

**ELK ENVIRONMENTAL SERVICES, INC.**1420 CLARION STREET  
READING, PA 19601

(610) 372-4760

FAX (610) 372-4820

**FAX TRANSMITTAL**

**DATE:** October 10, 2006  
**COMPANY:** U.S. N.R.C. Region I  
**ATTENTION:** Terry McCullough  
**FAX #:** 610-337-6941  
**FROM:** Robert Thom  
**NUMBER OF PAGES (INCLUDING COVER PAGE):** 2

**MESSAGE:**

Results of asbestos sampling are attached. Areas passed and are complete.

If you have any questions, please feel free to contact Dieter Scheel at 484-256-0208.

Thanks,  
Rob Thom

THIS FACSIMILE CONTAINS CONFIDENTIAL INFORMATION WHICH MAY ALSO BE LEGALLY PRIVILEGED AND WHICH IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR COPYING OF THIS FACSIMILE, OR THE TAKING OF ANY ACTION IN RELIANCE ON ITS CONTENT, MAY BE STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ENTIRE FACSIMILE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE OR DESTROY IT. THANK YOU.

If you have any difficulty in receiving this transmission, please call (610) 372-4760 immediately.



**EMSL Analytical, Inc.**

107 Haddon Ave., Westmont, NJ 08108

Phone: (856) 858-6800 Fax: (856) 858-4950 Email: westmont@ashblab.com@EMSL.com

Attn: **Allen Feinberg**  
**North Brandywine Contractors**  
**1554 Paoli Pike #268**  
**Westchester, PA 19380**

Fax: (610) 429-9033 Phone:  
 Project: NRC-KOP

Customer ID: NBCO50  
 Customer PO: CC-  
 Received: 10/07/06 10:04 AM  
 EMSL Order: 040621220  
 EMSL Proj:  
 Analysis Date: 10/7/2006  
 Report Date: 10/7/2006

**Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94**

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm <sup>3</sup>	Fibers/cc	Notes
NRC-1006-01C 040621220-0001	Lab Room - Hwd side - Clearance	10/6/2006	1425.00	<5.5	100	0.002	<7.0	<0.002	
NRC-1006-02C 040621220-0002	Lab Room - Counter side - Clearance	10/6/2006	1410.00	<5.5	100	0.002	<7.0	<0.002	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)  
 Theodore Xu (2)

*Stephen Siegel*  
 Stephen Siegel, CIH  
 or other approved signatory

Limit of detection is 7 fibers/mm<sup>3</sup>. The laboratory is not responsible for data reported to fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. The test results contained within this report meet the requirements of NIOSH unless otherwise noted. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected.  
 Analysis performed by EMSL Westmont (NY State ELAP #10872, AHA #103154)

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

613437500

**Section I GENERATOR** (Generator completes all of Section I)

a. Generator Name: NRC  
 b. Generating Location: 1st Floor C/B  
 c. Address: 475 Allendale Rd.  
 d. Address: \_\_\_\_\_  
King of Prussia PA  
 e. Phone No.: \_\_\_\_\_  
 f. Phone No.: \_\_\_\_\_  
 If owner of the generating facility differs from the generator, provide:  
 i. County Service Code: \_\_\_\_\_

j.	Description of Waste	BFI Waste Code	Qty. (%/#)	Shipped In:	
				Rolloff	Fiber Drum
1.	<u>Transite Hoods.</u>	<u>Nonfriable Asbestos</u>	<u>15yd</u>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>

Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

X Laurie Kauffman Generator Authorized Agent Name  
X Laurie Kauffman Signature  
080606 Shipment Date  
 Truck Weight (Tons) \_\_\_\_\_

**Section II TRANSPORTER** (Generator completes a-d; Transporter I completed e-g; Transporter II completed h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>NBC ONU.</u>		h. Name: _____	
b. Address: <u>PO Box 2398</u>		i. Address: _____	
c. Driver Name/Title: <u>PA 19014</u>		j. Driver Name/Title: _____	
d. Phone No.: _____	e. Truck No.: _____	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: _____		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials: <u>[Signature]</u>		Acknowledgement of Receipt of Materials: _____	
g. Driver Signature: <u>[Signature]</u>	Shipment Date: <u>10/13/06</u>	n. Driver Signature: _____	Shipment Date: _____

**Section III DESTINATION** (Generator completes a-d; destination site completes e-f)

a. Site Name: BFI Conestoga Landfill  
 b. Physical Address: Quarry Road  
Morgantown, PA 19543  
 c. Name: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] Name of Authorized Agent  
[Signature] Signature  
10/13/06 Receipt Date

**Section IV ASBESTOS** (Generator completes a-d, f, g; Operator\* completes e)

a. Operator's Name: NBC ONU.  
 b. Operator's\* Phone No.: 610-696-2006  
 c. Operator's\* Address: PO Box 2398  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: David Miller UP  
 Print Type: \_\_\_\_\_ Operator's\* Signature: [Signature] Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % nonfriable

Operator refers to the company which owns, leases, operates, controls, or is responsible for the facility being demolished or renovated, or the demolition or renovation operation, or both

RECEIVED REGION 1

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

LIBV 31350

**Section I GENERATOR** (Generator completes all of Section I)

a. Generator Name: L-3 Communications  
 b. Generating Location: BT Fuze Div / Allen N. R  
 c. Address: 101 N QUEEN ST  
 d. Address: \_\_\_\_\_  
LANCASTER PA 17604  
 e. Phone No.: \_\_\_\_\_  
 f. Phone No.: 717 735 0300  
 If owner of the generating facility differs from the generator, provide:  
 i. County Service Code: \_\_\_\_\_

Description of Waste		BFI Waste Code	Qty. (%/#)	Shipped In:
1.	<u>TRANSIT SHEETS</u>	<u>NON Friable Asbest 3</u>		<input type="checkbox"/> Rolloff
2.				<input type="checkbox"/> Fiber Drum
3.				<input type="checkbox"/> Truck
4.				<input type="checkbox"/> Other
5.				

Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Non-Hazardous Waste  Truck Manifest

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 072-06

**Section II TRANSPORTER** (Generator completes a-d; Transporter I completed e-g; Transporter II completed h-n)

**TRANSPORTER I**

a. Name: NBC LNU  
 b. Address: PO BOX 2398 ASTON PA 19014  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_  
 e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: 1-1306

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_  
 l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_

g. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

**Section III DESTINATION** (Generator completes a-d; destination site completes e-f)

a. Site Name: BFI Conestoga Landfill  
 b. Physical Address: Quarry Road  
Morgantown, PA 19543  
 c. Name: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 101306

**Section IV ASBESTOS** (Generator completes a-d, f, g; Operator completes e)

a. Operator's Name: NBC LNU  
 b. Operator's Phone No.: 610-696-2006  
 c. Operator's Address: PO BOX 2398 ASTON PA 19014  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's Name & Title: DAVID MILK VP Date: 9-22-06  
 f. Name and Address of Responsible Agency: EPRI Region HQ  
 g.  Friable:  Non-friable:  Both \_\_\_\_\_ % friable: 100 % nonfriable

Operator refers to the company which owns, leases, operates, controls or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

