Form WM-001
2/90

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55731

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number: 1 0 0 2 1 Pick-Up Date: 0 5 / 0 5 / 9 8 (MO. DAY YR.)

Company Name: Allied Chemical Corp.

Pick-Up Address: 100 Morris Ave - East Elizabeth NJ

Name of Hauler: Scientific Chem. Processing Address: 611 Wilson Ave. Newark NJ 07105

Name of Facility: Scientific Chem. Processing Address: 216 Paterson Plank Rd. Carlstadt NJ 07072

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacrymators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB, PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	X Alpox 19-methanol in H2O		L	T		P	
28.	0017						
29.							
30.							

I certify that the above information is correct to the best of my knowledge.
Date 5/5/98 Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER KKD 185 (State Number)

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date [illegible] Signature [illegible] Vehicle License Plate Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address 216 Paterson Plank Rd. Carlstadt NJ

I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility mentioned.
Date [illegible] Signature [illegible] Vehicle License Plate Number [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Paterson Plank Rd. Carlstadt NJ

Registration Number 0 2 0 5 5 A Date Waste Received 0 5 / 0 5 / 9 8 ☑ Accepted ☐ Rejected

I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 5-5-98 Signature and Title [illegible]

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Form [illegible]
2/90

A

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 55732

MW 17 SK

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number: 9 7 0 2 1 Pick-Up Date: 0 5 / 1 3 / 2 8 (MO. DAY YR.)

Company Name: ALLIED CHEMICAL CORP.

Pick-Up Address: 100 NORTH MAIN EAST PARAMUS N.J.

Name of Hauler: SCIENTIFIC CHEM PROCESSING Address: 911 - 101 SOUTH RIVER NEWARK N.J. 07108

Name of Facility: SCIENTIFIC CHEM. PROCESSING Address: 911 - PATERSON AVE. RADIUM N.J. 07010

Emergency Spill Phone Nos.: 609-292-5580 or 609-292-7172

Handling Instructions:

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB,PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	1 0 1 7 Waste Methanol in PG	1	L	T	5000	G	
28.							
29.							
30.							

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 5/13/78 Signature and Title [illegible] - Foreman

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material listed in Section I was collected by me.
Date 5/13/78 Signature [illegible] Vehicle License Plate Number State NJ Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address [illegible]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date 5/13/78 Signature [illegible] Vehicle License Plate Number [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address [illegible]
Registration Number 0 3 8 5 4 Date Waste Received 0 5 / 1 3 / 7 8 ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.
Date 5-13-78 Signature and Title [illegible]

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55733

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [illegible] Pick-Up Date 05/12/98 (MO. DAY YR.)
Company Name ALLIED CHEMICAL CORP.
Pick-Up Address [illegible] NORTH AVE. EAST FAIRLAWN N.J.
Name of Hauler [illegible] Address [illegible]
Name of Facility [illegible] Address [illegible]

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB,PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	D [illegible] METHANOL in MP		L	T	16300	P	
28.	1017						
29.							
30.							

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 5/12/98 Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date 5/12/98 Signature [illegible] Vehicle Licence Plate Number State NJ Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler [illegible] Address [illegible]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date 5/12/98 Signature [illegible] Vehicle Licence Plate Number NJ [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address [illegible]
Registration Number [illegible] Date Waste Received 05/12/98 ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.
Date 5-12-98 Signature and Title [illegible]

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Form WMP001
2/90

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55734

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Manifest Identification Number 4 0 0 2 1 Pick-Up Date 0 5 / 2 3 / 7 8 (MO. DAY YR.)

Company Name ALLIED CHEMICAL CORP.

Pick-Up Address 100 NORTH AVE EAST ELIZABETH, N.J. 07201

Name of Hauler S.C.P. PUBLIC CLEAN PROCESSING Address 111 WILSON AVE, NEWARK, N.J. 07105

Name of Facility SCIENTIFIC CLEAN PROCESSING Address 216 PATERSON PLANK RD. NORTH BERGEN, N.J. 07047

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

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Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR: Rejected Amount
1. Acid Solution						
2. Alkaline Solution						
3. Arsenic Residues						
4. Catalyst Residues						
5. Cyanide Residues						
6. Chlorinated (Dioxin, Furan) Residues						
7. Etching, Pickling, & Plating Residue						
8. Explosive Residue						
9. Filter Clays, Filter Aids						
10. Ester, Alcohol, Ether, Ketone, Glycol Residues						
11. Heavy Metal Residue						
12. Organic and Heavy Metal Residue Mixture						
13. Latex Residue						
14. Peroxide						
15. Oil and Oil Sludges, Emulsions						
16. Paint and Pigment Residues						
17. Pesticides						
18. Pharmaceutical Wastes (Drugs, etc.)						
19. Lacramators, Amines, Mercaptans, Amide						
20. Plasticizer, Resin, Monomer, Elastomer Residues						
21. PCB,PBB Contaminated Materials						
22. Solvent, Halogenated Organic						
23. Solvent, Mixed						
24. Still Bottoms						
25. Radioactive Residue						
26. Tetraethyl Lead Residues						
Other (See Instructions)						
27. X COPPER 1% PRECIPITATE IN H2O		L	T	33040	P	
28.						
29.						
30.						

I certify that the above information is correct to the best of my knowledge.
Date 5/23/78 Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material(s) listed in Section I was collected by me.
Date 5-23-78 Signature [illegible] Vehicle License Plate Number State NJ Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. INC. Address 111 WILSON AVE NEWARK
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date 5-23-78 Signature [illegible] Vehicle License Plate Number NJ [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S.C.P. Address 216 PATERSON PLANK RD.
Registration Number 0 2 6 - 4 Date Waste Received 0 5 / 2 3 / 7 8 ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 5-23-78 Signature and Title [illegible]

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55735

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number: 910021 Pick-Up Date: 01/31/78 (MO. DAY YR.)

Company Name: Allied Chemical Corp.

Pick-Up Address: 100 North Ave. East Elizabeth N.J.

Name of Hauler: Superior Chem. Processors Address: 911 Patterson Ave. Newark N.J. 07108

Name of Facility: Superior Chem. Processors Address: 911 Patterson Ave. Newark N.J. 07108

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR: Rejected Amount
1. Acid Solution						
2. Alkaline Solution						
3. Arsenic Residues						
4. Catalyst Residues						
5. Cyanide Residues						
6. Chlorinated (Dioxin, Furan) Residues						
7. Etching, Pickling, & Plating Residue						
8. Explosive Residue						
9. Filter Clays, Filter Aids						
10. Ester, Alcohol, Ether, Ketone, Glycol Residues						
11. Heavy Metal Residue						
12. Organic and Heavy Metal Residue Mixture						
13. Latex Residue						
14. Peroxide						
15. Oil and Oil Sludges, Emulsions						
16. Paint and Pigment Residues						
17. Pesticides						
18. Pharmaceutical Wastes (Drugs, etc.)						
19. Lacrimators, Amines, Mercaptans, Amide						
20. Plasticizer, Resin, Monomer, Elastomer Residues						
21. PCB,PBB Contaminated Materials						
22. Solvent, Halogenated Organic						
23. Solvent, Mixed						
24. Still Bottoms						
25. Radioactive Residue						
26. Tetraethyl Lead Residues						
Other (See Instructions)						
27. X Epoxy 1,6 Methylene Hexane		L	T	36580	P	
28.						
29.						
30.						

I certify that the above information is correct to the best of my knowledge.
Date 1/31/78 Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date [illegible] Signature [illegible] Vehicle License Plate Number State NJ Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address 911 Patterson Ave Newark
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date [illegible] Signature [illegible] Vehicle License Plate Number NJ [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 911 Patterson Ave Newark N.J. 07108
Registration Number [illegible] Date Waste Received 01/31/78 ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 1-31-78 Signature and Title [illegible]

A – ADMINISTRATION COPY

Form Version
Date

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55736

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 3 0 0 2 1 Pick-Up Date 0 6 / 0 1 / 2 8 (MO. DAY YR.)

Company Name Allied Chemical Corp.

Pick-Up Address 440 North Ave. East Elizabeth N.J.

Name of Hauler Specialty Chemical Services Address 211 Paterson Plank Rd. Carlstadt N.J. 07072

Name of Facility Specialty Chem Processors Address 211 Paterson Plank Rd. Carlstadt N.J. 07072

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR: Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB,PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						62740
25.	Radioactive Residue						25-A40
26.	Tetraethyl Lead Residues						37700
	Other (See Instructions)						
27.	X Approx. 15% Methanol in H2O		L	T		P	
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.
Date 6/8/78 Signature and Title [illegible] Supervisor

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date 6/8/78 Signature [illegible] Vehicle License Plate Number State NJ Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address Carlstadt N.J.
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date 6/8/78 Signature [illegible] Vehicle License Plate Number NJ [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S.C.P. Address 211 Paterson Plank Rd.
Registration Number 0 2 0 5 5 Date Waste Received 0 6 / 0 8 / 7 8 ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.
Date 6-9-78 Signature and Title [illegible]

ADMINISTRATION COPY

Rule Number
[illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55737

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [illegible] Pick-Up Date [illegible] MO. DAY YR.

Company Name [illegible]

Pick-Up Address [illegible]

Name of Hauler [illegible] Address [illegible]

Name of Facility [illegible] Address [illegible]

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB,PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	[illegible]		L	F	37040	P	
28.							
29.							
30.							

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date [illegible] Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number
Date [illegible] Signature [illegible] Vehicle License Plate Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler [illegible] Address [illegible]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility printed in Section I.
Date [illegible] Signature [illegible] Vehicle License Plate Number [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility [illegible] Address [illegible]
Registration Number [illegible] Date Waste Received [illegible] ☑ Accepted ☐ Rejected
I certify that the hauler listed above delivered the waste described in Section I to this Facility.

Date [illegible] Signature and Title [illegible]

A – ADMINISTRATION COPY

Form WM800
8/88

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55739

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [illegible] Pick-Up Date [illegible] MO. DAY YR.
Company Name [illegible]
Pick-Up Address [illegible]
Name of Hauler [illegible] Address [illegible]
Name of Facility [illegible] Address [illegible]
Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB,PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.
Date [illegible] Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date [illegible] Signature [illegible] Vehicle License Plate Number State [illegible] Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address [illegible]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date [illegible] Signature [illegible] Vehicle License Plate Number [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address [illegible]
Registration Number [illegible] Date Waste Received [illegible] ☑ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date [illegible] Signature and Title [illegible]

A – ADMINISTRATOR'S COPY

Rev. 07/01/81
8/80

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 55740

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [illegible] Pick-Up Date ___ / ___ / ___ (MO. DAY YR.)
Company Name [illegible]
Pick-Up Address [illegible]
Name of Hauler [illegible] Address [illegible]
Name of Facility [illegible] Address [illegible]
Handling Instructions:
Emergency Spill Phone Nos.: 609-292-5580 or 609-292-7172

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR: Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB, PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	[illegible]		L	T	5000 G		
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.
Date 6/28/78 Signature and Title R. Bryan [illegible]

JUL 06 1978

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date 6/28/78 Signature [illegible] Vehicle License Plate Number State NJ Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S. C. P. Address [illegible]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date 6/28/78 Signature [illegible] Vehicle License Plate Number NJ [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S. C. P. Address [illegible]
Registration Number [illegible] Date Waste Received 6/28/78 ☒ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.
Date 6-28-78 Signature and Title [illegible]

A — ADMINISTRATION COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

A

SPECIAL WASTE MANIFEST

A 67131

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number: 7 6 2 1 Pick Up Date: 0 7 2 6 7 8 (MO DAY YR)

Company Name: Allied Chem. Corp.

Pick Up Address: 100 North Gen. Ind. Clifton N.J.

Name of Hauler: Secondary Chem. Processing Address: 411-16 Lyons Ave Newark N.J. 07101

Name of Facility: Secondary Chem. Processing Address: 216 Paterson Plank Rd Carlstadt N.J. 07072

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions:

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR: Rejected Amount
1.	Acid Solution						
2.	Alkaline Solution						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin, Furan) Residues						
7.	Etching, Pickling, & Plating Residue						
8.	Explosive Residue						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amide						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB,PBB Contaminated Materials						
22.	Solvent; Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	✓				Effluent 1% methanol in H2O	LT 45 40	P
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.
Date 7/26/78 Signature and Title Jr Gall Supervisor

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date 7/26/78 Signature Robert Allen Vehicle License Plate Number State NJ Number KKD 189

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address Pil Carlstadt NJ
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date 7/26/78 Signature Robert Allen Vehicle License Plate Number NJ KKD189

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S C P Address 216 PATERSON PLANK RD
Registration Number 0 2 0 5 A Date Waste Received 0 7 / 26 / 78 ☑ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.
Date 7-26-78 Signature and Title Mark Bacon Manager