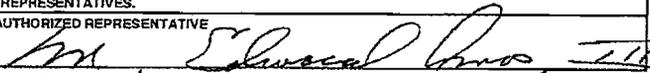
 Named Insureds:

CERTIFICATE HOLDER

Raytheon Company
Attn: Environmental Engineering
P.O. Box 85
Wichita, KS 67201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


Willis**CERTIFICATE OF LIABILITY INSURANCE** Page 2 of 3DATE
08/02/2006

PRODUCER Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		877-945-7378		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE		NAIC#	
INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below for List of Other Insureds 4171 Essen Lane Baton Rouge, LA 70809		INSURER A: Liberty Mutual Fire Insurance Company		23035-001	
		INSURER B: Liberty Mutual Insurance Company		23043-007	
		INSURER C: Westchester Fire Insurance Company		21121-002	
		INSURER D:			
		INSURER E:			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The Shaw Group Inc.; Shaw International, Inc.; Stone & Webster, Inc.; Stone & Webster Construction, Inc.; B.F. Shaw, Inc.; Shaw Sunland Fabricators, Inc.; Shaw Global Energy Services, Inc.; Shaw SSS Fabricators, Inc.; Shaw Maintenance, Inc.; Shaw Constructors, Inc.; Shaw NAPTech, Inc.; Shaw Energy Delivery Services, Inc.; Shaw Field Services, Inc.; S&W Engineering NY, PC; Shaw Environmental, Inc.; Shaw Environmental and Infrastructure, Inc.; Shaw Coastal, Inc.; Shaw Beneco, Inc.; EMCON/OWT, Inc.; Shaw Infrastructure, Inc.; Stone & Webster Consultants, Limited; Stone & Webster Management Consultants, Inc.

The Shaw Group Inc. and its majority owned subsidiaries are Named Insureds under the insurance policies listed on this Certificate. The above list is a representative list of the major subsidiaries of The Shaw Group Inc. and should not be considered complete.

Additional Insured Status:

The General Liability and Automobile Liability policies include a Blanket Additional Insured endorsement. This endorsement confers additional insured status to persons and/or entities if specifically required by a written contract executed prior to a loss but only to the extent of the Named Insured's obligations to indemnify, defend and/or hold harmless as specified by the written contract, subject to policy limits or to the extent allowable by law, if less.

The General Liability and Automobile Liability policies grant coverage to "additional insureds" on a primary basis, subject to each policy's terms, conditions and exclusions, when required by contract executed prior to a loss.

Waiver of Subrogation:

The General Liability, Automobile Liability and Workers' Compensation policies, through blanket endorsements, automatically waive the rights of subrogation, where allowable by law, possessed by the insurer against any person and/or entity to the extent that the Insured had, prior to a claim, a written contract to waive such rights.

Project: Tri-County Public Airport Site, Hanger 1 Removal, Shaw Job # 111511.

Additional Insured: Raytheon Company

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE
08/02/2006

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below for List of Other Insureds 4171 Esseen Lane Baton Rouge, LA 70809		INSURERS AFFORDING COVERAGE INSURER A: American International Specialty Lines In INSURER B: INSURER C: INSURER D: INSURER E:	NAIC# 26883-001

COVERAGES

THE 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.

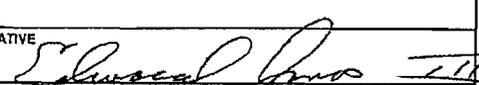
INSR ADP1 LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MEDEXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Contractors Pollution/Professional Errors & Omissions Liabil (Claims-Made)	3779547	8/31/2004	9/1/2005	\$5,000,000 Each Claim \$5,000,000 Annual Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Shaw Environmental Inc.

CERTIFICATE HOLDER

Raytheon Company
 Attn: Environmental Engineering
 P.O. Box 85
 Wichita, KS 67201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


Willis**CERTIFICATE OF LIABILITY INSURANCE** Page 2 of 3DATE
08/02/2006

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below For List of Other Insureds 4171 Essen Lane Baton Rouge, LA 70809	<table border="1"> <thead> <tr> <th data-bbox="792 367 1346 409">INSURERS AFFORDING COVERAGE</th> <th data-bbox="1346 367 1462 409">NAIC#</th> </tr> </thead> <tbody> <tr> <td data-bbox="792 409 1346 451">INSURER A: American International Specialty Lines In</td> <td data-bbox="1346 409 1462 451">25883-001</td> </tr> <tr> <td data-bbox="792 451 1346 472">INSURER B:</td> <td data-bbox="1346 451 1462 472"></td> </tr> <tr> <td data-bbox="792 472 1346 493">INSURER C:</td> <td data-bbox="1346 472 1462 493"></td> </tr> <tr> <td data-bbox="792 493 1346 514">INSURER D:</td> <td data-bbox="1346 493 1462 514"></td> </tr> <tr> <td data-bbox="792 514 1346 552">INSURER E:</td> <td data-bbox="1346 514 1462 552"></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: American International Specialty Lines In	25883-001	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURER A: American International Specialty Lines In	25883-001												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Named Insureds:

The Shaw Group Inc.; Shaw International, Inc.; Stone & Webster Construction, Inc.; B.F. Shaw, Inc.; Shaw Sunland Fabricators, Inc.; Shaw Global Energy Services, Inc.; Shaw SSS Fabricators, Inc.; Shaw Maintenance, Inc.; Shaw Constructors, Inc.; Shaw NAPTech, Inc.; Shaw Energy Delivery Services, Inc.; Shaw Field Services, Inc.; S&W Engineering NY, PC; Shaw Environmental, Inc.; Shaw Environmental and Infrastructure, Inc.; Shaw Coastal, Inc.; Shaw Beneco, Inc.; EMCON/OWT, Inc.; Shaw Infrastructure, Inc.; Stone & Webster Consultants, Limited; Stone & Webster Management Consultants, Inc.

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Project: Tri-County Public Airport Site, Hanger 1 Removal, Shaw Job # 111511.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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DISCLAIMER

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ACORD CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE
08/02/2006

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below for List of Other Insureds 4171 Essen Lane Baton Rouge, LA 70809		INSURERS AFFORDING COVERAGE INSURERA: Zurich American Insurance Company INSURERB: Westchester Fire Insurance Company INSURER C: INSURERD: INSURERE:	NAIC# 16535-006 21121-002

COVERAGES

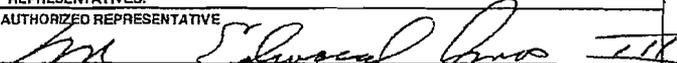
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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> OBJECT <input type="checkbox"/> LOC	GLO386660700	9/1/2005	9/1/2006	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS-COMP/OP AGG \$ 4,000,000
A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP386660400 TAP386660500	9/1/2005	9/1/2006	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CUW7884070	9/1/2005	9/1/2006	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC386660600	9/1/2005	9/1/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS / OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Shaw Environmental Inc.

CERTIFICATE HOLDER

CANCELLATION

Raytheon Company Attn: Environmental Engineering P.O. Box 85 Wichita, KS 67201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Willis**CERTIFICATE OF LIABILITY INSURANCE**

Page 2 of 3

DATE
08/02/2006

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below for List of Other Insureds 4171 Essen Lane Baton Rouge, LA 70809	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> </thead> <tbody> <tr> <td>INSURERA: Zurich American Insurance Company</td> <td>16535-006</td> </tr> <tr> <td>INSURERB: Westchester Fire Insurance Company</td> <td>21121-002</td> </tr> <tr> <td>INSURERC:</td> <td></td> </tr> <tr> <td>INSURERD:</td> <td></td> </tr> <tr> <td>INSURERE:</td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURERA: Zurich American Insurance Company	16535-006	INSURERB: Westchester Fire Insurance Company	21121-002	INSURERC:		INSURERD:		INSURERE:	
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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The Shaw Group Inc.; Shaw International, Inc.; Stone & Webster, Inc.; Stone & Webster Construction, Inc.; B.F. Shaw, Inc.; Shaw Sunland Fabricators, Inc.; Shaw Global Energy Services, Inc.; Shaw SSS Fabricators, Inc.; Shaw Maintenance, Inc.; Shaw Constructors, Inc.; Shaw NAPTech, Inc.; Shaw Energy Delivery Services, Inc.; Shaw Field Services, Inc.; S&W Engineering NY, PC; Shaw Environmental, Inc.; Shaw Environmental and Infrastructure, Inc.; Shaw Coastal, Inc.; Shaw Beneco, Inc.; EMCON/OWT, Inc.; Shaw Infrastructure, Inc.; Stone & Webster Consultants, Limited; Stone & Webster Management Consultants, Inc.

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Additional Insured Status:

The General Liability and Automobile Liability policies include a Blanket Additional Insured endorsement. This endorsement confers additional insured status to persons and/or entities if specifically required by a written contract executed prior to a loss but only to the extent of the Named Insured's obligations to indemnify, defend and/or hold harmless as specified by the written contract, subject to policy limits or to the extent allowable by law, if less.

The General Liability and Automobile Liability policies grant coverage to "additional insureds" on a primary basis, subject to each policy's terms, conditions and exclusions, when required by contract executed prior to a loss.

Waiver of Subrogation:

The General Liability, Automobile Liability and Workers' Compensation policies, through blanket endorsements, automatically waive the rights of subrogation, where allowable by law, possessed by the insurer against any person and/or entity to the extent that the Insured had, prior to a claim, a written contract to waive such rights.

Project: Tri-County Public Airport Site, Hanger 1 Removal, Shaw Job # 111511.

Additional Insured: Raytheon Company

IMPORTANT

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ACORD CERTIFICATE OF LIABILITY INSURANCE

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INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below for List of Other Insureds 4171 Essen Lane Baton Rouge, LA 70809		INSURERS AFFORDING COVERAGE		NAIC#	
		INSURER A: American International Specialty Lines In		25383-001	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			

COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Contractors Pollution/Professional Errors & Omissions Liabil (Claims-Made)	CPPL3779547	9/1/2005	9/1/2006	\$5,000,000 Each Claim \$5,000,000 Annual Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Shaw Environmental Inc.

CERTIFICATE HOLDER

Raytheon Company
 Attn: Environmental Engineering
 P.O. Box 85
 Wichita, KS 67201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

Willis**CERTIFICATE OF LIABILITY INSURANCE**

Page 2 of 3

DATE
09/02/2006

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Shaw Environmental & Infrastructure, Inc. Shaw Environmental, Inc. See Below for List of Other Insureds 4171 Essen Lane Baton Rouge, LA 70809	<table border="1"> <thead> <tr> <th data-bbox="792 414 1346 446">INSURERS AFFORDING COVERAGE</th> <th data-bbox="1346 414 1468 446">NAIC#</th> </tr> </thead> <tbody> <tr> <td data-bbox="792 446 1346 478">INSURERA: American International Specialty Lines In</td> <td data-bbox="1346 446 1468 478">26883-001</td> </tr> <tr> <td data-bbox="792 478 1346 510">INSURERB:</td> <td data-bbox="1346 478 1468 510"></td> </tr> <tr> <td data-bbox="792 510 1346 542">INSURERC:</td> <td data-bbox="1346 510 1468 542"></td> </tr> <tr> <td data-bbox="792 542 1346 574">INSURERD:</td> <td data-bbox="1346 542 1468 574"></td> </tr> <tr> <td data-bbox="792 574 1346 606">INSURERE:</td> <td data-bbox="1346 574 1468 606"></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURERA: American International Specialty Lines In	26883-001	INSURERB:		INSURERC:		INSURERD:		INSURERE:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURERA: American International Specialty Lines In	26883-001												
INSURERB:													
INSURERC:													
INSURERD:													
INSURERE:													

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Named Insureds:

The Shaw Group Inc.; Shaw International, Inc.; Stone & Webster, Inc.; Stone & Webster Construction, Inc.; B.F. Shaw, Inc.; Shaw Sunland Fabricators, Inc.; Shaw Global Energy Services, Inc.; Shaw SSS Fabricators, Inc.; Shaw Maintenance, Inc.; Shaw Constructors, Inc.; Shaw NAPTech, Inc.; Shaw Energy Delivery Services, Inc.; Shaw Field Services, Inc.; S&W Engineering NY, PC; Shaw Environmental, Inc.; Shaw Environmental and Infrastructure, Inc.; Shaw Coastal, Inc.; Shaw Beneco, Inc.; EMCON/OWT, Inc.; Shaw Infrastructure, Inc.; Stone & Webster Consultants, Limited; Stone & Webster Management Consultants, Inc.

The Shaw Group Inc. and its majority owned subsidiaries are Named Insureds under the insurance policies listed on this Certificate. The above list is a representative list of the major subsidiaries of The Shaw Group Inc. and should not be considered complete.

Project: Tri-County Public Airport Site, Hanger 1 Removal, Shaw Job # 111511.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/18/2005
PRODUCES Paragon Insurance Service, Inc. 2045 Horizon Park Drive Suwanee GA 30024	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Remediation Services, Inc. 2735 South 10th Street Independence KS 67301	INSURERS AFFORDING COVERAGE INSURER A: Zurich INSURER B: Steadfast INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES						
THE 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.						
INSR ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof. Liab. / Retro 4/9/92 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLO5398268-02	04/17/05	04/17/06	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPROP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS 90 Filing <input checked="" type="checkbox"/> \$1,000 Comp / Collision	BAP5398261-02	04/17/05	04/17/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 25,000	SUO5398267-02	04/17/05	04/17/06	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC5398266-02	04/17/05	04/17/05	<input checked="" type="checkbox"/> WG STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	\$ 1,000,000
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	OTHER Contractors Pollution Liability	CPL5398269-02	04/17/05	04/17/06	\$1,000,000 Each Claim	\$1,000,000 Total Claims

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder as Additional Insured & Loss Payee

CERTIFICATE HOLDER Raytheon Aircraft Company 101 S. Webb Rd. PO Box 2903 Wichita, KS 67201-2903	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Cheryl Henry</i> (TM)
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ACORD CERTIFICATE OF PROPERTY INSURANCE

DATE
04/18/2005

PRODUCER

Paragon Insurance Service, Inc.
Horizon Park Drive
C
Suwanee GA 30024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Fireman's Fund Insurance Company

INSURED

Remediation Services, Inc.
2735 South 10th Street
Independence KS 67301

COMPANY B

COMPANY C

COMPANY D

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
X	<input checked="" type="checkbox"/> PROPERTY	MXI97505614	04/17/05	04/17/06	<input checked="" type="checkbox"/> BUILDING	\$ 545,000
	<input checked="" type="checkbox"/> CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 120,000
	<input checked="" type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 80,000
	<input checked="" type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
						\$
	<input type="checkbox"/> INLAND MARINE					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
	<input type="checkbox"/> CRIME					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
	<input type="checkbox"/> OTHER					\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

Contractors Equipment Property Leased or Rented; Broad Form AGV; Limit of Liability \$750,000 per Occurrence, \$300,000 per Item
Scheduled Equipment - \$1,349,791
Certificate Holder as Additional Insured & Loss Payee

SPECIAL CONDITIONS/OTHER COVERAGES

CERTIFICATE HOLDER

Raytheon Aircraft Company
101 S. Webb Rd.
PO Box 2903
Wichita, KS 67201-2903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Cheryl Henry <TM>

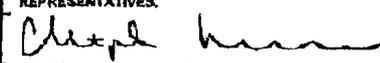
ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID: JTR REMED-2	DATE (MM/DD/YYYY) 04/27/06
PRODUCER Ragon Insurance Service Inc. 45 Horizon Park Drive Ste C Suwanee GA 30024 Phone: 770-831-5669 Fax: 770-831-3363		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
Remediation Services, Inc. 2735 South 10th Street Independence KS 67301		INSURER A: Zurich American Ins. Group	10315
		INSURER B: Steadfast Insurance Company	
		INSURER C: Zurich North America	
		INSURER D: Steadfast Insurance Company	
		INSURER E:	

COVERAGES

THE 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.

INSR ADD'L TR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GLO5398268-03	04/17/06	04/17/07	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JEET <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS 90 Filing <input checked="" type="checkbox"/> \$1,000 Deductible	BAP5398261-03	04/17/06	04/17/07	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA AGG \$ AGG \$
D	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$25,000	SEO5398267-03	04/17/06	04/17/07	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC5398266-03	04/17/06	04/17/07	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	B Contract Pollution				CPL5398269-03

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER RAYTR02 Raytheon Aircraft Company 101 S. Webb Rd. PO Box 2903 Wichita KS 67201-2903	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. 
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ACORD DATE (MM/DD/YY)
04/27/06

<p>PRODUCER</p> <p>Paragon Insurance Service Inc. 2943 Horizon Park Drive Ste C Wanee GA 30024</p> <p>Steve E Emmons Phone: 770-831-5669 Fax: 770-831-3363</p> <p>INSURED</p> <p>Remediation Services, Inc. 2735 South 10th Street Independence KS 67301</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <p>COMPANY A Great American Insurance Co.</p> <p>COMPANY B</p> <p>COMPANY C</p> <p>COMPANY D</p>
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THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD <input checked="" type="checkbox"/> BROAD	MAC6076834	04/17/06	04/17/07	<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> BUILDING <input checked="" type="checkbox"/> BUS PP	\$ \$ \$ 80,000 \$ \$ \$ \$ \$ 495,000 \$ 120,000
A	<input checked="" type="checkbox"/> INLAND MARINE TYPE OF POLICY CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME TYPE OF POLICY	MAC6076834	04/17/06	04/17/07	<input checked="" type="checkbox"/> Scheduled Equipment	\$ 1,050,000 \$ \$ \$ \$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY					\$ \$
	<input type="checkbox"/> OTHER					\$ \$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES
Contractors Equipment, Property leased or rented, broad form ACV. Limits of liability \$750,000 per occurrence, \$100,000 per item.

<p style="text-align: center;">RAYTHEON</p> <p>Raytheon Aircraft Company 101 S. Webb Rd. PO Box 2903 Wichita KS 67201-2903</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p style="text-align: right;"><i>Cheryl Henry</i></p>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE OF INSURANCE

Date: (MM/DD/YY)
7/31/2006

PRODUCER
Lockton Companies of Houston
5847 San Felipe, Suite 320
Houston, TX 77057
866-260-3538 (Phone)
866-492-1055 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED: WASTE MANAGEMENT and
Rolling Meadows
7351 Northwest Highway 75
Topeka, KS 66618

Insurer A: ACE American Insurance Company
Insurer B: Indemnity Insurance Company of North America
Insurer C:
Insurer D:
Insurer E:

COVERAGES

THE 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 BE EXHAUSTED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	HDO G21712978	1/1/2005	1/1/2006	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (ANY ONE FIRE)	\$ 5,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				MED EXP (PER PERSON)	
	<input checked="" type="checkbox"/> XCU INCLUDED				PERSONAL & ADV INJURY	\$ 5,000,000
	<input checked="" type="checkbox"/> ISO FORM CG 00 01 10 01				GENERAL AGGREGATE	\$ 6,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS/COMP. OP. AGG	\$ 6,000,000
	<input checked="" type="checkbox"/> PROJECT					
<input checked="" type="checkbox"/> LOCATION						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	ISA H07932704	1/1/2005	1/1/2006	COMBINED SINGLE LIMIT (EACH ACCIDENT)	\$ 10,000,000
	<input checked="" type="checkbox"/> ANY AUTO					
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<input checked="" type="checkbox"/> MCS-90						
A	<input checked="" type="checkbox"/> EXCESS LIABILITY/UMBRELLA	XOOG22082334	1/1/2005	1/1/2006	EACH OCCURRENCE	\$ 15,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				AGGREGATE	\$ 15,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE					
B A A	<input checked="" type="checkbox"/> WORKERS' COMPENSATION and EMPLOYERS LIABILITY	WLR C44173803 (AOS)	1/1/2005	1/1/2006	WORKERS' COMPENSATION	STATUTORY
		WLR C44181095 (CA)	1/1/2005	1/1/2006	EL EACH ACCIDENT	\$ 3,000,000
		SCF C44181058 (WI)	1/1/2005	1/1/2006	EL DISEASE-EA EMPLOYEE	\$ 3,000,000
					EL DISEASE-POLICY LIMIT	\$ 3,000,000

REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:

CHECK BOX BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

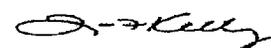
CERTIFICATE HOLDER:

Raytheon Aircraft Company
P.O. Box 85
Wichita, KS 67201

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES, EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
8/4/2006

PRODUCER
Lockton Companies of Houston
5847 San Felipe, Suite 320
Houston, TX 77057
866-260-3538 (Phone)
888-492-1066 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED: Waste Management Holdings, Inc. & All Affiliated, Related & Subsidiary Companies including:
Waste Management Inc, Landfill Division
Rolling Meadows Landfill
7351 Northwest Highway 75
Topeka, KS 66618

INSURERS AFFORDING COVERAGE	
Insurer A:	ACE American Insurance Company
Insurer B:	Indemnity Insurance Company of North America
Insurer C:	
Insurer D:	
Insurer E:	

COVERAGES

THE 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 BE EXHAUSTED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
	GENERAL LIABILITY	HDO G21714318	1/1/2006	1/1/2007	EACH OCCURRENCE \$ 5,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (ANY ONE PER) \$ 5,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				MED EXP (PER PERSON)
	<input checked="" type="checkbox"/> YOU INCLUDED				PERSONAL & ADV INJURY \$ 5,000,000
	<input checked="" type="checkbox"/> ISO FORM CG 00 01 12 04				GENERAL AGGREGATE \$ 5,000,000
	GENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS/COMP. OP. AGG \$ 5,000,000
	<input checked="" type="checkbox"/> PROJECT				
	<input checked="" type="checkbox"/> LOCATION				
	AUTOMOBILE LIABILITY	ISA H08218997	1/1/2006	1/1/2007	COMBINED SINGLE LIMIT \$ 10,000,000
A	<input checked="" type="checkbox"/> ANY AUTO				(EACH ACCIDENT)
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> MGS 90				
	EXCESS LIABILITY/UMBRELLA	X00G23572503	1/1/2006	1/1/2007	EACH OCCURRENCE \$ 15,000,000
A	<input checked="" type="checkbox"/> PER OCCURRENCE				AGGREGATE \$ 15,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE				
	WORKERS' COMPENSATION and EMPLOYERS LIABILITY	WLR C44338440 (AOS)	1/1/2006	1/1/2007	WORKERS' COMPENSATION STATUTORY
B		WLR C44338427 (CA)	1/1/2006	1/1/2007	EL EACH ACCIDENT \$ 3,000,000
A		SCF C44338403 (MI)	1/1/2006	1/1/2007	EL DISEASE-FA EMPLOYEE \$ 3,000,000
A					EL DISEASE-POLICY LIMIT \$ 3,000,000

REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:

CHECK BOX BLANKET POWER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW.
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMPENI) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

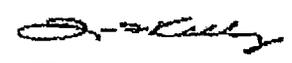
CERTIFICATE HOLDER:

Raytheon Aircraft Company
P.O. Box 55
Wichita, KS 67201

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES, EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT.

AUTHORIZED REPRESENTATIVE:



ACORD™

CERTIFICATE OF LIABILITY INSURANCE

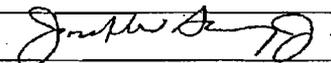
Date:
8-7-06

PRODUCER Willis North America, Inc. 26 Century Blvd Nashville, TN 37214	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	INSURERS AFFORDING COVERAGE		NAIC#
INSURED Clean Harbors Environmental Services, Inc. And its subsidiaries 1501 Washington Street Braintree, MA 02185	INSURER A	ACE American Insurance Company	2267-001
	INSURER B	American Guarantee and Liability Insurance	26247-003
	INSURER C		
	INSURER D		
	INSURER E		

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	G20557618	11/1/2004	11/1/2005	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG \$2,000,000				
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	HO7959886	11/1/2004	11/1/2005	COMBINED SINGLE LIMIT \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$			
		B				EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	AUC427526200	11/1/2004	11/1/2005
	A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WI C44000398 AOS C43986375	11/1/2004	11/1/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE-EA EMPLOYEE \$ 2,000,000 E.L. DISEASE-POLICY LIMIT \$ 2,000,000			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS									

CERTIFICATE HOLDER Raytheon Company 2574 Q Avenue Herington, KS 67449	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE	

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

Date:
8-7-06

PRODUCER Willis North America, Inc. 26 Century Blvd Nashville, TN 37214	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	INSURERS AFFORDING COVERAGE		NAIC#
INSURED Clean Harbors Environmental Services, Inc. and its subsidiaries 42 Longwater Drive Norwell, MA 02061	INSURER A	ACE American Insurance Company	22667-001
	INSURER B	American Guarantee and Liability Insurance	26247-003
	INSURER C	Indemnity Insurance Company of North Amer	43575-003
	INSURER D		
	INSURER E		

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	G20558052	11/1/2005	11/1/2006	EACH OCCURRENCE	\$2,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000			
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000			
	<input checked="" type="checkbox"/> XCU				PERSONAL & ADV INJURY	\$2,000,000			
	<input checked="" type="checkbox"/> Contractual				GENERAL AGGREGATE	\$3,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG	\$2,000,000			
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJE CT <input type="checkbox"/> LOC								
A	AUTOMOBILE LIABILITY	HO7960281	11/1/2005	11/1/2006	COMBINED SINGLE LIMIT	\$5,000,000			
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$			
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$			
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY	\$			
	<input checked="" type="checkbox"/> MCS-90				EACH ACCIDENT	\$			
				AGGREGATE	\$				
	GARAGE LIABILITY								
	<input type="checkbox"/> ANY AUTO								
B	EXCESS LIABILITY	AUC4275262-01	11/1/2005	11/1/2006	EACH OCCURRENCE	\$10,000,000			
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$10,000,000			
	<input type="checkbox"/> DEDUCTIBLE					\$			
<input type="checkbox"/> RETENTION \$									
C C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WI C44001767	11/1/2005	11/1/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS				
		AOS C44001743	11/1/2005	11/1/2006	E.L. EACH ACCIDENT	\$ 2,000,000			
		CA/AZ C44001755	11/1/2005	11/1/2006	E.L. DISEASE-EA EMPLOYEE	\$ 2,000,000			
					E.L. DISEASE-POLICY LIMIT	\$ 2,000,000			
	OTHER								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS									

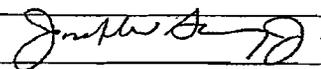
CERTIFICATE HOLDER

CANCELLATION

Raytheon Company
2574 Q Avenue
Herington, KS 67449

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

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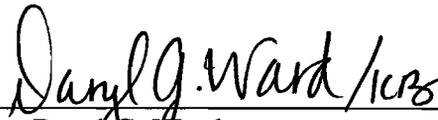
DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was mailed via first class US mail, return receipt requested, this 21st day of August 2006 to:

J. Scott Pemberton
Senior Assistant Regional Counsel
Environmental Protection Agency
901 N. Fifth Street
Kansas City, Kansas 66101



Daryl G. Ward