

## REPORT SUPPLEMENT

In the 2015 Alameda MED-Project ("MED-Project") Annual Report (the "Annual Report") dated February 29, 2016, MED-Project provided the Alameda County Department of Environmental Health ("Alameda County DEH") a summary of discrepancies relating to the August 8, 2015 take-back event ("take-back event") in Castro Valley, California. By letter dated April 21, 2016, Alameda County DEH requested related information. MED-Project responds as follows.

1. Alameda County DEH requested clarification regarding a discrepancy in the reported weight of material collected from residents at the take-back event held in Castro Valley compared to the reported weight of material incinerated at the disposal facility.

MED-Project investigated the discrepancy with Stericycle and discussed it with the Alameda County DEH and Clean Harbors Aragonite.

Documentation related to the collection, transport, and disposal of material from the take-back event shows: (a) the collection of 336 pounds of material at the take-back event in Castro Valley, California (*see* Attachments 1, 2, and 3); (b) the transportation and disposal of 328 pounds of material at the Clean Harbors Aragonite facility (*see* Attachment 4), and; (c) the listing of incinerated material at the Clean Harbors Aragonite facility on February 23, 2016 (*see* Attachment 5, which is for billing purposes only).

According to available documentation and interviews with Stericycle and Alameda County DEH, materials were weighed at the event, and eight (8) pounds of aerosols were subsequently transferred to Alameda County DEH for transport and disposal, which explains the discrepancy in the weight at collection compared to the weight at disposal.

2. Alameda County DEH requested clarification regarding the disposal facility utilized for the material collected at the August 8, 2015 take-back event held in Castro Valley.

On August 8, 2015, the Alameda County Safe Drug Disposal Ordinance did not require MED-Project to collect controlled substances. Public advertising for the August 8, 2015 take-back event indicated that controlled substances would not be accepted. It appears that, based on this information, Stericycle implemented a system under which the collected material was shipped and handled as if it did not contain controlled substances. As a result, the collected material was shipped for storage, and was then shipped to the approved disposal facility, Clean Harbors Aragonite, on February 23, 2016.

MED-Project has contacted Stericycle to ensure that material collected at future events is disposed of according to approved procedures, including for controlled substances.

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Form Approved, OMB No. 2050-0039

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

RAN-01855

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CACDU2825212	2. Page 1 of 1	3. Emergency Response Phone (877) 577-2669	4. Manifest Tracking Number 000118953 DAT						
5. Generator's Name and Mailing Address STERICYCLE STRONGPAC 6264 CROOKED CREEK ROAD MORCROSS CA 98952 (770)408-1588		Generator's Site Address (if different than mailing address) CANYON MIDDLE SCHOOL 1968A CULL CANYON ROAD CASTRO VALLEY CA 94546 (510)562-7281									
6. Transporter 1 Company Name STERICYCLE SPECIALTY WASTE SOLUTIONS INC		U.S. EPA ID Number MNS000110924									
7. Transporter 2 Company Name 2156 Century Environmental Management of CA, LP		U.S. EPA ID Number CAR000210617									
8. Designated Facility Name and Site Address GENERAL ENVIRONMENTAL MGT, LLC 300 PSC ENVIRONMENTAL SERVICES 11855 WHITE ROCK ROAD RINCHO CORDOVA, CA 95742 (916) 351-0888		U.S. EPA ID Number CAD980884183									
9a. HMA	9b. U.S. DOT Description (incl. using Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes					
		No.	Type								
		1	DF					93	P	612	
		2	DF					243.2	P	612	
		3									
4											
14. Special Handling Instructions and Additional Information 1256 JPM TAG Broken in Transport (1) 71566A-08 - (2) 71566B-08 (131) CONSUMER TAKE-BACK (2) 71566B-08 (151) CONSUMER TAKE-BACK (1) WEAR PROPER PPE 1) 1X55 OF SEAL # 01266 2) 1X55 OF SEAL # 01267 3) 1X55 OF SEAL # 01269											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Officer's Printed/Typed Name JARED MARCIEL		Signature 			Month 8	Day 9	Year 15				
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry: Date leaving U.S.:											
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name JARED MARCIEL		Signature 			Month 8	Day 9	Year 15				
Transporter 2 Printed/Typed Name JEPH SCHNE		Signature 			Month 8	Day 14	Year 15				
18. Discrepancy											
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Part or Rejection <input type="checkbox"/> Full Rejection											
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:											
18c. Signature of Alternate Facility (or Generator) Month: Day: Year:											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1 H141		2 H141		3		4					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous waste (as covered by the manifest except as noted in item 18a)											
Printed/Typed Name Daneline		Signature 			Month 8	Day 27	Year 15				

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

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number SAC0002025312	2. Page 1 of 1	3. Emergency Response Phone (877) 577-2669	4. Manifest Tracking Number 000118953 DAT	
5. Generator's Name and Mailing Address STERICYCLE SPECIALTY WASTE SOLUTIONS 5115 WHITE ROCK ROAD			Generator's Site Address (if different than mailing address) CENTON MILLS SCHOOL 11502 GILL CANTON ROAD CANTON MILLET CR 3426 (518)582-7200			
Generator's Phone: (877) 577-2669			U.S. EPA ID Number: MS0000110924			
6. Transporter 1 Company Name STERICYCLE SPECIALTY WASTE SOLUTIONS INC			U.S. EPA ID Number: (MS0000110924)			
7. Transporter 2 Company Name 218 Centon Environmental Management of CA, LLC			U.S. EPA ID Number: (MS0000110924)			
8. Designated Facility Name and Site Address GENERAL ENVIRONMENTAL SVCS, LLC AND PSC ENVIRONMENTAL SERVICES 1155 WHITE ROCK ROAD			U.S. EPA ID Number: CRO990804193			
Facility's Phone: (877) 577-2669			CRO990804193			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. (287743) MEDICINE, LIQUID, FLAMMABLE, TOXIC, H.O.S. 3 (6.1) P011	1	DR	93	P	612
X	2. (287749) MEDICINE, SOLID, TOXIC, H.O.S. 3 (6.1) P011	3	DR	472	P	612
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1256 104 746 3400 012669 1) 1155 OF SEAL #012669 2) 1155 OF SEAL #01267 Deputy Darin Burks #1216 Sergeant Bret Scheufler #456						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name JAMES MAUCIEL			Signature <i>[Signature]</i>		Month Day Year 8/9/15	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name JAMES MAUCIEL			Signature <i>[Signature]</i>		Month Day Year 8/9/15	
Transporter 2 Printed/Typed Name JEFF JOHNSON			Signature <i>[Signature]</i>		Month Day Year 8/14/15	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name			Signature		Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number 09082825212	2. Page 1 of 1	3. Emergency Response Phone (877) 577-2569	4. Manifest Tracking Number 000118953 DAT
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5. Generator's Name and Mailing Address STERICYCLE STRONGPARK 5264 CROOKED CREEK ROAD Generator's Phone: HORCROSS CA 94546 (774)409-1500	Generator's Site Address (if different than mailing address) CANYON MIDDLE SCHOOL 19600 CULL CANYON ROAD CASTRO VALLEY CA 94546 (510)582-7201
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6. Transporter 1 Company Name STERICYCLE SPECIALTY WASTE SOLUTIONS INC	U.S. EPA ID Number MNS000110924
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7. Transporter 2 Company Name	U.S. EPA ID Number
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8. Designated Facility Name and Site Address GENERAL ENVIRONMENTAL MGT, LLC DBA PSC ENVIRONMENTAL SERVICES 11855 WHITE ROCK ROAD Facility's Phone: RANCHO CORDOVA, CA 95742 (916) 351-0900	U.S. EPA ID Number CAD980884183
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9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. UN3240 MEDICINE, LIQUID, FLAMMABLE, TOXIC, N.O.S. 3 (6.1) PGII	1	DF	93	P	612	
X	2. UN3249 MEDICINE, SOLID, TOXIC, N.O.S. 6.1 PGII	3	DF	243.2	P	612	
	3.						
	4.						

14. Special Handling Instructions and Additional Information  
 (1) 715868-00 - FRG(131) CONSUMER TAKE-BACK (2) 715868-00 - FRG(151) CONSUMER TAKE-BACK 1 - WEAR PROPER PPE  
 1) 1X55DF SEAL #01267 2) 1X55DF SEAL #01267 3) 1X55DF SEAL #01267 4) 1X55DF SEAL #01267

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: JARED MARCIEL  
 Signature: *Jared Marciel*  
 Month: | Day: | Year: |

16. International Shipments  Import to U.S.  Export from U.S.  
 Part of entry/exit: \_\_\_\_\_  
 Date leaving U.S.: \_\_\_\_\_

17. Transporter Acknowledgment of Receipt of Materials  
 Transporter 1 Printed/Typed Name: JARED MARCIEL  
 Signature: *Jared Marciel*  
 Month: | Day: | Year: |  
 Transporter 2 Printed/Typed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Month: | Day: | Year: |

18. Discrepancy  
 18a. Discrepancy Indication Space  Quantity  Type  Residue  Partial Rejection  Full Rejection

18b. Alternate Facility (or Generator)  
 Manifest Reference Number: \_\_\_\_\_  
 U.S. EPA ID Number: \_\_\_\_\_  
 Facility's Phone: \_\_\_\_\_

18c. Signature of Alternate Facility (or Generator)  
 Month: | Day: | Year: |

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)  
 1. | 2. | 3. | 4. |

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a  
 Printed/Typed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Month: | Day: | Year: |

GENERATOR  
TRANSPORTER INT'L  
DESIGNATED FACILITY

SI# 11009965  
 442 73704

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		2. Page 1 of 2	3. Emergency Response Phone	4. Manifest Tracking Number <b>000129008 DAT</b>				
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)						
Generator's Phone:		U.S. EPA ID Number						
6. Transporter 1 Company Name		U.S. EPA ID Number						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address		U.S. EPA ID Number						
Facility's Phone:								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
1	...							
2								
3								
4								
14. Special Handling Instructions and Additional Information								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name <i>Kimberly Roberts</i>				Signature <i>[Signature]</i>		Month Day Year <i>02   05   16</i>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <i>Bob Brown</i>				Signature <i>[Signature]</i>		Month Day Year <i>02   10   16</i>		
Transporter 2 Printed/Typed Name <i>John M. M...</i>				Signature <i>[Signature]</i>		Month Day Year <i>02   11   16</i>		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
18b. Alternate Facility (or Generator)						U.S. EPA ID Number		
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)								
1	2	3	4					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name <i>Kimberly Roberts</i>				Signature <i>[Signature]</i>		Month Day Year <i>02   13   16</i>		

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY