US EPA RECORDS CENTER REGION 5

460604

0034941

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

Authorization Number 780604

WASTE GENERATOR

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)

City — State — Zip

0910550002 Generator Number

WASTE HAULER(S)

(1) K.I.D. Hauler Name — 1360 E. Locust Hauler Address — S.W.H. Registration Number 0066014

(2) Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax Address — Site Number

Griffith, City — Indiana State — Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound — HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1-28-80 — Ray Marcish (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 gals — 1 GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (KID) (Authorized Signature) — DATE: 1 / 28 / 80

(2) _____ (Authorized Signature) — DATE: ___ / ___ / ___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

BOB [illegible] (Authorized Signature) — DATE: 1 / 29 / 80

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0034950

Authorization Number 720604

WASTE GENERATOR

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)

Kankakee (City) — Illinois (State) — 60901 (Zip)

09105500002 (Generator Number)

WASTE HAULER(S)

(1) KID (Hauler Name) — 1360 E. Locust (Hauler Address) — S.W.H. Registration Number 0066014

(2) (Hauler Name) — (Hauler Address) — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax (Address) — Site Number

Griffith (City) — Indiana (State) — (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound

HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2-18-80 — Ray Marcyk (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 (1 GALLONS / 2 CU. YDS.) (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) — DATE: 2/18/80

(2) (Authorized Signature) — DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED.

(Authorized Signature) — DATE: 2/18/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART 1 GENERATOR — PART 2 IEPA — PART 3 SITE — PART 4 HAULER — PART 5 IEPA — PART 6 GENERATOR

SITE COPY - PART 3

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TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142066

Authorization Number 780604

WASTE GENERATOR

Mobil Chemical Co (Company Name) — 901 N. Greenwood Address

Kankakee, City — Illinois State — 60901 Zip

0910550002 Generator Number

WASTE HAULER(S)

(1) K.I.D. Hauler Name — 1360 E. Locust Hauler Address — S.W.H. Registration Number 0066014

(2) Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax Address — Site Number

Griffith City — Indiana State — Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms & Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound — HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2/29/80 — Ray Marczak (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 — 1 GALLONS 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) John S. [illegible] (Authorized Signature) — DATE: 2/29/80

(2) _____ (Authorized Signature) — DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

[illegible] (Authorized Signature) — DATE: 2/29/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART 1 GENERATOR — PART 2 IEPA — PART 3 SITE — PART 4 HAULER — PART 5 IEPA — PART 6 GENERATOR

SITE COPY - PART 3

0000187

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142068

Authorization Number 780604

WASTE GENERATOR

Mobil Chemical Co. (Company Name) 901 N. Greenwood (Address)
Kankakee, (City) Illinois (State) 60901 (Zip)

091055000 2 (Generator Number)

WASTE HAULER(S)

(1) K.I.D. (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) (Hauler Name) (Hauler Address) S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address) 918089 02 (Site Number)
Griffith, (City) Indiana (State) (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3/3/80 Ray Marczak (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 4500 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 3/3/80

(2) (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

(Authorized Signature) DATE: 3/3/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

0000188

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142070

WASTE GENERATOR

Authorization Number 780604

Mobil Chemical Co. (Company Name) 901 N. Greenwood (Address)

Kankakee (City) Illinois (State) 60901 (Zip)

0910550002 Generator Number

WASTE HAULER(S)

(1) K.I.D (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) (Hauler Name) (Hauler Address) S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address) 9130890X Site Number

(City) (State) (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3/7/80 Ray Marczak (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 4000 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) R.W. Miller (Authorized Signature) DATE: 3/7/80

(2) _____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

J. Dumfee (Authorized Signature) DATE: 3/7/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142072

Authorization Number 780604

WASTE GENERATOR

Mobil Chemical Co (Company Name) 901 N. Greenwood (Address)
Kankakee, (City) Illinois (State) 60901 (Zip)

091055-0002 Generator Number

WASTE HAULER(S)

(1) K.I.D. (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) (Hauler Name) (Hauler Address) S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address)
Griffith, (City) Indiana (State) (Zip)

918089021 Site Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound

HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3-17-80 (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 (1 GALLONS / 2 CU. YDS.) (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (K.I.D.) (Authorized Signature) DATE 3 / 17 / 80

(2) (Authorized Signature) DATE ___ / ___ / ___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

(Authorized Signature) DATE 3 / 17 / 80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS: 800 / 424 8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000193

TO BE COMPLETED BY WASTE GENERATOR

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142077

Authorization Number 780604

WASTE GENERATOR

Mobil Chemical Co. (Company Name) 901 N. Greenwood (Address)
Kankakee (City) Illinois (State) 60901 (Zip)

0910550002 (Generator Number)

WASTE HAULER(S)

(1) K.I.D. (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) (Hauler Name) (Hauler Address) S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Gilfoy (Address) 91808902 (Site Number)
Griffith (City) Indiana (State) (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3/24/80 Ray Marczak (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 1 GALLONS 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) [signature] (Authorized Signature) DATE: 3 / 24 / 80

(2) (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

[signature] (Authorized Signature) DATE: 3 / 24 / 80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART 1 GENERATOR PART 2 IEPA PART 3 SITE PART 4 HAULER PART 5 IEPA PART 6 GENERATOR

SITE COPY - PART 3

000109

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142082

WASTE GENERATOR

Authorization Number 997525

Mobil Chem. Co. (Company Name) 901 N. Greenwood (Address)

Kankakee, (City) Illinois (State) 60901 (Zip)

0910550002 (Generator Number)

WASTE HAULER(S)

(1) K.I.D. (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) (Hauler Name) (Hauler Address) S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address) 91808902 (Site Number)

Griffith (City) Indiana (State) (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound

HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION:

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4/11/80 Ray Marczak (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 3500 1 GALLONS 2 ~~CU. YDS.~~ (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 4/11/80

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

[signature] (Authorized Signature) DATE: 4/11/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782 3637 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

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MPLETED BY
GENERATOR

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142085

Authorization Number 997525

WASTE GENERATOR

Mobil Chem Co. (Company Name) 901 N. Greenwood (Address)
Kankakee (City) Illinois (State) 60901 (Zip)

09105500002 G (Generator Number)

WASTE HAULER(S)

(1) K.T.D. (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) (Hauler Name) (Hauler Address) S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address) 91808902 (Site Number)
Griffith (City) Indiana (State) (Zip)

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME Still Bottoms + Thinner Sludge. WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning compound HAZARD CLASS: Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4/17/80 Ray Marczak (Authorized Signature)

**WASTE HAULER***

QUANTITY OF WASTE RECEIVED: 5000 gals 1 GALLONS 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) R.W. Muller (Authorized Signature) DATE: 4/17/80

(2) _____ (Authorized Signature) DATE: ___/___/___

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

F. Dunlee (Authorized Signature) DATE: 4/17/80

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

**SITE COPY - PART 3**

TO BE COMPLETED BY
WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0142079

Authorization Number 780604

WASTE GENERATOR

Mobil Chemical (Company Name) 901 N. Greenwood (Address)

Kankakee (City) Ill. (State) 60901 (Zip)

0910550002 (Generator Number)

WASTE HAULER(S)

(1) KID (Hauler Name) 1360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

(2) _____ (Hauler Name) _____ (Hauler Address) S.W.H. Registration Number _____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Calfax (Address) 9180890X (Site Number)

Griffith (City) Indiana (State) _____ (Zip)

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: Resin Waste

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Decanter Solvent

HAZARD CLASS: ~~[illegible]~~ Flammable Liquid

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3/27/80 Ray Marzak (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 3600 gal. 1 GALLONS 2 ~~CU. YDS.~~ (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (KID) (Authorized Signature) DATE: 3/27/80

(2) _____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED

[signature] (Authorized Signature) DATE: 3/27/80

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

0000122

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225747

Authorization Number 997525

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)
Kankakee (City) — Illinois (State) — 60901 (Zip)

0910550002 (Generator Number)

WASTE HAULER(S)

K. I. D. (Hauler Name) — 1360 E. Locust (Hauler Address) — S.W.H. Registration Number 0066014

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax (Address) — 91808902 (Site Number)
Griffith (City) — Indiana (State) — Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottom & Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound — HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 35,910 LBS (circle one) TONS

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 5000

1 GALLONS (Circle One)
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4-28-80 — Ray Marczak (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) — DATE: 4/28/80

(2) (Authorized Signature) — DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) — DATE: 4/28/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000211

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225751

Authorization Number 997525

Mobil Chemical Co. (Company Name) 901 N. Greenwood (Address)
Kankakee, (City) Illinois (State) 60901 (Zip)

091055000 2 G (Generator Number)

WASTE HAULER(S)

K.I.D. (Hauler Name) 11360 E. Locust (Hauler Address) S.W.H. Registration Number 0066014

Hauler Name Hauler Address S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address) 91808902 (Site Number)
Griffith, (City) Indiana (State) Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottom + Thinner Sludge. WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound HAZARD CLASS: Flammable Liquid WEIGHT FOR D.O.T. USE 41,020 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 5000 gals 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5/14/80 Ray Marczak. (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (KID) (Authorized Signature) DATE: 5 14 80

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 5 14 80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

00:0218

[redacted]

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225755

Authorization Number 997525

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)
Kankakee, (City) — Illinois (State) — 60901 (Zip)

0970550002 (Generator Number)

WASTE HAULER(S)

KID (Hauler Name) — 1360 E. Locust (Hauler Address) — S.W.H. Registration Number 0066014

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax (Address) — 9180~~8~~902 (Site Number)
Griffith, (City) — Indiana (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottom + Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint ~~Thinner~~ Thinning Compound — HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 5600 LBS/TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 800 (47–52)

1 GALLONS (Circle One)
2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6/2/80 — Richard Hardaway (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (KID) (Authorized Signature) — DATE: 6/02/80 (54–59)

(2) (Authorized Signature) — DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ___

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F. Dunlee (Authorized Signature) — DATE: 6/3/80 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

0000167

TO BE COMPLETED BY WASTE GENERATOR

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 627(
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)
Kankakee (City) — Illinois (State) — 60901 (Zip)

WASTE HAULER(S)

K.I.D. (Hauler Name) — 4360 E. [illegible] (Hauler Address)
Hauler Name — Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) — 420 South Colfax (Address)
Griffith (City) — Indiana (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME Still Bottoms + Thinner Sludge — WASTE I

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BEL

SHIPPING DESCRIPTION: Paint Thinning Compound — HAZARD CLASS: Flammable Liquid

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 1,500 (52)

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER (S

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELE IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6-10-80 — Ray Marizak (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR T INDICATED:

(1) R.W. Miller (Authorized Signature)

(2) _____ (Authorized Signature)

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOU

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED AB

F. Dumfee (Authorized Signature)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

DISTRIBUTION: PART - 1 GENERATOR — PART - 2 IEPA — PART - 3 SITE — PART - 4 HAULER — PART - 5 IE

000016

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

Rec'd

0225758

Authorization Number 997525

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)
Kankakee, (City) — Illinois (State) — 60901 (Zip)

0910550002 (Generator Number)

WASTE HAULER(S)

K.I.D. (Hauler Name) — 1360 E. Forest (Hauler Address) — S.W.H. Registration Number 0066006

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax (Address) — 918089402 (Site Number)
Griffith (City) — Indiana (State) — 46319 (Zip)

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottom + Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning compound — HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 34,340 LBS / TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 4000 gals

1 GALLONS (Circle One)
2 ~~CU. YDS.~~ 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6/16/80 — Ray Marczak (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (KID) (Authorized Signature) — DATE: 6/16/80

(2) (Authorized Signature) — DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) F. Dunfee — DATE: 6/16/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000059

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

0225759

SPECIAL WASTE HAULING MANIFEST

Authorization Number 997525

Mobil Chemical Co. (Company Name) 901 N. Greenwood (Address)
Kankakee, (City) Illinois (State) 60901 (Zip)

09 0550002 (Generator Number)

WASTE HAULER(S)

KID (Hauler Name) 1360 E. Locust (Hauler Address)

S.W.H. Registration Number 0066014

Hauler Name _____ Hauler Address _____

S.W.H. Registration Number _____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) 420 South Colfax (Address)
Griffith, (City) Indiana (State) 46319 (Zip)

91808902 (Site Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME Still Bottom Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound Flammable Liquid HAZARD CLASS:

WEIGHT FOR D.O.T. USE 37,995 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 5000 gals

1 GALLONS (Circle One)
2 ~~CU. YDS.~~

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6-23-80 Ray Marcyak (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Frank Singleton (Authorized Signature) DATE: 06 23 80

(2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 6-23-80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 **24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS** OUTSIDE ILLINOIS: 800 / 424 8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225761

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 997525

Mobil Chemical Co. (Company Name) — 901 N. Greenwood (Address)
Kankakee (City) — Illinois (State) — 60901 (Zip)
0910550002 (Generator Number)

WASTE HAULER(S)

KID (Hauler Name) — 1360 E. Locust (Hauler Address) — S.W.H. Registration Number 0066014

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax (Address) — 91808902 (Site Number)
Griffith (City) — Indiana (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint Thinning Compound, Scrap Paint — HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 33,000 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 3,300

1 GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 7-1-80 — Ray Marczak (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) — DATE: 7/1/80

(2) (Authorized Signature) — DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) — DATE: 7/1/80

COMMENTS OR SPECIAL INSTRUCTIONS:

ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

0000157

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

0225763

SPECIAL WASTE HAULING MANIFEST

Authorization Number 997525

Mobil Chemical Co (Company Name) — 901-N Greenwood (Address)
Kankakee (City) — Ill (State) — 60901 (Zip)

0910550002 (Generator Number)

WASTE HAULER(S)

Kid (Hauler Name) — 1360 E. Locust (Hauler Address) — S.W.H. Registration Number 0066014

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — 420 South Colfax (Address) — 91808902 (Site Number)
Griffith (City) — Indiana (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Paint thinning compound — HAZARD CLASS: Flammable Liquid — WEIGHT FOR D.O.T. USE 35,490 LBS / TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 4,800 — 1 GALLONS / 2 CU. YDS. (Circle One) — 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 7-9-80 — Ray Marcyak (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (Kid) (Authorized Signature) — DATE: 7 9 80

(2) (Authorized Signature) — DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

H. F. Schmidt (Authorized Signature) — DATE: 07 09 80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000152

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225786

Authorization Number 997525

Mobil Chemical Co. (Company Name) — 901 N. Greenwood Ave (Address)

Kankakee (City) — Illinois (State) — 60901 (Zip)

ILD002525723

0910550002 (Generator Number)

WASTE HAULER(S)

K.I.D. Inc (Hauler Name) — 1360 E Locust Kankakee Ill (Hauler Address) — S.W.H. Registration Number 0066014

ILD054155080

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — 420 South Colfax Rd. (Address)

Griffith (City) — Indiana (State) — Zip

IND016360265

91808902 (Site Number)

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & thinner Sludge

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

F003, F005, K078, K082, K086, D001, D005, D007, D008.

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: Flammable Liquid UN1263

WEIGHT FOR D.O.T. USE 36,830 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: ~~[illegible]~~ 4000

1 GALLONS (Circle One)
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 12/16/80 — Ray Marcinak (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Don (Kid) (Authorized Signature) — DATE: 12/16/80

(2) (Authorized Signature) — DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) — DATE: 12 16 80

COMMENTS OR SPECIAL INSTRUCTIONS: To WEST AGIT 12/16/80 JFM T-50

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART

0000305

**STATE OF ILLINOIS**

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225797

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 997525
ILD002525723
091055000 2 G
Generator Number

Mobil Chemical Co. (Company Name) — 901 N. Greenwood Ave. (Address)
Kankakee (City) — Illinois (State) — 60901 (Zip)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) — 1360 E. Locust K3. (Hauler Address)
S.W.H. Registration Number 006614
ILD054155080.

Hauler Name — Hauler Address
S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — 420 South Calfax R.D. (Address)
IND016360265
918089 02 Site Number
Griffith (City) — Indiana (State) — Zip

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: STILL BOTTOMS + THINNER SLUDGE
WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW: F003, F005, K078, K092, K086, D001, D005, D007, D008

SHIPPING DESCRIPTION: Waste Paint
HAZARD CLASS: FLAMMABLE LIQUID UN 1263
WEIGHT FOR D.O.T. USE 42,500 LBS / TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 4500
1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1-26-81 — Ray Marczak. (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Gary Kid (Authorized Signature) — DATE: 1/26/81
(2) (Authorized Signature) — DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) — DATE: 1/26/81

COMMENTS OR SPECIAL INSTRUCTIONS: To EAST ACCT R - 1/26/81 T-50 Jim Murphy

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000888

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0225798

Authorization Number 997525

Mobil Chemical Co. (Company Name) 901 N. Greenwood Ave (Address)
Kankakee (City) Illinois (State) 60901 (Zip)

ILD002515723
0910550002 (Generator Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) 1360 E Locust K3 (Hauler Address)

S.W.H. Registration Number 006604
ILD054155080

Hauler Name | Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

IND016360265

American Chemical Service (Facility Name) 420 South Colfax R.D. (Address)
Griffith (City) Indiana (State) (Zip)

9180 2902 (Site Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms + Thinner Sludge

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

F003 F005, K078, K082, K086, D001, D005, D007, D008

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: Flammable Liquid UN 1263

WEIGHT FOR D.O.T. USE 34,300 LBS TONS (circle one)

P.A. USE MUST BE I. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 4700

1 GALLONS (Circle One)
2 CU. YDS. 1

OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

Y THE ABOVE WRITTEN INFORMATION

UN1263 Ray Murczyk (Authorized Signature)

ED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS

DATE: 2/2/81

DATE: / /

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

DATE: 2/2/81

2/2/80 T-63 Jim Murphy

GENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000887

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792807

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KID Inc (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | EPA Number

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: flammable liquid

UN1263 (UN or NA Number)

F003, F005 D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 27,710 # net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004000 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Eddie Price W. (Authorized Signature) DATE: 6-21-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Norman Kadow (Authorized Signature) DATE: 6/21/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY**

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 6/21/83

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 204 KT-50 GRM 6-21-83

003948

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792808

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066014

8159332931 (Phone Number) | ILD054155080 (EPA Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

(Alternate (Facility Name)) | (Address) | (Site Number)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN1263 (UN or NA Number)

F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 27.940 net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003500 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 6-27-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kid Inc Geary (Authorized Signature) DATE: 6/27/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 6/27/83

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 210K T-50 GRM 6-27-83

003997

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792810

Authorization Number

Mobil Chemical Co (Company Name) | 901 N Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number) G

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

Kid INC (Hauler Name) | 1360 E Locust Kankakee Ill (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms + Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005 D001
D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T USE 28,100 net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003800 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 7-6-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (KID) (Authorized Signature) DATE: 07/06/83 (54–59)

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F Dunfee (Authorized Signature) DATE: 7 6 83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: TO 210 TK T-50 7/6/83 Jim Murphy

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

003949

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792811

Authorization Number _____

Mobil Chemical Co (Company Name) | 901 N Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KiD Inc. (Hauler Name) | 1360 E Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint | HAZARD CLASS: flammable liquid | UN1263 (UN or NA Number) | F003, F005, D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 30,630 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 003800 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 7-12-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (Authorized Signature) DATE: 07/12/83

(2) _____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

R Dunfee (Authorized Signature) DATE: 7/12/83

COMMENTS OR SPECIAL INSTRUCTIONS: _____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 To 211 FT-50 GRM 7-12-83

004000

IL 532-610
UPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792813

Authorization Number

Mial Chemical Co (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)
Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust, Kankakee, Ill. (Hauler Address) | S.W.H. Registration Number 0066013
8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number
Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 91808902 (Site Number)
Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number
City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint
HAZARD CLASS: flammable liquid
UN 1263 (UN or NA Number)
F003, F005, D001, D008 / 0007 (EPA HW Number)

WEIGHT FOR D.O.T. USE 22.950 net LBS TONS (circle one)
WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 003500 (1 GALLONS / 2 CU. YDS) (Circle One) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Kay Marzak (Authorized Signature) DATE: 7-19-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (Authorized Signature) DATE: 07/19/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) DATE: 7/19/83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

**SITE COPY - PART 3**

To 210 KT-50 GRM 7.19.83

004001

LPC 62 (7/81)

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792814

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust, Kankakee, Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge

WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN1263 (UN or NA Number)

F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 26,740# net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003800

1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 7/26/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Terry Spivey (Authorized Signature) DATE: 7/26/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 7/26/83

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 211 KT-50 GRM 7-26-83

004002

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792817

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee, Ill. (Hauler Address) | S.W.H. Registration Number 006601 3

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| waste print | flammable liquid | UN1263 | F003, F005, D001, D007, D008 |

WEIGHT FOR D.O.T. USE 34,260 net (LBS) TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 004200 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS____ Number) (TANK TRUCK) OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: 8-2-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (Authorized Signature) DATE: 08/02/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 8/2/83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3

To 210 LT-50 GAL 8-2-83

004003

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792818
1 7

Authorization Number ____ 8 13

Mobil Chemical Co (Company Name) | 901 N Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number) G 14 24

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KID Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013 25 31

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____ 32 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 91808902 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number 39 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: Flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35,380 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004000 47 52 — 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marzel (Authorized Signature) DATE: 8-8-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (Authorized Signature) DATE: 08/08/83 54 59

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

[signature] (Authorized Signature) DATE: 8/8/83 60 65

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 T0211K 7:50 GPM 8.8.83

004004

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792819
1 7

Authorization Number ____ 8 13

Mobil Chemical Co (Company Name) | 901 N. Greenwood (Address) | 8159335561 (Phone Number) | 0910550002 G (Generator Number) 14 24

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525733 (EPA Number)

WASTE HAULER(S)

Kid Inc (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013 25 31

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____ 32 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 91808902 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | 39 Site Number 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint | HAZARD CLASS: flammable liquid | UN 1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 28,250 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 003800 47 52 | 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Orland Fraser Per Ray Marzyl (Authorized Signature) DATE: 8-10-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) James Geary Kid Inc (Authorized Signature) DATE: 8/10/83 54 59

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

H Trimfee (Authorized Signature) DATE: 8/10/83 60 65

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

T0210ET50 GRM 8-10-83

C04006

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792820
1 7

Authorization Number 8 13

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 G (Generator Number) 14 24

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

Kid inc (Hauler Name) | 1360 E Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013 25 31

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number 32 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 91808902 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number 39 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint | HAZARD CLASS: flammable liquid | UN 1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35,190 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004500 52 | 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 8-15-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (KID inc) (Authorized Signature) DATE: 08/15/83 54 59

(2) _____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 8/15/83 60 65

COMMENTS OR SPECIAL INSTRUCTIONS: _____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3

To 210K T-50 GRM 8-15-83

004005

610
62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792821

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 G (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 006613

8159333931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 918089 02 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199344370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint | HAZARD CLASS: flammable liquid | UN 1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 37.290 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004900 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS_____) Number | TANK TRUCK | OPEN TRUCK | OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marzuch (Authorized Signature) DATE: 8-18-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (KID) (Authorized Signature) DATE: 08/18/83

(2) _____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 8/18/83

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

TB 210 KT-50 GRM 8-18-83

004007

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792823

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood (Address) | 8159335561 (Phone Number) | 0910550002 G (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee, Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Ave (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN1263 (UN or NA Number)

F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 37,580 net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004600 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marizzale (Authorized Signature) DATE: 8-19-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kidow (KID Inc) (Authorized Signature) DATE: 08/19/83

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature) [signature] DATE: 8/19/83

COMMENTS OR SPECIAL INSTRUCTIONS: 1000 GAL LEFT IN TRUCK RETURN @ KID

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 TO 211K T-50 GRM 8.19.83

004008

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792824

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 815 933 5561 (Phone Number) | 09 10550002 G (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD 025357723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0046013

815 933 2931 (Phone Number) | ILD 054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Calumet Rd. (Address) | 918089 02 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 219 924 4370 (Phone Number) | IND 016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW: F003, F005, D001

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| waste paint | flammable liquid | UN 1263 | D007, D008 |

WEIGHT FOR D.O.T. USE 32,450 net LBS / TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 003800 — 1 GALLONS / 2 CU YDS (Circle One) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 8-22-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kirk Kadow (KIDinc) (Authorized Signature) DATE: 08/22/83

(2) ____ (Authorized Signature) DATE: ___/___/___

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE 8/22/83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 — OUTSIDE ILLINOIS 800 / 424 8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. 4 4

SITE COPY - PART 3

To 210 ET-50 GPM 8-22-83

004009

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792826

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Manteno (City) | Illinois (State) | 60901 (Zip) | ILD002535723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 006603

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Cottax Rd. (Address) | 918089 02 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199344370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint HAZARD CLASS: Flammable liquid UN1263 (UN or NA Number) F003, F005 D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 28.370 net LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003800 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marzale (Authorized Signature) DATE: 8-24-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [illegible] KID (Authorized Signature) DATE: 8/24/83

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[illegible] (Authorized Signature) DATE: 8 24 83

OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

**SITE COPY - PART 3** To 211E T-50 GRW 8-24-83

004010

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792828

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint HAZARD CLASS: flammable liquid UN 1263 (UN or NA Number) F003 F005 D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35,730 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 004500 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marcyak (Authorized Signature) DATE: 8-26-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] KID (Authorized Signature) DATE 8/26/83

(2) (Authorized Signature) DATE / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 8/26/83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 To 210K T-50 EPA 8-26-83

004011

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792830

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KID Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Studge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 37,870 net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 005000 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE:

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (KID) (Authorized Signature) DATE: 8/29/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE 8/29/83

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3

TO210 KT-50 GRM 8-29-83

004012

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792831

Authorization Number

Mobil Chemical (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002535723 (EPA Number)

WASTE HAULER(S)

KID Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2149244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 41,300 net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004600 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 9-1-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow (KID Inc (Authorized Signature) DATE: 09/01/83 (54–59)

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY**

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 9/1/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 T0206 ET-50 Gral 9.1.83

004014

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792834

Authorization Number ____

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KID Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 918089 02 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge | WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint | HAZARD CLASS: flammable liquid | UN1263 (UN or NA Number) | F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 29,370 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS OR GAL. | QUANTITY OF WASTE DELIVERED: 003500 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION | Ray Marczak (Authorized Signature) | DATE: 9-6-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kath Kadow KID Inc (Authorized Signature) | DATE: 09/06/83

(2) ____ (Authorized Signature) | DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY**

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

____ (Authorized Signature) | DATE: 9/6/83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

**SITE COPY - PART 3**

To 210 K T-50 GEM 9.6.83

004013

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792835
1 7

Authorization Number ____ 8 13

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 G (Generator Number) 14 24

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KID Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013 25 31

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____ 32 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 91808902 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number 39 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint | HAZARD CLASS: flammable liquid | UN1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 33990 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004300 47 52 | 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczuk (Authorized Signature) DATE: 9-12-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Keith Kadow KIDinc (Authorized Signature) DATE 09/12/83 54 59

(2) ____ (Authorized Signature) DATE: __/__/____

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE 9/12/83 60 65

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 T0210K T-50 GPM 9.12.83

004015

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630783

Authorization Number

**OMPLETED BY GENERATOR**

b.l Chemical Co. (Company Name) | 901 N. Greenwood Av. (Address) | 815933556 1 (Phone Number) | 091055000 2 G (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kank.ke, Ill. (Hauler Address) | S.W.H. Registration Number 006601 4

815933293 1 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 918089 02 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS. | UN or NA Number | EPA HW Number |
|---|---|---|---|
| waste paint | flammable liquid | UN 1263 | F003, F005, D001 D007, D008 |

WEIGHT FOR D.O.T. USE 41,000# net LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 005000 (47–52) 1 GALLONS 2 CU. YDS. (Circle One) 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS_____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marzah (Authorized Signature) DATE: 3-10-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kunscina (Authorized Signature) DATE: 03/10/83 (54–59)

(2) _____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES_____ NO_____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

T Dunfee (Authorized Signature) DATE: 3/10/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS, 217 / 782-3637 OUTSIDE ILLINOIS, 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. 8 4

SITE COPY - PART 3

To 211KT-50 6PM 3/10/83

003778

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630785

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. INC. (Hauler Name) | 1360 E. Locust Kankakee, Ill. 60915 (Hauler Address) | S.W.H. Registration Number 0066014

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Calfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: STILL BOTTOMS + THINNER SLUDGE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE PAINT

HAZARD CLASS: FLAMMABLE LIQUID

UN1263 (UN or NA Number)

F003, F005, D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 42,290 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004600 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 3-15-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinneman (Authorized Signature) DATE: 03/15/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 3/15/83

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

T0204KT-50 GRM 3.15.83

003979

IL 532 610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630786

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)
Kankakee, (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. INC. (Hauler Name) | 1360 E. Locust Kankakee, Ill. 60901 (Hauler Address) | S.W.H. Registration Number 0066014
8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number
Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax RD. (Address) | 9180 8902 (Site Number)
Griffith, (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number
City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: STILL BOTTOMS + THINNER SLUDGE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE PAINT | HAZARD CLASS: FLAMMABLE LIQUID | UN1263 (UN or NA Number) | F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34,490 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 003800 | 1 GALLONS / 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 3/21/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kamiesna (Authorized Signature) DATE: 03/21/83

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

T Drufee (Authorized Signature) DATE: 3/21/83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. 8 4

SITE COPY - PART 3

To 211 Tk T-50 GRM 3-21-83

003780

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630787

Authorization Number ____

Mobil Chemical Co. (Company Name) | 901 N. Greenwood (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD 002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust St. Kankakee Ill. 60901 (Hauler Address) | S.W.H. Registration Number 0066014

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax RD (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 21992443 (Phone Number) | EPA Number

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Dirty Solvent WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Solvent

HAZARD CLASS: Flammable Liquid

NA1993 (UN or NA Number)

D001, D005, D006, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35,070 BS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004400 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 3/25/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinneman (Authorized Signature) DATE: 03/25/83

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

[signature] (Authorized Signature) DATE: 3/25/83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 To 125 ET-63 GKM 3-25-83

003981

IL 532-610
LPC 62 8-81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630788

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 815 933 5561 (Phone Number) | 0910550002 (Generator Number)

Kankakee, (City) | Illinois (State) | 60901 (Zip) | ILD 002525723 (EPA Number)

WASTE HAULER(S)

K.I.O. INC. (Hauler Name) | 1360 E. Locust Kankakee, Illinois 60901 (Hauler Address) | S.W.H. Registration Number 0066013

815 933 2931 (Phone Number) | ILD 054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax RD. (Address) | 918089 02 (Site Number)

Griffith, (City) | Indiana (State) | 46319 (Zip) | 219 924 4370 (Phone Number) | IND 016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: STILL BOTTOMS + THINNER SLUDGE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| WASTE PAINT | FLAMMABLE LIQUID | UN 1263 | F003, F005, D001 D007, D008 |

WEIGHT FOR D.O.T. USE 36,420 LBS (circle one) TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 003800 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number). TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 3/29/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinney (Authorized Signature) DATE: 03/29/83

(2) _____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature) DATE: 3/29/83

COMMENTS OR SPECIAL INSTRUCTIONS: _____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 211K T-50 GRM 3-29-83

003782

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630789

Authorization Number

Mobil Chemical (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.T.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee, Ill. (Hauler Address) | S.W.H. Registration Number 0066014

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN1263 (UN or NA Number) | F003, F005, D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35,655 # net LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004400 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Wiarzak (Authorized Signature) DATE: 4-4-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kimmerman (Authorized Signature) DATE 04/04/83 (54–59)

(2) ____ (Authorized Signature) DATE __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

H. Dunfee (Authorized Signature) DATE: 4/4/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

TO211KT-50 GRM 4.4.83

003983

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630791

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)
Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee, Ill. (Hauler Address) | S.W.H. Registration Number 006601
8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number
Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 91808902 (Site Number)
Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number
City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint
HAZARD CLASS: flammable liquid
UN 1263 (UN or NA Number)
F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34,500 net LBS TONS (circle one)
WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 003800 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marshall (Authorized Signature) DATE: 4/13/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kennedy (Authorized Signature) DATE: 04/13/83

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F Dunlee (Authorized Signature) DATE: 4/13/83

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*
IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 210 KT-50 GRM 4-13-83

003704

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630792

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Av. (Address) | 815 933 5561 (Phone Number) | 091055000 2 (Generator Number)
Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee, Ill. (Hauler Address) | 815 933 2931 (Phone Number) | S.W.H. Registration Number 0066014 | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 918089 2 (Site Number)
Griffith. (City) | Indiana (State) | 46319 (Zip) | 219 924 4370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number
City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint | HAZARD CLASS: flammable liquid | UN1263 (UN or NA Number) | F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34,320 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004500 (47–52) 1 GALLONS 2 CU. YDS. (Circle One) (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray F. Kinnard (Authorized Signature) DATE: 4/19/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Geary Kid Inc (Authorized Signature) DATE: 04/19/83 (54–59)

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 4/19/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS, 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 125 RT-63 GRM 4.19.83

003785

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630793

Authorization Number ____ 8 ____ 13

Mobil Chemical (Company Name) | 701 N. [illegible] AVE. (Address) | 8159335561 (Phone Number) | 09 10550002 (Generator Number) 14 24

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. LOCUST KANKAKEE ILL. (Hauler Address) | S.W.H. Registration Number 0066014 (25 31)

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____ 32 ____ 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax RD (Address) | 91808902 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number 39 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste Paint | HAZARD CLASS: Flammable liquid | UN1263 (UN or NA Number) | F003, F005, D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 36,150 net LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004200 (47 52) | 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 4-26-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinnema (Authorized Signature) DATE: 04 26 83 (54 59)

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

T Dunfee (Authorized Signature) DATE: 4 26 83 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3 To 210 KT-50 GRM 4-26-83

003988

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630794

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. 815 (Address) | 9335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiania (State) | 46319 (Zip) | 3199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint | HAZARD CLASS: flammable liquid | UN 1263 (UN or NA Number) | EPA HW Number: D007 D008 F003, F005, D001

WEIGHT FOR D.O.T. USE 34,310 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.: | QUANTITY OF WASTE DELIVERED: 004000 1 GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) (DRUMS_____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marcyk (Authorized Signature) DATE: 5-3-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kennison (Authorized Signature) DATE: 05/03/83

(2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 5/3/83

COMMENTS OR SPECIAL INSTRUCTIONS.

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 211 RT-50 GPM 5-3-83

003787

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630796

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee, Illinois 60901 (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 33,620 ± not LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003500 (47–52) 1 GALLONS (Circle One) 2 CU. YDS 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Kay M. Kirczak (Authorized Signature) DATE: 5-6-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinneman (Authorized Signature) DATE: 05/06/83 (54–59)

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F Dunfee (Authorized Signature) DATE: 5/6/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

TO210K T-50 GRM 5-6-83

003988

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630797

Authorization Number _____

Mobil Chemical Co. (Company Name) | 901 N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD003525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155082 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number _____

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Road (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | Ind016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste Paint

HAZARD CLASS: flammable liquid

UN1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 32,200 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003600 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marizak (Authorized Signature) DATE: 5-10-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinnema (Authorized Signature) DATE: 05/10/83

(2) _____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 5/10/83

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

TO 126 KT-63 GRM 5-10-83

003989

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630798

Authorization Number

Mobil Chemical Co. (Company Name) | 9d N. Greenwood Ave. (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 430 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith Ind. (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IN0016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35,600 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004100 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK ...OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 5-16-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinneman (Authorized Signature) DATE: 05/16/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F Dimpfle (Authorized Signature) DATE: 5/16/83

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 210 E T-50 GRM 5-16-83

003940

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630799

Authorization Number

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

Kid Inc (Hauler Name) | 1360 E Locust Kankakee, Ill (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001 D007 D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 32,600 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED 003600 (47–52)

GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 5-20-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Howard Kinneman (Authorized Signature) DATE: 05/20/83 (54–59)

(2) _____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) [signature] DATE: 5/20/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 211K T-50 GRM 5-20-83

003991

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630800

Authorization Number

Mobil Chemical Co. (Company Name) | 901 N Greenwood Av (Address) | 815 933 5561 (Phone Number) | 09 10550002 G (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

KID Inc. (Hauler Name) | 1360 E. Locust St Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

815 933 2931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd (Address) | 918089 03 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 219 924 4370 (Phone Number) | IND016360365 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: waste paint | HAZARD CLASS: Flammable liquid | UN 1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34,220 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004000 GALLONS (Circle One) / 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS_____) Number | TANK TRUCK | OPEN TRUCK | OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marcyl (Authorized Signature) DATE: 5-24-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kid Inc Geary (Authorized Signature) DATE: 5/24/83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) DATE: 5/24/83

COMMENTS OR SPECIAL INSTRUCTIONS.

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 To 211 R 7-50 GRM 5-24-83

003942

IL 532 610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0630801
1 7

Authorization Number ____ 8 13

Mobil Chemical Co (Company Name) | 901 N. Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number) 14 24 G

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

K.I.D. Inc (Hauler Name) | 1360 E. Locust Kankakee Ill (Hauler Address) | S.W.H. Registration Number 0066013 25 31

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____ 32 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number 39 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms + Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number) | F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34,530 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004000 47 52 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 6-1-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kid Inc James Geary (Authorized Signature) DATE: 6/1/83 54 59

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

[signature] (Authorized Signature) DATE: 6/1/83 60 65

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

T0211KT-50 GRM 6.1.83

003773

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792801

Authorization Number

Mobil Chemical Co. (Company Name) 901 N Greenwood Ave (Address) 8159335561 (Phone Number) 0910550002 (Generator Number)

Nankakee (City) Illinois (State) 60901 (Zip) ILD002525723 (EPA Number)

WASTE HAULER(S)

Kid Inc (Hauler Name) 1360 E. Locust Kankakee Ill. (Hauler Address) S.W.H. Registration Number 0066013

8159332931 (Phone Number) ILD054155080 (EPA Number)

Hauler Name Hauler Address S.W.H. Registration Number

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) 420 South Colfax Rd. (Address) 91808902 (Site Number)

Griffith (City) Indiana (State) 46319 (Zip) 2199244370 (Phone Number) IND016360265 (EPA Number)

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Paint HAZARD CLASS: flammable liquid UN 1263 (UN or NA Number) F003, F005, D001 D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34,170 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 004000 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Kay Marzik (Authorized Signature) DATE: 6-6-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kid Inc Geary (Authorized Signature) DATE: 6/6/83 (54–59)

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F. Dempfee (Authorized Signature) DATE: 6/6/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS, 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 TO 210 ET-50 GRM 6-6-83

003994

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0792803

Authorization Number

Mobil Chemical Co (Company Name) | 901 N Greenwood Ave (Address) | 8159335561 (Phone Number) | 0910550002 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD002525723 (EPA Number)

WASTE HAULER(S)

Kid Inc. (Hauler Name) | 1360 E. Locust Kankakee Ill. (Hauler Address) | S.W.H. Registration Number 0066013

8159332931 (Phone Number) | ILD054155080 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 South Colfax Rd. (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Still Bottoms & Thinner Sludge WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste paint

HAZARD CLASS: flammable liquid

UN 1263 (UN or NA Number)

F003, F005, D001, D007, D008 (EPA HW Number)

WEIGHT FOR D.O.T. USE 29,370 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003500 (47–52)

1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Ray Marczak (Authorized Signature) DATE: 6-13-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Kid Inc Geary (Authorized Signature) DATE: 6/13/83 (54–59)

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 6/13/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 211E T-50 6PM 6-13-83

003945

TO BE COMPLETED BY, WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0561197

Authorization Number 994538

MODAGRAFICS CORP (Company Name) | 5300 NEWPORT (Address) | Phone Number | 0317730013 (Generator Number)

ROLLING MEADOWS IL (City) | State | Zip | EPA Number

WASTE HAULER(S)

LAND GREBE MOTOR (Hauler Name) | VALPARISO, INDIANA (Hauler Address) | S.W.H. Registration Number | 219/721-0095 (Phone Number) | IND009842824 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number | Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. (Facility Name) | COLFAX ST. (Address) | 91808902 (Site Number)

GRIFFITH (City) | IN (State) | Zip | Phone Number | IND018360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE SOLVENTS | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: FLAMABLE LIQUID | HAZARD CLASS: FLAMABLE | UN L993 (UN or NA Number) | F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 10,000 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED 1265 | 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 23 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 12-14-81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Mitchell S. Mullins (Authorized Signature) DATE 12/14/81

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 12/14/81

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

PART 1 GENERATOR | PART 2 IEPA | PART 3 SITE | PART 4 HAULER | PART 5 IEPA | PART 6 GENERATOR

SITE COPY - PART 3

TO 204 R T-50 GRM 12/15/81

000886

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0561199

Authorization Number 9194588

MODAGRAFICS CORP. (Company Name) | 5300 NEWPORT (Address) | 312/392/3980 (Phone Number) | 0312730013 (Generator Number)

ROLLING MEADOWS (City) | ILLINOIS (State) | 60008 (Zip) | EPA Number

WASTE HAULER(S)

LAND-GREBE MOTOR (Hauler Name) | VALPARISO, INDIANA (Hauler Address) | S.W.H. Registration Number

219/721/0095 (Phone Number) | IND009842824 (EPA Number) ICC#2980

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. (Facility Name) | P.O. BOX 190 - COLFAX ST. (Address) | 91808902 (Site Number)

GRIFFIN (City) | INDIANA (State) | 46319 (Zip) | 219/924/4370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: WASTE SOLVENTS WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: FLAMABLE LIQUID | HAZARD CLASS: FLAMABLE | UN1993 (UN or NA Number) | F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 5,000 TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 440 (1 GALLONS (Circle One) 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) DRUMS 8 (Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE 11/12/82

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE

(2) [signature] (Authorized Signature) DATE 11 15 82

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

Bob Mauck (Authorized Signature) DATE 11 15 82

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

**SITE COPY - PART 3**

To 204 KT-50 GPM 11.15.82

002683

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: 0312730013 | Manifest Document No.:

2. Page 1 of

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: MODAGRAFICS CORP. Rolling Meadows IL 60008

4. Generator's Phone (312) 392-3980

A. Illinois Manifest Document Number: IL 1178465

B. Illinois Generator's ID: IL 0312730013

5. Transporter 1 Company Name: LAND GREBE MOTOR

6. US EPA ID Number: IN 0009842824

C. Illinois Tranporter's ID: 1875

D. (219) 721-0095 Transporter's Phone

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEM COLFAX ST. GRIFFITH IN.

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID:

H. Facility's Phone: (219) 982-1370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|
| a. UN-1993 Waste Solvents Flammable Liquid | | 3 | DR | 165 | gal | EPA HW Number: F003; Authorization Number: |
| b. | | | | | | EPA HW Number: ; Authorization Number: |
| c. | | | | | | EPA HW Number: ; Authorization Number: |
| d. | | | | | | EPA HW Number: ; Authorization Number: |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: Fred L. Koselke | Signature: Fred L. Koselke | Date: Month 5 Day 31 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE | Signature: Frank Price | Date: Month 6 Day 4 Year 85

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

204 ET-50

008942

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IL0312735013 Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MODAGRAFICS CORP
5300 NEWPORT DR Rolling Meadows IL

4. Generator's Phone ( 312 ) 392-3980

A. Illinois Manifest Document Number IL 1178464

B. Illinois Generator's ID IL0312735013

5. Transporter 1 Company Name LANDGrabe

6. US EPA ID Number 824 IND 009-842-

C. Illinois Tranporter's ID

D. V8725 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical
Griffith IN 46318

10. US EPA ID Number

G. Illinois Facility's ID

H. Facility's Phone

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|
| a. WASTE Solvents Flammable Liquid | | 3 | DR | 165 | gal | EPA HW Number F003 / Authorization Number |
| b. | | | | | | EPA HW Number / Authorization Number |
| c. | | | | | | EPA HW Number / Authorization Number |
| d. | | | | | | EPA HW Number / Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: SALVATORE A GLIACI JR — Signature: Salvatore A. Gliaci — Date: Month 7 Day 22 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature: Fred R. Tucker — Date: Month 7 Day 22 Year 85

3

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date: Month 7 Day 22 Year 85

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

204 TC T-50 008943

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD064396104 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: MODAGRAFICS CORP, 5300 NEWPORT DRIVE, ROLLING MEADOWS, IL. 60008

4. Generator's Phone (312) 392 3980

A. Illinois Manifest Document Number: IL 1240976

B. Illinois Generator's ID: 0312730013

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT

6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 1875

D. 219-462-4181 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. COLFAX AVE, GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: 219-924-4370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | FLAMMABLE LIQUID N.O.S. FLAMMABLE UN-1993 | 24 | DM | 1320 | 1 | EPA HW Number: F003; Authorization Number: |
| b. | | | | | | | EPA HW Number: ; Authorization Number: |
| c. | | | | | | | EPA HW Number: ; Authorization Number: |
| d. | | | | | | | EPA HW Number: ; Authorization Number: |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above — In Item #14: 1 = Gallons, 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| PATRICK ONINES | [signature] | 10 30 86 |

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| F Schlundt | [signature] | 10 30 86 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| | | |

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| HARROLD F. SCHMIDT | [signature] | 10 31 86 |

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

(29) 204KT-56 011086

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD006439610 4
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: MODAGRAFICS CORP, 5300 NEWART DRIVE, ROLLING MEADOWS, IL 60008
4. Generator's Phone: (312) 392-3980
A. State Manifest Document Number: INA 0160135
B. State Generator's ID:
C. State Transporter's ID: LCC 2980
D. Transporter's Phone: 219-462-4181

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT
6. Use EPA ID Number: IND009854284
7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. COLFAX AVE, GRIFFITH, IN 46319-0190
10. Use EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. FLAMMABLE LIQUID N.O.S. FLAMMABLE UN-1993 | 12 | DM | 660 | 1 | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: SALVATORE A. GERACI JR. Signature: [signature] Date: Month 10 Day 27 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT L. PRENTISS Signature: [signature] Date: Month 10 Day 27 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: [illegible] Signature: [signature] Date: Month Day Year

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0160135

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865
10-1234 T-63 10/23/87 ACS Copy
2-2042 T-50

DISTRIBUTION:
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PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

012834

...ority of Act 64, P.A. and Act 136, P.A.

...to file is punishable under Section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐

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

Form Approved OMB No 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MID010863835 Manifest Document No. 26734

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MODAR, INC.
P.O. BOX 1407, BENTON HARBOR, MI 49022

4. Generator's Phone ( 616 ) 925-0671

A. State Manifest Document Number MI 0626734

B. State Generator's ID

5. Transporter 1 Company Name VALLEY CITY REFUSE DISPOSAL, INC.

6. US EPA ID Number MID055855373

C. State Transporter's ID

D. Transporter's Phone (616) 538-8499

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES, INC.
420 S. COLFAX, P.O. Box 190
GRIFFITH, IN 46319

10. US EPA ID Number IND016360265

G. State Facility's ID

H. Facility's Phone (219) 924-4370

| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. | N/H |
|---|---|---|---|---|---|---|---|
| a. X | WASTE PAINT FLAMMABLE LIQUID UN1263 | 13 | DM | 745 | G | D001 | H |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations, including applicable state regulations.

Printed/Typed Name: MIKE Whitt — Signature: Mike Whitt — Date: Month Day Year 2 [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month Day Year 0726 [illegible]

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date: Month Day Year [illegible]

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

204 FT-50 2 Solid Fertilizers.

008941

PR 5110 Rev. 7/84

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type.

Form Approved. OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID010863835 — Manifest Document No.: 03989
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MODAR, INC., Attention: Mike Whitt
P.O. Box 1407, Benton Harbor, MI 49022

4. Generator's Phone ( 616 ) 925-0671

A. State Manifest Document Number: MI 0703989
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. US EPA ID Number: MID055855373

C. State Transporter's ID:
D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

| | 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. | N/H |
|---|---|---|---|---|---|---|---|---|
| a. | X | WASTE PAINT Flammable Liquid UN1263 | 3 | DM | 165 | G | D001 | H |
| b. | | | | | | | | |
| c. | | | | | | | | |
| d. | | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a/ / b/ / c/ / d/ /

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Willie Curtis — Signature: Willie Curtis — Date (Month Day Year): 03 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date (Month Day Year): 03 12 86

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: — Signature: — Date (Month Day Year):

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: GR MURPHY — Signature: [signature] — Date (Month Day Year): 03 12 86

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 4-85)

PR 5110 Rev. 4/85

TSDF COPY 204RT-50 / 011085

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID010863835 — Manifest Document No.: 59119

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MODAR, INC., ATTN: MIKE WHITT
P. O Box 1407, Benton Harbor, MI 49022

4. Generator's Phone (616) 925-0671

A. State Manifest Document Number: INA 0159116

B. State Generator's ID

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. Use EPA ID Number: MID981956063

C. State Transporter's ID

D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Paint Flammable Liquid UN1263 | 005 | DM | 275 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: MIKE WHITT — Signature: [signature] — Date: Month 7 Day 31 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM REITSMA — Signature: [signature] — Date: Month 07 Day 31 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: HARROLD F. SCHMIDT — Signature: [signature] — Date: Month 07 Day 31 Year 87

GENERATOR — TRANSPORTER — FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0159116

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
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PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

4-204 TSD B
PROCESS

012833

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID981095177 — Manifest Document No.: 00001
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MODERN DISTRIBUTING
MAACO AUTO PAINT - 13306 W. SILVER SPRING ROAD
MENOMONEE FALLS, WI 53051

4. Generator's Phone (414) 783-5447

A. State Manifest Document Number: INA 0126443
B. State Generator's ID:
C. State Transporter's ID: IN9921-0000-11
D. Transporter's Phone: 414-764-7005
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: CBC TRANSPORT
6. Use EPA ID Number: WID047259288
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX STREET
GRIFFITH, IN 46319
10. Use EPA ID Number: IND016360265

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE MATERIAL PAINT RELATED/ FLAMMABLE LIQUID, N.O.S. ~~NA 1263~~ NA 1263 | 005 | DM | 00275 | 1 | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 1-Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: SUSAN L. MAHANEY — Signature: Susan L. Mahaney — Date: Month 06 Day 29 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BRUCE BENOÎT ENVIR TECH. — Signature: [signature] — Date: Month 06 Day 29 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrold T Schmidt — Signature: [signature] — Date: Month 06 Day 30 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0126443

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
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PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

5-126C T63 B

012958

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W1D981095177 — Manifest Document No.: 26473
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: MAACO / Modern Distributing, 13306 W. Silver Spring Rd. - Menomonee Falls, WI 53051
4. Generator's Phone (414) 783-5447

A. State Manifest Document Number: INA 0126473
B. State Generator's ID:

5. Transporter 1 Company Name: CBC Transport
6. Use EPA ID Number: W1D047259288

C. State Transporter's ID: #11536
D. Transporter's Phone: (414) 764-7005

7. Transporter 2 Company Name: E&K Hazardous Waste Service's, Inc.
8. Use EPA ID Number: W1D980995997

E. State Transporter's ID: #10570
F. Transporter's Phone: (414) 458-6030

9. Designated Facility Name and Site Address: American Chemical Service's, 420 S. Colfax, Griffith, IN 46319
10. Use EPA ID Number: IND016360265

G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ. Waste Paint Related Material (Flammable Liquid), NA1263, (F003) | 003 | DM | 00165 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: 1a. - Paint/Thinner
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: Susan Mahaney — Signature: Susan Mahaney — Date: Month 9 Day 24 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bruce Benoît - Envir. Field Tech — Signature: [signature] — Date: Month 09 Day 24 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: James R. Ostwald — Signature: James R. Ostwald — Date: Month 09 Day 25 Year 87

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrien F. Schmidt — Signature: Harrien F. Schmidt — Date: Month 09 Day 28 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0126473

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 3-126X-T-63 9/29/87

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
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012959

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID981095177
Manifest Document No.: 0000
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name
Maaco
13306 W Silver Spring Road Menomenee Falls, WI 53051
4. Generator's Phone (414) 783-5447

A. State Manifest Document Number: IN034148
B. State Generator's ID:

5. Transporter 1 Company Name: CBC Environmental Services
6. US EPA ID Number: WID047259288
C. State Transporter's ID: 11536
D. Transporter's Phone: 414-764-7005

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax Ave.
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID, NA1263, (F003) | 0020 | D M | 00165 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: 11a. WASTE Paint/Thinner
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 12 1 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bruce Benoit Signature: [illegible] Month Day Year: 12 1 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrold F. Schmidt Signature: [illegible] Month Day Year: 12 1 87

GENERATOR / TRANSPORTER / FACILITY

IN 034148

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

3-126 T-63 12/18/87

T.S.D. DETACH AND RETAIN THIS COPY

012960

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W·I·D·9·8·1·0·9·5·1·7·7
Manifest Document No.:
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco
W. 13306 Silver Spring Road, Menomenee Falls, WI 53051

4. Generator's Phone ( 414 ) 783-5447

A. State Manifest Document Number: INA 0159704
B. State Generator's ID:
C. State Transporter's ID: IN9908-0050-11
D. Transporter's Phone: 414-657-6222
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: ABC Service
6. Use EPA ID Number: W·I·D·0·7·6·1·5·9·8·3·9
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263 | 003 | DM | 00165 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Sue Marantel
Signature: [signature]
Date: Month 04 Day 22 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: Kip Nelson
Date: Month 04 Day 22 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harold F. Schmidt
Signature: [signature]
Month 05 Day 04 Year 88

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424 8802 or 202/126-2675.

INA 0159704

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

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Form Approved OMB No. 2050-0039. Expires 9-30-88

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. WID 981 095 177

Manifest Document No. 12128D

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Maaco
W. 13306 Silver Spring Rd., Menomenee Falls, WI 53051

4. Generator's Phone ( 414 ) 783-5447

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD 000 646 810

C. State Transporter's ID: 0311

D. Transporter's Phone: 312-385-8440

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | | 2 | dm | 110 | G | F003 |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JAMES T. MAHANEY — Signature: James T. Mahaney — Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 12 17 [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 12 [illegible] [illegible]

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EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

12 67 T 63 12/21

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID 981 095 177
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco - W. 13306 Silver Spring Rd.
Menomenee Falls, WI. 53051

4. Generator's Phone ( 414-783-5447

A. State Manifest Document Number: INA 0159657
B. State Generator's ID:
C. State Transporter's ID: 0367
D. Transporter's Phone: 312 429 3013
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: ADCOM EXPRESS
6. Use EPA ID Number: ILD047267364
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Ave.
Griffith, IN. 46319

10. Use EPA ID Number: IND 016 360 26555

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL/FLAMMABLE FLAMMABLE LIQUID - NA1263 | 006 | dm | 324 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: MICHELE HAUSE
Signature: Michele Hause
Month 09 Day 10 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: VINCENT E. AGUILAR
Signature:
Month 09 Day 20 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Alvin Whitaker
Signature: Alvin Whitaker
Month 09 Day 22 Year 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0159657

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. W I D 0 8 1 0 9 5 1 7 7 — Manifest Document No. 0 1 8 9 F
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco
W. 13306 Silver Spring Road, Menomenee Falls, WI 53051
4. Generator's Phone ( 414 ) 783-5447

A. State Manifest Document Number: INA 0335010
B. State Generator's ID:

5. Transporter 1 Company Name: ROADCOM EXPRESS
6. Use EPA ID Number: I L D 0 4 7 2 6 7 3 6 4
C. State Transporter's ID: 0367
D. Transporter's Phone: 312-829-1660

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 003 | dm | 00156 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: SUSAN MAHANEY — Signature: Susan Mahaney — Date: Month 7 Day 21 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: VINCENT E. AGUILAR — Signature: [illegible] — Date: Month 07 Day 21 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month . Day . Year .

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: H WHITAKER — Signature: H Whitaker — Date: Month 7 Day 22 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0335010

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

123TCT63 9/25

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0017122

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Form Approved OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: WID 981 095 177
Manifest Document No.: 6589A
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Maaco
W. 13306 Silver Spring Rd, Menomenee Falls, WI 53051

4. Generator's Phone (414) 783-5447

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ADCO Express
6. US EPA ID Number: ILD 047 267 364

C. State Transporter's ID: 0367

D. Transporter's Phone: 312-429-1660

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
|---|---|---|---|---|---|---|
| a. | HM X RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 03 | DM | 160 | G | F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JAMES T. MAHANEY
Signature: James T. Mahaney
Month 6 Day 14 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LAWRENCE A. GODBOLD
Signature: Lawrence A. Godbold
Month 6 Day 14 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year

GENERATOR / TRANSPORTER / FACILITY

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

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Form Approved OMB No. 2050-0039. Expires 9-30-88

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: WID 981 095 177

Manifest Document No.: 040489A

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Maaco
W. 13306 Silver Spring Rd., Menomenee Falls, WI 53051

4. Generator's Phone ( 414 ) 783-5447

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ADCO Express

6. US EPA ID Number: ILD 047 257 364

C. State Transporter's ID: 0367

D. Transporter's Phone: 312-429-1660

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | | 3 | dm | 165 | G | F003 |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: MICHAEL J. [illegible] | Signature | Month | Day | Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RONALD R. BLLLARD | Signature | Month 01 | Day 0[illegible] | Year 8[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month | Day | Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: GENE FLYNNICK | Signature | Month | Day | Year

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

123TCT63 3/7

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID981095177 — Manifest Document No.: 1229A
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco
W. 13306 Silver Spring Rd., Menomonee Falls, WI 54051

4. Generator's Phone ( 414 ) 783-5447

A. State Manifest Document Number: INA 0317962
B. State Generator's ID:

5. Transporter 1 Company Name: ADCOM EXPRESS
6. Use EPA ID Number: ILD047267364
C. State Transporter's ID: 0367
D. Transporter's Phone: 708-429-1660

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. Use EPA ID Number: IND016360165
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 63 | dm | .150 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

150

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully an[illegible] proper shipping name and are classified, packed, marked, and labeled, and are in all respects in pr[illegible] by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: SUSAN L. MAHANEY — Signature: Susan L. Mahaney — Date: Month 01 Day 24 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LAWRENCE A. GODBOLD — Signature: Lawrence A. Godbold — Date: Month 01 Day 24 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULIVICK — Signature: Steve Kulivick — Date: Month 01 Day 29 Year 90

GENERATOR — TRANSPORTER — FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0317962

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

123TCT63 1/30

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0017917

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID 981095177 . . . Manifest Document No.: 49546

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: HAACO AUTOPAINTING
13306 W SILVER SPRING DR
MENOMONEE FALLS, WI 53051

4. Generator's Phone ( 783-5447

A. State Manifest Document Number: WI 49546

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES

6. US EPA ID Number: WID.076159839. . .

C. State Transporter's ID

D. Transporter's Phone: 414-657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES
120 S. COLFAX
GRIFFITH, IND. 46319

10. US EPA ID Number: IND 016360265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. FLAMMABLE LIQUID NOS UN 1993 | 5 | DM | 220 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name | Signature: Susan Mahaney | Date: Month 9 Day 22 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LENNY BANOVEZ | Signature: Leonard Banovez | Date: Month 9 Day 22 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE | Signature: FDunfee | Date: Month 9 Day 23 Year 86

GENERATOR

TRANSPORTER

FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

123FCT63

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

011195

COPY 4

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID 981095177
Manifest Document No.: 49544
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Maaco AutoMPainting
13306 W. Silver Spring Rd
Menomonee Falls, Wi 53051

4. Generator's Phone: 414-783-5447

A. State Manifest Document Number: WI 49545
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: ABC Services
6. US EPA ID Number: WID 076159339
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services
120 S. Colfax
Griffith, Ind 46319
10. US EPA ID Number: IND 016360265

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Flammable Liquid Nos UN 1993 | 4 | DM | 220 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: MAACO - SUSAN MAHANEY
Signature: Susan Mahaney
Date: Month 4 Day 24 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] MARSHALL
Signature: [illegible]
Date: Month 4 Day 24 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: MURPHY
Signature: [signature]
Date: Month 04 Day 25 Year 86

125K-T67

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

011199

COPY 4

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID981095177
Manifest Document No.: 34180

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
MAACO AUTO PAINTING & BODY WORKS
13306 W. SILVER SPRING DRIVE, MENOMONEE FALLS, WI 53051

4. Generator's Phone (414) 783-5447

A. State Manifest Document Number: IN034180

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID

D. Transporter's Phone: 414-657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 SOUTH COLFAX, GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE FLAMMABLE LIQUID NOS UN1993 | 5 | DM | 275 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: MAACO Susan Mahaney
Signature: Susan Mahaney
Month 12 Day 11 Year 87 Date

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible]
Signature: [illegible]
Month 12 Day 11 Year 87 Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year Date

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: Harold F. Schmidt
Signature: Harold F. Schmidt
Month 12 Day 23 Year 87

IN034180

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

5-126π T63 6

013001

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W.I.D. 9.8.2.2.0.6.3.5.1 — Manifest Document No.: 26.4.7.1

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: MAACO / Modern Distributing, 4128 S. 13th St. - Milw., WI 53221

4. Generator's Phone (414) 282-4567

A. State Manifest Document Number: INA 0126471

B. State Generator's ID:

5. Transporter 1 Company Name: CBC Transport

6. Use EPA ID Number: W.I.D. 0.4.7.2.5.9.2.8.8

C. State Transporter's ID: 11536

D. Transporter's Phone: (414) 764-7005

7. Transporter 2 Company Name: E&K Hazardous Waste Services, Inc.

8. Use EPA ID Number: W.I.D. 9.8.0.9.4.5.9.9.7

E. State Transporter's ID: 10570

F. Transporter's Phone: (414) 458-6030

9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax, Griffith, IN 46319

10. Use EPA ID Number: IND 0.1.6.3.6.0.2.6.5

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ. Waste Paint Related Material, (Flammable Liquid), NA1263, (F003) | 009 | DM | 00495 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: 11a. - Paint/Thinner

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: STEVEN J. INGWELL — Signature: Steven J. Ingwell — Date: Month 09 Day 24 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BRUCE BENGIL - ENVIR. FIELD TECH — Signature: [signature] — Date: Month 09 Day 24 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: James R. Ostwald — Signature: James R. Ostwald — Date: Month 09 Day 25 Year 87

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: HARROLD F. Schmidt — Signature: Harold F. Schmidt — Date: Month 09 Day 28 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0126471

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 9-126R-T-63 9/29/87

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

012956

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID982206351 — Manifest Document No.: 0000
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Maaco
4. Generator's Phone: 4128 S. 13th St., Milwaukee, WI 53221 — 414 282-4567

A. State Manifest Document Number: IN 034150
B. State Generator's ID:

5. Transporter 1 Company Name: CBC Environmental Services
6. US EPA ID Number: WID047259288
C. State Transporter's ID: 11536
D. Transporter's Phone: 414-764-7005

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax Ave., Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID, NA1263, (F003) | 006 | DM | 00BBO | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: 11A - Waste Paint / Thinner
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

*Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under* Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: STEVEN J. INGWELL — Signature: [signature] — Month 12 Day 16 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: BRUCE BENOIT ENVIR TECH. — Signature: [signature] — Month 12 Day 16 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HAROLD T. SCHMIDT — Signature: [signature] — Month 12 Day 17 Year 87

GENERATOR / TRANSPORTER / FACILITY

IN 034150

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

6-1252 T-63 12/13/87 T.S.D. DETACH AND RETAIN THIS COPY

012957

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Form Approved OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID 982 206 351

Manifest Document No.: 12128C

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Maaco
4128 South 13th St., Milwaukee, WI 53221

4. Generator's Phone ( 414 ) 282 4567

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD 000 646 810

C. State Transporter's ID: 0311

D. Transporter's Phone: 219-385-8440

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
|---|---|---|---|---|---|---|
| a. | RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 5 | dm | 275 | G | F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G _ Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: Steven J. Ingwell

Signature: [signature]

Month 12 Day 19 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Thomas Strand

Signature: [signature]

Month 12 Day 19 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Whitaker A

Signature: [signature]

Month 12 Day 20 Year 88

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

126TCT63 12/21

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID 982 206 351
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco - 4128 South 13th St.
Milwaukee, WI. 53221
4. Generator's Phone (414) 282-4567

A. State Manifest Document Number: INA 0159675
B. State Generator's ID:
C. State Transporter's ID: 0367
D. Transporter's Phone: 312-425-3013
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: ADCOM EXPRESS
6. Use EPA ID Number: ILD047267364
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Ave.
Griffith, IN. 46319
10. Use EPA ID Number: IND 016 360 265

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA 1263 | 006 | d-m | 324 | G. | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: STEVEN J. INGWELL
Signature: [signature]
Date: Month 09 Day 22 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: VINCENT E AGUILAR
Signature: [signature]
Date: Month 09 Day 20 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Alvin Whitaker
Signature: [signature]
Date: Month 09 Day 22 Year 88

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424 8802 or 202/426-2675.

INA 0159675

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

126RT03 9/23/

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W I D 9 8 2 2 0 6 5 3 1
Manifest Document No.:
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco
4128 S. 13th Street, Milwaukee, WI 53221

4. Generator's Phone ( 414 ) 282-4567

A. State Manifest Document Number: INA 0159703
B. State Generator's ID:
C. State Transporter's ID: IN9908-0050-11
D. Transporter's Phone: 414-657-6222
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: ABC Service
6. Use EPA ID Number: W-I-D-0-7-6-1-5-9-8-3-9
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address:
AMERICAN CHEMICAL SERVICE
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I-N-D-0-1-6-3-6-0-2-6-5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263 | 004 | DM | 00220 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: STEVEN J. INGWELL
Signature: [signature]
Date: Month 04 Day 22 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: [signature]
Date: Month 04 Day 22 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROID F. [illegible]
Signature: [signature]
Date: Month 05 Day 04 Year 88

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424 8802 or 202/426-2675.

INA 0159703

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

123RT63 5/5M

0015812

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

Form Approved OMB No. 2050-0039. Expires 9-30-88

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. WID 982 206 351

Manifest Document No 040489C

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Maaco
4128 South 13th St., Milwaukee, WI 53221
4. Generator's Phone (414) 282-4567

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ADCO Express
6. US EPA ID Number: ILD 047 267 364

C. State Transporter's ID 0367

D. Transporter's Phone 312-429-1660

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemcial Service
420 South Colfax Avenue
Griffith, IN 46319
10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

H. Facility's Phone 219-924-4370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | | 5 | dm | 275 | G | F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
G - Gallon

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations.

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Printed/Typed Name: STEVEN J. INGWELL | Signature: [signature] | Month 4 Day 4 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RONALD K. BOUCHARD | Signature: [signature] | Month 04 Day 04 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STEVE KULAVICK | Signature: [signature] | Month 04 Day 07 Year 89

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

123TCT634/7

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0017119

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. W.I.D.9.8.2.2.0.6.3.5.1 Manifest Document No. 0.1.8.9.H
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco
4128 South 13th Street, Milwaukee, Wiu 53222
4. Generator's Phone ( 414 ) 282-4567

A. State Manifest Document Number INA 0335012
B. State Generator's ID
C. State Transporter's ID 0367
D. Transporter's Phone 312-429-1660

5. Transporter 1 Company Name: ADCOM EXPRESS
6. Use EPA ID Number: I.L.D.0.4.7.2.6.7.3.6.8
7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5
G. State Facility's ID
H. Facility's Phone 219-924-4370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 005 | d.m | 00260 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: STEVEN J. JINWELL Signature: [signature] Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WINCENTIO E. AGUILAR Signature: [signature] Date: Month Day Year 05 01 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: A Whitaker Signature: [signature] Date: Month 9 Day 22 Year 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 123TC163 9/25

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0335012

0017118

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Form Approved OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID 982 206 351
Manifest Document No.: 6589C
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Maaco
4128 S. 13th Street, Milwaukee, WI 53221
4. Generator's Phone ( 414 ) 282-4567

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID 0367
D. Transporter's Phone 312-429-1660
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 219-924-4370

5. Transporter 1 Company Name: ADCO Express
6. US EPA ID Number: ILD 047 267 364
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319
10. US EPA ID Number: IND 016 360 265

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. | HM X RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263 | 04 | DM | 220 | G | F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: [illegible] J. INGWELL
Signature: [illegible] Ingwell
Month 6 Day 14 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LAWRENCE A. GODBOLD
Signature: [illegible]
Month 6 Day 14 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] A
Signature: [illegible] Whitaker
Month 6 Day 15 Year 89

GENERATOR / TRANSPORTER / FACILITY

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

12654 T63 6/20

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0017117

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W I D 9 8 2 2 0 6 3 5 1
Manifest Document No.: 1 2 2 9 C
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Maaco
4128 South 13th St., Milwaukee, WI 53221
4. Generator's Phone ( 414 ) 282-4567

A. State Manifest Document Number: INA 0317965
B. State Generator's ID:

5. Transporter 1 Company Name: ADCOM EXPRESS
6. Use EPA ID Number: I L D 0 4 7 2 6 7 3 6 4
C. State Transporter's ID: 0367
D. Transporter's Phone: 708-429-1660

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 01 | dm | 200 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: STEVEN J. INGWELL
Signature: Steven J. Ingwell
Date: Month 01 Day 24 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LAWRENCE A. COMBOLD
Signature: Lawrence A. Combold
Date: Month 01 Day 24 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month . Day . Year .

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAUICK
Signature: Steve Kulauick
Date: Month 01 Day 29 Year 90

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0317965

Form 8700-22
editions are obsolete.
11865 (R/4-88)

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123TCT63 1/30

0017916

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W·I·D·9·8·2·2·0·9·0·7·4
Manifest Document No.: 6·98·5·9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Modern Machine Works
5350 S. Kirkwood, Cudahy, WI 53110

4. Generator's Phone ( 414 ) 744-5900

A. State Manifest Document Number: INA 0364859
B. State Generator's ID:

5. Transporter 1 Company Name: E&K Hazardous Waste Service, Inc.
6. Use EPA ID Number: W·I·D·9·8·2·2·1·9·5·2·9
C. State Transporter's ID: 11068
D. Transporter's Phone: 414/458-6030

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
Griffith, IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5
G. State Facility's ID:
H. Facility's Phone: 219/924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. "RQ", Waste Combustible Liquid, N.O.S., Combustible Liquid, NA 1993, (EPA Ignitability) | 01.8 | DM | 0099.0 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information
Please contact CBC at (414)764-7005 with any load discrepancies (off spec material).

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: Signature: Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature] Signature: [signature] Date Month Day Year: 08 21 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A Signature: [signature] Month Day Year: 8 28 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0364859

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

18-204TX TSO 8/29/89

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0017039

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD050053206 — Manifest Document No.: 00945

2. Page 1 of — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Modular Controls
742 N. Princeton Ave. Villa Park, IL 60181

A. State Manifest Document Number: INA 0200945

4. Generator's Phone (312) 530-3350

B. State Generator's ID

5. Transporter 1 Company Name: E&K Hazardous Waste Service

6. Use EPA ID Number: WID982219529

C. State Transporter's ID: 11608

D. Transporter's Phone: 414/458-6030

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical
420 S. Colfax Ave.
Griffith, IN 46319

10. Use EPA ID Number: IND016360268

G. State Facility's ID

H. Facility's Phone: 219/924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ, Hazardous Waste Liquid, n.o.s. ORM-E NA 9189 (F001) | 001 | TT | 01600 | G | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: PLSO 0006

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: Steve Cliff — Signature: Steve Cliff — Date: Month 04 Day 20 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard L Fox — Signature: Richard L Fox — Date: Month 04 Day 20 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: GR MURPHY — Signature: GR Murphy — Date: Month 04 Day 20 Year 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0200945

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

211 TC TSO 4/20M

0015027

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M·I·D·0·0·6·5·6·6·5·8·2
Manifest Document No. 4·4·6·4·3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MODULAR SYSTEMS, INC.
169 W. Park Street, Fruitport, MI 49415
4. Generator's Phone (616) 865-3167

A. State Manifest Document Number INA 0144643
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (616) 235-1500
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (219) 924-4370

5. Transporter 1 Company Name VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number M·I·D·9·8·1·9·5·6·0·6·3
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number I·N·D·0·0·1·6·3·6·0·2·6·5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE METHYLENE CHLORIDE (F001) ORM-A UN1593 | 002 | D.M | 110 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: R.C. CALDWELL
Signature: RC Caldwell
Date: Month 07 Day 07 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim REITSMA
Signature: [illegible]
Date: Month 07 Day 07 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Harold F. Schmidt
Signature: Harold F. Schmidt
Date: Month 07 Day 07 Year 87

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0144643

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

2-118R T63 B

012832

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MID006566582 | Manifest Document No. 3 5 4 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MODULAR SYSTEMS, INC.
169 W. PARK STREET, FRUITPORT, MI. 49415
616 865-3167

4. Generator's Phone

A. State Manifest Document Number: INA 0235354

B. State Generator's ID

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. Use EPA ID Number: MID981956063

C. State Transporter's ID: (616) 235-1500

D. Transporter's Phone

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. |
|---|---|---|---|---|---|
| a. WASTE METHYLENE CHLORIDE (F001) ORM-A UN1593 | 002 | DM | 110 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Richard Hamilton | Signature: Richard Hamilton | Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Milt Popa | Signature: Milt Popa | Date: Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0235354

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 2-118R T-63 8/18/88

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

0015826

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M·I·D·0·0·6·5·6·6·5·8·2 Manifest Document No. 5·5·9·5·6

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Modular Systems Inc
169 W Park St, Fruitport MI 49415

4. Generator's Phone ( 616 ) 865-3167

A. State Manifest Document Number INA 0355956

B. State Generator's ID

5. Transporter 1 Company Name
VALLEY CITY REFUSE DISPOSAL, INC.

6. Use EPA ID Number M·I·D·9·8·1·9·5·6·0·6·3

C. State Transporter's ID

D. Transporter's Phone (615) 235-1500

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090

10. Use EPA ID Number I·N·D·0·1·5·3·6·0·2·6·5

G. State Facility's ID

H. Facility's Phone (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Methylene Chloride ORM-A UN1593 (F001) | 1 | DM | 55 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: PAT CHILTON — Signature: Pat Chilton — Date: Month 03 Day 08 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Martin — Signature: Roger Martin — Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK — Signature: Steve Kulavick — Date: Month 03 Day 09 Year 90

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355956

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 204 RT 50 3/12

0017885

TO BE COMPLETED BY
WASTE GENERATOR

0005506

STRAND TRUCKING

EN
DIV
S

Moen

Authorization Number 997444

STANADYNE 27
(Company Name)

B=Clwood
City

30323 G
Generator Number

WASTE HAULER(S)

(1) AMERICAN CHEM SERVICE 420 So Colfax
Hauler Name Hauler Address
GRIFFIN IND 46319

S.W.H. Registration Number 0024

(2) Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Am Chem Service 91 808 502
(Facility Name) Address Site Number

Griffin IND
City State Zip

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: CHLORINATED Solvents

WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: HAZARD CLASS:

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2.21.80

B. Shanlon
(Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 1 GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) _____ (Authorized Signature) DATE: __/__/__

(2) _____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

[signature]
(Authorized Signature)

DATE: 2/21/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

0000051

TO BE COMPLETED BY WASTE GENERATOR

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0176474

WASTE GENERATOR

Authorization Number 997482

Stanadyne (Company Name) — 2701 WASHINGTON BLVD. (Address)

IL GENERATOR 0310150002 (Generator Number)

Bellwood (City) — IL (State) — 60104 (Zip)

R. C. R. A. IL D005456033

WASTE HAULER(S)

Contract hauler for American Chem. Service Inc. (Amer. Chem. Trailer)

(1) Strand Trucking (Hauler Name) — Crestwood, IL. (Hauler Address) — S.W.H. Registration Number 0024/001

ILT000646810

(2) _____ (Hauler Name) _____ (Hauler Address) — S.W.H. Registration Number _____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chem. Service Inc. (Facility Name) — 420 S. Colfax Ave. (Address) — 91808902 (Site Number)

Griffith (City) — IN. (State) — 46319 (Zip) — IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: CHLORINATED SOLVENTS (Reclaim) — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

wt = 14,556 #/gal.

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE CHLORINATED SOLVENTS — HAZARD CLASS: HAZARDOUS NON-FLAMMABLE

E.P.A. WASTE NO. U228 Generic: F002 — DOT I.D. # UN1710

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1/21/81 — [signature] (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 2530 (1 GALLONS / 2 CU. YDS.) (Circle One)

METHOD OF SHIPMENT (Circle One) 46 DRUMS — TANK TRUCK — OPEN TRUCK — OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) — DATE: 1/21/81

(2) _____ (Authorized Signature) — DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

[signature] (Authorized Signature) — DATE 1/21/81

COMMENTS OR SPECIAL INSTRUCTIONS: TRAILER SPOTTED 1/21/81 - UNLOADED 1/22/81 Jim Murphy
PUMP 20 DRUMS TO #2 STILL 2/23/81 T-63 Jim Murphy — 19 DRS TO #1 STILL (6 BB) 4/7/81 T-63 JTM

IN ILLINOIS: 217 / 782-3637 — 7 DRUMS TO #3 STILL — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR — PART - 2 IEPA — PART - 3 SITE — PART - 4 HAULER — PART - 5 IEPA — PART - 6 GENERATOR

SITE COPY - PART 3 T-63 6/16/81 JTM.

002044

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

**TO BE COMPLETED BY WASTE GENERATOR**

SPECIAL WASTE HAULING MANIFEST

0378749

312-544-3500

Authorization Number 997482

IL GENERATOR 0310150002

Generator Number

R. C. R. A. IL D005456033

Stanadyne (Company Name) — 2701 Washington (Address)
Bellwood (City) — ILL. (State) — 60104 (Zip)

WASTE HAULER(S)

Contract Hauler for American Chem.
Strand Trucking (Hauler Name) — Crutwood ILL. (Hauler Address) — 312-383-8440
S.W.H. Registration Number 0024002
Tractor only (Trailer belongs to American Chem.) ILT000646810

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE Reclaim Site

American Chem. Services (Facility Name) — 420 S. Colfax Avenue (Address) — 91808902 (Site Number)
Griffith (City) — IND. (State) — 46319 (Zip)
INDIANA Waste Hauler Trailer # 262

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: (Reclaim) Chlorinated Solvents — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

wt = 14.556#/gal

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Waste Chlorinated Solvents — HAZARDOUS
EPA Waste No U228 — DOT ID. # UN1710 — NON-FLAMMABLE
Generic: F002

WEIGHT FOR D.O.T. USE 546,707 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003575 — 1 GALLONS (Circle One) 2 CU. YDS.

65 gal

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify) UAN

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6/3/81 — (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) — DATE: 6/3/81

(2) (Authorized Signature) — DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) — DATE: 6/3/81

COMMENTS OR SPECIAL INSTRUCTIONS: TRAILER SPOTTED 6/3/81
49 TO #1A 6/12/81 T-63 gm 16 TO #3 STILL 6/15/81 T-63 gm

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3
002043

METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 161612

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

TYPE OF WASTE ▶ [X] 1-LIQUID [ ] 2-SLUDGE [ ] 3-SOLID

TYPE OF CONTAINER ▶ [ ] 1-BULK (TANK TRUCK) [X] 2-DRUMS [ ] 3-OTHER (SPECIFY)

VOLUME 4400 1-GALS 2-CU. YDS. 3-LBS.

WASTE CONTAINS:

[ ] 01-FATS, OILS OR GREASE [ ] 02-ACID [ ] 03-ALKALI [ ] 04-CYANIDE [ ] 05-ZINC [ ] 06-CADMIUM [ ] 07-COPPER [ ] 08-CHROME [ ] 09-IRON [ ] 10-NICKEL [ ] 11-LEAD [ ] 12-SELENIUM [ ] 13-MERCURY [X] 14-SOLVENTS [ ] 15-PAINT RESIDUE [ ] 16-OTHER (SPECIFY)

DISPOSAL METHOD ▶ [ ] LANDFILL [ ] DESTRUCTION (SPECIFY) [X] OTHER (SPECIFY) RECLAIM

NAME OF COMPANY

FEDERAL TAX I. D. NUMBER FED. TAX IDENT. 360548230

LOCATION Stanadyne

FEDERAL GENERATOR I. D. NUMBER R. C. R. A. IL D005456033

TYPE OF INDUSTRY 2701 WASHINGTON BELLWOOD, IL 60104

DATE REMOVED 10-27-83

TIME REMOVED 10:00

I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.

SIGNATURE OF AUTHORIZED AGENT AND TITLE W. H. Fort

PHONE 544-3500

NAME STRAND TRUCKING

FEDERAL TAX I. D. NUMBER

ADDRESS [illegible], [illegible] IL

DATE RECEIVED 10-27-83

TIME RECEIVED 10:00

FEDERAL HAULER I. D. NUMBER [illegible]

STATE IL

TRUCK LICENSE NO. [illegible]

I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.

SIGNATURE OF CONTRACTOR'S AGENT AND TITLE

PHONE

DISPOSAL SITE

NAME [illegible] Inc

FEDERAL TAX I. D. NUMBER [illegible]

ADDRESS [illegible] IN

FEDERAL DISPOSAL SITE I.D. NUMBER [illegible]

DATE RECEIVED 10/27

TIME RECEIVED

I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.

SIGNATURE OF OPERATOR AND TITLE [illegible]

PERMIT NO.

PHONE 219924437

DISPOSAL SITE'S COPY

005992

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0819302

Authorization Number 997482

Stanadyne

2701 WASHINGTON (Company Name) | Address | 312 544 3500 Phone Number | IL GENERATOR 0310150002 Generator Number

BELLWOOD, IL 60104 (City) | State | Zip | R. C. R. A. IL D005456033 EPA Number

WASTE HAULER(S)

STRAND TRUCKING (Hauler Name) | CHESTWOOD ILL (Hauler Address) | S.W.H. Registration Number 0024002

312 385 8440 Phone Number | IND016360265 EPA Number | ILD000646810

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMER. CHEM. SERV (Facility Name) | GRIFFITH, IND. Address | 312 768 3400 ~~312 385 8440~~ Phone Number | 91808902 Site Number | IND016360265 EPA Number | ILD000646810

City | State | Zip

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: RECLAIM CHLORINATED SOLVENTS WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE

HAZARD CLASS: HAZARDOUS

UN1710 UN or NA Number | F001 EPA HW Number

WEIGHT FOR D.O.T. USE 40,000 LBS/TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED 004400 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS 80 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) VAN

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION W. H. Fort (Authorized Signature) DATE: 10-27-83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Stan Strand (Authorized Signature) DATE: 10 27 83

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Michael Bulge (Authorized Signature) DATE: 10 27 83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-267

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 TO 118 R T-63 GRM 10.28.83

005443

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

## SPECIAL WASTE HAULING MANIFEST

Authorization Number 345871

IL GENERATOR 0310150002

Generator Number R. C. R. A. IL 0005456033

Stowaway (Company Name) | 2701 Wood St. Dr. (Address)
Peoria (City) | Ill (State) | 61604 (Zip)

WASTE HAULER(S)

American Chem Service (Hauler Name) | Griffith Ind (Hauler Address) | S.W.H. Registration Number
Stevens Trucking (Hauler Name) | 3612 Kirkman (Hauler Address) | S.W.H. Registration Number 0021002

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Am Chem Service (Facility Name) | Griffith Ind (Address) | 91802402 (Site Number)
(City) | (State) | (Zip) IND016360565

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Waste Chlorinated Solvent | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: | HAZARD CLASS: CORROSIVE NON-FLAMMABLE | WEIGHT FOR D.O.T. USE 15000 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. 15000 lb | QUANTITY OF WASTE DELIVERED: 30 Drums 1650 | 1 GALLONS 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS 30 TANK TRUCK OPEN TRUCK OTHER (Specify) VAN

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6-17-82 | B Thach (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Stevens (Authorized Signature) | DATE: 6/17/82

(2) (Authorized Signature) | DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Michael T. Bruce (Authorized Signature) | DATE: 6/17/82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

To 722 K
T-63 GKM 6-23-82
On dock 6-17-82

SITE COPY - PART 3

003895

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. W·I·D·0·0·6·0·7·4·6·5·2 Manifest Document No. 0·7·6·4·6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MOLDED RUBBER & PLASTIC CO.
1316 W. GLENDALE AVE. - BUTLER, WISCONSIN
4. Generator's Phone ( 414 ) 781-7122 53007

A. State Manifest Document Number INA 0309646
B. State Generator's ID

5. Transporter 1 Company Name: E&K HAZARDOUS WASTE SERVICES, INC.
6. Use EPA ID Number: W·I·D·9·8·2·2·1·9·5·2·9
C. State Transporter's ID
D. Transporter's Phone (414) 458-6030

7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL
420 S. COLFAX AVE.
GRIFFITH, IN 46319
10. Use EPA ID Number: I·N·D·0·7·6·3·6·0·2·6·5
G. State Facility's ID
H. Facility's Phone (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. "RQ, WASTE FLAMMABLE LIQUID, N.O.S., FLAMMABLE LIQUID, UN1993, (KPA IGNITABILITY)." | 0·0·1 | D·M | 0·0·0·5·5 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
11a. - (CONCRETE SEALER)

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
NOTIFY CBC TRANSPORT (414) 764-7005 WITH ANY LOAD DISCREPANCIES. (OFF SPEC. MATERIAL)

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: CHARLES SCOWDEN — Signature: Charles Scowden — Date: Month 02 Day 28 Year 89

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: WARREN H. MITCHELL — Signature: Warren H. Mitchell — Date: Month 02 Day 28 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY — 19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19. — Printed/Typed Name: HARRAD F SCHMIDT — Signature: Harrad F Schmidt — Date: Month 02 Day 28 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0309646

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204 TCT 50 3/3

COPY 5. TSD COPY

0017037

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: ILD005119607 — Manifest Document No.: 00001

2. Page 1 of 7

Information in the shaded areas is not required by Federal law

3. Generator's Name: Moloney Coachbuilders
2640 West Belmont Ave. Chicago, IL 60618

4. Generator's Phone (312) 463-8012

A. State Manifest Document Number: IN034188

B. State Generator's ID: 031621504

5. Transporter 1 Company Name: Super Cartage

6. US EPA ID Number: ILD052631496

C. State Transporter's ID: 1008

D. Transporter's Phone: 312-243-1110

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Flammable Liquid NA1263 Waste Paint Related Material | 007 ~~008~~ | D M | 00385 ~~440~~ | 1 | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1=Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: DANIEL W. ROTERMUND — Signature: [signature] — Month 03 Day 12 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: LOUIE REED — Signature: [signature] — Month Day Year

19. Discrepancy Indication Space

3/17/87

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: [signature] — Signature: [signature] — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

IN 034188

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

MAK T.S.D. DETACH AND RETAIN THIS COPY 7-125TC T63 13

012831

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD077001741
Manifest Document No.:
2. Page 1 of 8
Information in the shaded areas is not required by Federal law

3. Generator's Name: Homich Auto Center
770 Burnham Avenue, Calumet City, IL 60409
4. Generator's Phone ( 312 ) 862-4600

A. State Manifest Document Number: IN 034283
B. State Generator's ID: 031 039 5015
C. State Transporter's ID: 0311
D. Transporter's Phone: 312-385-8440

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD000646810
7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | 06 | D M | 0330 | G | F003 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: | Signature: | Month | Day | Year

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: | Signature: | Month | Day | Year

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: | Signature: | Month | Day | Year

19. Discrepancy Indication Space

6-116TKT63 0/4

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: FRANK PRICE | Signature: Frank Price | Month 8 | Day 4 | Year 88

IN 034283

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

0015825

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

Form Approved OMB No. 2050-0039. Expires 9-30-88

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. ILD 077 001 741
Manifest Document No. 0213881

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Momich Auto Center
770 Burnham Ave., Calumet City, IL

4. Generator's Phone ( 312 ) 862-4600

A. State Manifest Document Number

B. State Generator's ID ILD 031 039 5015

5. Transporter 1 Company Name
Strand Trucking

6. US EPA ID Number ILD 000 646 810

C. State Transporter's ID 0311

D. Transporter's Phone 312-385-8440

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number IND 016 360 265

G. State Facility's ID

H. Facility's Phone 219-924-4370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | | 02 | dm | 110 | G | F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
G - Gallon

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Thomas P. Michaelski
Signature: [signature]
Month 02 Day 11 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard M. Strand
Signature: Leonard M Strand
Month 02 Day 11 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Whitaker A
Signature: [signature]
Month 02 Day 13 Year 89

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

126TCT63 2/14

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0017035

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Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD077001741 Manifest Document No. 73184

2. Page 1 of 8

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Momich Auto Center
770 Burnham Avenue, Calumet City, IL

4. Generator's Phone ( 312) 862-4600

A. State Manifest Document Number

B. State Generator's ID 031 039 5015

5. Transporter 1 Company Name ADCOM EXPRESS

6. US EPA ID Number ILD047267364

C. State Transporter's ID 0367

D. Transporter's Phone 312-429-1660

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number IND016360265

G. State Facility's ID

H. Facility's Phone 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. RQ WASTE APAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 | X | 01 | dm | 055 | G | F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name [illegible] Signature [illegible] Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] Signature [illegible] Month Day Year [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name [illegible] Signature [illegible] Month Day Year [illegible]

GENERATOR

TRANSPORTER

FACILITY

Style F15REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

126FCF63 8/18

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0017036

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD077001741 — Manifest Document No.: 3199H

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Homich Auto Center
370 Burnham Avenue, Claumet City, IL

4. Generator's Phone ( 708 ) 862-4600

A. State Manifest Document Number

B. State Generator's ID: 031 039 5015

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: ILD047267365

C. State Transporter's ID: 0367

D. Transporter's Phone: 708-429-1660

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Servcie
420 South Colfax AVenue
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. | RQ WASTE PAINT RELATED MATERIAL (F003 & F005) FLAMMABLE LIQUID NA 1263 | 003 | dm | 150 | G | F005 F003 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: X [illegible] — Signature: X [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ROBERT K THORN — Signature: Robert K Thorn — Month Day Year: 0 [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Whitaker A — Signature: [illegible] — Month Day Year: 03 28 90

GENERATOR / TRANSPORTER / FACILITY

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

126 [illegible] 63 [illegible]

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0017884

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

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

Form Approved. OMB No 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. GP 0 5 1 2 — Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MONARCH HYDRAULICS , INC.
1363 MICHIGAN NE
GRAND RAPIDS , MICHIGAN 49503

4. Generator's Phone (616) 458-1306

5. Transporter 1 Company Name
THOMAS SOLVENT CO. OF MUSKEGON

6. US EPA ID Number
MID 017274093

7. Transporter 2 Company Name
AMERICAN CHEMICAL SERVICES CO.

8. US EPA ID Number
IND 016360265

9. Designated Facility Name and Site Address
GRIFFITH , INDIANA

10. US EPA ID Number

A. State Manifest Document Number MI 0468682
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID H830514
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

GENERATOR

| | HM | 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. | N/H |
|---|---|---|---|---|---|---|---|---|
| a. | X | WASTE TOLUENE N.O.S. FLAMEBLE UN 1294 2 - 55 GAL DRUMS | 2 | DR | 100 GAL. | | F005 | H |
| b. | | | | | | | | |
| c. | | | | | | | | |
| d. | | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
CLEAN UP ANY SPILLS FLAMMABLE SOLVENT

16. GENERATOR'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 national governmental regulations, including applicable state regulations.

Printed/Typed Name: Donald J. Milan — Signature: Donald J. Milan — Date: Month Day Year 3 2 6 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: THOMAS SOLVENT OF MUSKEGON — Signature: Neal Hall — Date: Month Day Year 0 3 2 6 8 5

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: GR MURPHY — Signature — Date: Month Day Year 0 3 2 6 8 5

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

204 RT-50

PR 5110 Rev. 7/84

008940

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

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

Form Approved OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MI0006020465 — Manifest Document No.: 68678
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MONARCH HYDRAULICS
1363 MICHIGAN - GRAND RAPIDS, MICHIGAN 49503

4. Generator's Phone ( )

A. State Manifest Document Number: MI 0468678
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone: (616) 538-8499
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Thomas Solvent of Muskegon
6. US EPA ID Number: MI0017274093
7. Transporter 2 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
8. US EPA ID Number: MID055855373
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX AVE.
GRIFFITH INDIANA
10. US EPA ID Number: IN0016360265

GENERATOR

| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. | N/H |
|---|---|---|---|---|---|---|---|---|
| a. | V | FLAMMABLE LIQUID. WASTE TOLINENE SOLVENT | 3 | DM | 110 | G | F005 | H |
| b. | | UN-1294. | | | | | | |
| c. | | | | | | | | |
| d. | | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations, including applicable state regulations.

Printed/Typed Name: DONALD J. MILAN — Signature: Donald J Milan — Date (Month Day Year): 3 5 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Conrad R Nelson Jr — Signature: Conrad R Nelson Jr — Date (Month Day Year): 03 05 86

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: Ronald L. Cheyne — Signature: Ronald L Cheyne — Date (Month Day Year): 03 06 86

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date (Month Day Year): 3 7 86

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

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204RT-50 011084

PR 5110 Rev. 7/84

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C-0-D-0-6-7-3-2-0-8-0-4
Manifest Document No.:
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Monarch Motors
6120 S. Broadway, Littleton, CO 80121
4. Generator's Phone (303) 794-2626

A. State Manifest Document Number: INA 0159782
B. State Generator's ID:
C. State Transporter's ID: 0311
D. Transporter's Phone: 312-385-8440
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: [redacted]

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: I-L-D-0-0-0-6-4-6-8-1-0
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I-N-D-0-1-6-3-6-0-2-6-5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263 | 15 | DM | 0275 | G | [redacted] |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Signature: Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: FRANK PRICE
Signature: Frank Price
Month 7 Day 25 Year 88

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0159782

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

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0015624

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND 000 000 011

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: MONON CORP. 1411 WASHINGTON ST. WABASH IN 46992

4. Generator's Phone (317) 563-2877

A. State Manifest Document Number: IN 076761

B. State Generator's ID: 1110755013

5. Transporter 1 Company Name: MR FRANK INC.

6. US EPA ID Number: IL 000 617 000

C. State Transporter's ID: 0071

D. Transporter's Phone: 312-498-3377

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL CO. 420 SOUTH COLFAX GARY IN 46404

10. US EPA ID Number: IND 000 000 000

G. State Facility's ID: 918083 00002

H. Facility's Phone: 312-768-3400

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE FLAMMABLE LIQUID NOS. FLAMMABLE LIQUID UN1993 | 011 | TT | 00000 | GAL | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: GAL = GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year: 11 14 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JACK MCCLEVERY | Signature: [illegible] | Date: 11 14 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: DUNFEE | Signature: T Dunfee | Month Day Year: 11 14 86

IN 076761

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

123 ET 011883

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND005176326 — Manifest Document No.: 00187

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Monon Corporation
117 N. Walnut St., Monon, IN 47959

4. Generator's Phone ( 219 ) 253-6621

A. State Manifest Document Number: IN 027333

B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: 0079

D. Transporter's Phone: 312/596-3377

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service
P.O.Box 190 (Colfax Ave. At R.R.)
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219/924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Toluene (RQ 1000/454) Flammable Liquid, UN 1294 | 001 | TT | 01200 | gal. | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

01200 ?

J. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: David Wininger — Signature: [signature] — Month Day Year: 02 26 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: RICH WHITE — Signature: [signature] — Month Day Year: 02 26 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: — Signature: — Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: [signature] — Signature: [signature] — Month Day Year: 02 26 87

GENERATOR — TRANSPORTER — FACILITY

IN 027333

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

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012828

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Form Approved. OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND005176326
Manifest Document No.: 01-86
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monon Corporation, 117 N. Walnut St., Monon, IN 47959

4. Generator's Phone ( 219 ) 253-6621

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank Inc.
6. US EPA ID Number: ILD069506160

C. State Transporter's ID: 0079
D. Transporter's Phone: (312)596-3377

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
P.O. Box 190 (Colfax Ave. at R.R.)
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | Waste Toluene (RQ 1000/454) Flammable Liquid, UN1294 | X | 1 | TT | 1500 | gal. | Foo5 |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: David Wininger
Signature: [signature]
Month 1 Day 10 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature]
Signature: [signature]
Month 01 Day 10 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FDUNFEE
Signature: F Dunfee
Month 1 Day 10 Year 86

GENERATOR / TRANSPORTER / FACILITY

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

IBK T-63

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Form Approved. OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND005176326
Manifest Document No.: 02-86
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Monon CorpCoation, 117 N. Walnut St., Monon, IN 47959

4. Generator's Phone ( 219 ) 253-6521

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank INC.
6. US EPA ID Number: ILD069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312/596-3377

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
P.O. Box 190 (Colfax Ave. at R.R.)
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: 9180890002
H. Facility's Phone: 219/924-4370

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | Waste Toluene (RQ 1000/454) Flammable Liquid, UN 1294 | X | 1 | TT | 1265 | gal. | F005 |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: David Wininger
Signature
Month Day Year: 0 | 25 | 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael A Pierce
Signature
Month Day Year: 0 | 25 | 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: EDWFEE
Signature
Month Day Year: 0 | 25 | 86

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev 4-85) Previous edition is obsolete.

118R-T63

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Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND005176326 — Manifest Document No.: 03-86

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Monon Corporation
117 N. Walnut St., Monon, IN 47959

4. Generator's Phone (219) 253-6621

A. State Manifest Document Number: IN 027331

B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: C077

D. Transporter's Phone: 312/596-3377

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service
P.O. Box 190 (ColfaxxAve. at R.R.)
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219/924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Toluene (RQ 1000/454) Flammable Liquid, UN 1294 | 001 | TT | 01000 (1250) | gal. (1) | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: David Wininger — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Joe Weber — Signature: [signature] — Month Day Year: 07 15 86

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: Dunkee — Signature: [signature] — Month Day Year: 7 15 86

GENERATOR / TRANSPORTER / FACILITY

IN 027331

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND005176326
Manifest Document No.: 00486

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
Monon Corporation
117 N. Walnut St., Monon, IN 47959

4. Generator's Phone ( 219 ) 253-6621

A. State Manifest Document Number: IN 027332

B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: 0079

D. Transporter's Phone: 312/596-3377

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
P.O. Box 190 (Colfax Ave. at R.R.)
Griffith, IN 46319

10. US EPA ID Number: IND011636026

G. State Facility's ID: 9180890002

H. Facility's Phone: 219/924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE TOLUENE (EQ 1000/454) [illegible] | 001 | TT | 01000 | [illegible] | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Ha[illegible] ove

[illegible]

1800

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are full [illegible] shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transpo[illegible] international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation fr[illegible] to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: DAVID [illegible]
Signature: [illegible]
Month Day Year: 10 [illegible] 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICH WHITE
Signature: [illegible]
Date: Month Day Year: 10 31 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year:

19. Discrepancy Indication Space

FDUNFEE [illegible] 103186

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name:
Signature:
Month Day Year:

GENERATOR

TRANSPORTER

FACILITY

IN 027332

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

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123 RT63

012827

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND 0 0 1 6 1 2 6 2 1 2 5 | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
DIXON CORPORATION
1127 N [illegible]
DIXON, IN 47777

4. Generator's Phone ( 317 ) 252-6641

A. State Manifest Document Number IN027334

B. State Generator's ID

5. Transporter 1 Company Name: AIR FRONT INC

6. US EPA ID Number: IND 0 6 7 1 0 6 1 4 1 0

C. State Transporter's ID

D. Transporter's Phone 317-556-3277

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
[illegible] CHEMICAL SERVICES
P.O. BOX 100 (COLFAX RD. AT R 2)
GRIFFITH, IN 46319

10. US EPA ID Number: IND 0 0 1 6 1 6 4 2 4 1 5

G. State Facility's ID

H. Facility's Phone 219/924-4170

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. UNITS TOXIC (EQ 100C/454), FLAMMABLE LIQUID UN 1294 | | T T | 0 1 0 0 0 | GAL | F005 |
| b. OR UNITS FLAMMABLE LIQUID, NOS FLAMMABLE LIQUID, UN1993 | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: David [illegible] | Signature | Month 0 5 Day 1 2 Year 1 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: Robert Perkins | Signature | Month 0 5 Day 1 2 Year 1 7

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: EDWARD | Signature | Month Day Year 0 5 2 7 8 7

IN 027334

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY 123 TK T63

012829

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I·N·D·0·0·5·1·7·6·3·2·6 Manifest Document No. 6·2·8·4·2

2. Page 1 of 8 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MONON CORPORATION
117 NORTH WALNUT STREET., MONON, INDIANA 47959

4. Generator's Phone (219) 253-6621

A. State Manifest Document Number: INA 0162842
B. State Generator's ID:
C. State Transporter's ID: IN9505000021
D. Transporter's Phone: 312-596-3377
E. State Transporter's ID: 0079
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219)-924-4370

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: I·L·D·0·6·9·5·0·6·1·6·0

7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES., INC.
420 SOUTH COLFAX AVENUE.,
GRIFFITH, INDIANA 46319

10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. WASTE TOLUENE FLAMMABLE LIQUID., UN 1294 | 0·0·1 | T·T | 01600 | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JENEEN L. Spacks — Signature: [signature] — Date: Month 1·7 Day 1·2 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOE WEBER — Signature: [signature] — Date: Month 1·1 Day 1·2 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: T DUNFEE — Signature: T Dunfee — Month 1·1 Day 1·2 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0162842

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

123RT63M

012830

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005176326
Manifest Document No.
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Monon Corp.
117 N. Walnut Monon Ind 47959
4. Generator's Phone (219) 253-6621

A. State Manifest Document Number INA 0162845
B. State Generator's ID
C. State Transporter's ID 0079
D. Transporter's Phone 317-297-2277

5. Transporter 1 Company Name Franklin Inc
6. Use EPA ID Number IND069506160
7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Ameri Chem
4205 Colfax Hammond IN 46319
10. Use EPA ID Number IND016360265
G. State Facility's ID
H. Facility's Phone

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE TOLUENE RQ 1000 lbs FLAMMABLE UN 1294 (FOOD) | 001 | TT | 008 00 | P | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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GENERATOR
Printed/Typed Name: Roger D Young
Signature: Roger D Young
Date: Month 02 Day 22 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOE WEBER
Signature: Joe Weber
Date: Month 02 Day 22 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: G MULDAY
Signature
Date: Month 02 Day 22 Year 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/126-2675.

INA 0162845

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

126TT67

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND 005176226
Manifest Document No.: 01-86
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name
Monon Corporation
117 North Walnut Street
4. Generator's Phone
Monon, IN 47959 219-253-6621 ~~IND 069506160~~

A. State Manifest Document Number: IN 027336
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone: 312-596-3377
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 219 924 4370

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. US EPA ID Number: IND 069506160
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
P.O. Box 190 (Colfax Ave. at RR)
Griffith, IN 46319
10. US EPA ID Number: IND 016360265

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. Waste Toluene (RQ 1000/454) Flammable Liquid UN1294 | 1 | TT | 01/1/00 | gal | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott Kostelyk | Signature | Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: FDUNFEE | Signature: FDunfee | Month Day Year: 06 16 88

IN 027336

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

123 Z 7-63 6/16 8

T.S.D. DETACH AND RETAIN THIS COPY

0015022

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005176326 Manifest Document No. 7971

2. Page 1 of 8

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MONON CORPORATION
117 NORTH WALNUT STREET., MONON, INDIANA, 47959

4. Generator's Phone ( 219 ) 253-6621

A. State Manifest Document Number: INA 0267971

B. State Generator's ID

5. Transporter 1 Company Name: MR. FRANK INC.

6. Use EPA ID Number: ILD069506160

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-720-0700

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES., INC.
420 SOUTH COLFAX AVENUE
GRIFFITH, INDIANA 46319

10. Use EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: (219)-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. RQ., WASTE TOLUENE., FLAMMABEE LIQUID, UN 1294 | 01 | T.T | 02600 | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: Phyllis J Sc[illegible] Signature: [illegible] Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Scott Kostelyk Signature: Scott Kostelyk Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.

Printed/Typed Name: F DUNFEE Signature: F Dunfee Month Day Year: 111888

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0267971

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

123 RT 63 11/18

COPY 5. TSD COPY

0015623

# HAZARDOUS WASTE MANIFEST

Winn Geo

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service
NAME OF CARRIER (SCAC)

#127
CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | * Monon Trailer Division P.O. Box 655 Monon, Indiana 47959 | 4/22/81 |
| TRANSPORTER # 1 | IMT 190011700 | Evans Transportation Company Area Sanitary Service 503 S. Main Monticello, Ind. 47960 | 4/22/81 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND 016360265 | American Chemical Service P.B. Box 190 Griffith Ind. 46319 | 4/22/81 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | x | F005 | Flammable Liquid | 1993 | | 1595G | | 1600 | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

[signature] 4/22/81
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 4/22/81
TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature] 4/22/81
TSDF SIGNATURE DATE

5

TO 123 E 4/22/81 T-63 [illegible]

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

000883

# HAZARDOUS WASTE MANIFEST

02
MANIFEST DOCUMENT NUMBER

Area Sanitary Service
NAME OF CARRIER (SCAC)

SHIPPER NUMBER
#127
CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Monon Trailer Division P.O. Box 655 Monon, Indiana 47959 | 6/17/81 |
| TRANSPORTER # 1 | IMT 190011702 | Evans Transportation Company<br>Area Sanitary Service 503 S. Main Monticello, Ind. 47960 | 6/17/81 |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY | IND 016360265 | American Chemical Service P.O. Box 190 Griffith Ind. 46319 | 6/17/81 |
| TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | x | F005 | Flammable Liquid | 1993 | | 1595Gm | | 1600 | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
"The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges."
_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

X
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

X
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

To 124x T-63 6/17/81 9AM

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

000884

# HAZARDOUS WASTE MANIFEST

8-26-81
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service
NAME OF CARRIER (SCAC)

#127
CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Monon Trailer Division P.O. Box 655 Monon, Indiana 47959 | 8/26/81 |
| TRANSPORTER # 1 | IMT100011702 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 | 8/26/81 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016364265 | American Chemical Service P.O. Box 190 Griffith, Ind. 46319 | 8/26/81 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | x | F005 | Flammable Liquid | 1993 | | 1595Gm | | 1600 | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426 2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE — DATE — TSDF SIGNATURE — DATE

70/24/R T-63 8/26/81 gm

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TSDF COPY

000885

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER #127

Area Sanitary Service
NAME OF CARRIER (SCAC)

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | | Monon Trailer Division P.O. Box 655 Monon, Ind. 47959 | 3/4 |
| TRANSPORTER # 1 | IMT 190011700 | 1-219-583-8990 Area Sanitary Service 503 S. Main Monticello, Ind. 47960 | 3/4 |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IHD 016360265 | American Chemical Service P.O. Box 190 Griffith, Ind. | 3/4 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | x | F005 | | 1993 | | 1595Gn | | 1,600 | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE. PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

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TSDF COPY To204R T-50 6RN 3/2/82

002684

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

Area Sanitary Service

NAME OF CARRIER (SCAC)

SHIPPER NUMBER #127

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Monon Trailer Division P.O. Box 655 Monon, Ind. 47959 ~~219-253-6621~~ | |
| TRANSPORTER # 1 | INT190011700 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 ~~219-583-3990~~ | / / |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360265 | American Chemical Service P.O. Box 190 Griffith, Ind. 46319 ~~219-924-4370~~ | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or ~~NA #~~ | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | Waste Toluene | 1992 | | 1555 | | 160.0 | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES — FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

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TSDF COPY To 124K T-63 6RM 3·30·82

002665

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

Area Sanitary Service — NAME OF CARRIER — (SCAC)

SHIPPER NUMBER #127 — CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Monon Trailer Division P.O. Box 655 Monon, Ind. 47959 ~~219-253-6621~~ | 4/20/82 |
| TRANSPORTER # 1 | INT100011700 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 ~~219-583-8990~~ | 4/20/82 |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360265 | American Chemical Service P.O. Box 190 Griffith Ind. 46319 ~~219-924-4370~~ | 4/20/82 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 1 | X | F005 | Waste Toluene | 1993 | | 15°C | | 1600 | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

*On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding. $ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." _____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES: FREIGHT PREPAID except when box at right is checked ☐ — Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE — DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE — DATE

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...LE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To 124K
T-63 ERM 4/20/82

002686

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Services

NAME OF CARRIER (SCAC)

#127

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Monon Trailer Division P.O. Box 655 Monon, Ind. 47959 219-253-6621 | |
| TRANSPORTER # 1 | INT190011700 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 219-583-8990 | 7/23/82 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360265 | American Chemical Service P.O. Box 190 Griffith Ind. 46319 219-924-4370 | 7/23/82 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | x | F005 | Waste Toluene | 1993 | | 15956M | | 1100 | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked

Check box if charges are to be collect ☐

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

[signature] 7/23/82

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal

GENERATOR'S SIGNATURE DATE

[signature] 7/23/82

TSDF SIGNATURE DATE

5

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6RM 7.23.82

TSDF COPY

002687

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service — NAME OF CARRIER (SCAC)

#127 — CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND 605126326 | Monon Trl. Div. PO Box 655 Monon IN 47959 219 253 6621 | 10-19-82 |
| TRANSPORTER # 1 | IMT 190011700 | Area Sanitary Service 503 S. Main Monticello 219-583-8990 | 10-19-82 |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND 016360265 | American Chemical Service PO Box 190 Griffith IN 46319 | 10-19-82 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | Waste Toluene | 1993 | | | 15956M | 1600 | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

David Winings 10/19/82
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

Mike Sanson 10/19/82
TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature] 10/19/82
TSDF SIGNATURE DATE

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TSDF COPY

To IBF 7-63 GPM 10.19.82

002688

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service

NAME OF CARRIER (SCAC)

#127

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | | MONON TRAILER DIV, PO. BOX 655, MONON, IN 47959 | |
| TRANSPORTER # 1 | INT100011700 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 219-583-8990 | 12/5/83 |
| TRANSPORTER # 2 (if required) | | 1600 gallons | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

SPECIAL HANDLING INSTRUCTIONS

...modity is spilled on a waterway or adjoining land, the incident ...ptly reported to the Federal government at 1-800-424-8802 (toll ...6-2675 (toll call). If other DOT Hazardous Materials are discharged ...rious situation, call shipper's telephone number or Chemtrec ... immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as ot... ...n Item 430, Sec. 1

PLACARDS TENDERED

Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section ... of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 12/5/83

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature] 12/5/83

TSDF SIGNATURE DATE

5

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TSDF COPY

TO126 TK T-63 6PM 12.5.83

005106

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

AREA SANITARY SERVICE

NAME OF CARRIER (SCAC)

#127

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | | MONON TRAILER | |
| TRANSPORTER # 1 | INT 890011700 | AREA SANITARY SERVICE<br>503 S. MAIN MONTICELLO, IND. 47960 219-583-8990 | |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | 9/7/83 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 1600 GAL | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED**

Yes ☑ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

9/9/83

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE 9/9/83

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To IAT-636RM 9.9.83 TSDF COPY

005365

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service

NAME OF CARRIER (SCAC)

#127

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176324 | Monon Trailer | |
| TRANSPORTER # 1 | IND 190011700 | Area Sanitary Service 503 S. Main, Monticello, Ind. 47960 219-583-8990 | 6/2/83 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360265 | American Chemical Serv Griffith Inc | 6/2/83 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 21 | | F005 | Waste Toluene | 1993 | | | | 16000 gal | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked

Check box if charges are to be collect ☐

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.

$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 6-2-83

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature] 6/2/83

TSDF SIGNATURE DATE

5

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TSDF COPY TO IAET-63 GRM 6.2.83

005366

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service

NAME OF CARRIER (SCAC)

#127

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Menon Inc. Div. FEBY 655 Menon Dn 219 253 6621 | 4/6/83 |
| TRANSPORTER # 1 | INT 190011700 | Area Sanitary Service 503 S. Main, Monticello, Ind. 47960 219-583-8990 | 4/6/83 |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND014360265 | American Chemical Svcs Griffith, Dn FEB 190 | 4/6/83 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | Waste Toluene | 1993 | | 1595 | | 1200 gal | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

David Winnigan 4/6/83

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature]

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature] 4/6/83

TSDF SIGNATURE DATE

5

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TSDF COPY TO 1A KT-63 GRM 4.6.83

005567

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER #127

Area Sanitary Service
NAME OF CARRIER (SCAC)

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND 005176326 | Monon Trl. P.O. Box 655 Monon, IN 47959 | 1-19-83 |
| TRANSPORTER # 1 | IND 190011700 | ~~Area Sanitary Service~~ 503 S. Main Monticello, Ind. 47960 129-583-8990 | 1-19-83 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND 016360265 | American Chemical Svc P.O. Box 190 Griffith, IN | 1-19-83 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | Waste Toluene | 1993 | | 15556M | | 1200 | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

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TSDF COPY To # 2 Still T-63 GRM 1-19-83

005560

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service
NAME OF CARRIER (SCAC)

#127
CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | Monon Tel Div PO Box 655 Monon IN 47959 | 2/20/84 |
| TRANSPORTER # 1 | | | |
| TRANSPORTER # 2 (if required) | IMT190011700 | Area Sanitary Service 503 S. Main Monticello Ind. 47960 | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360265 | American Chemical Service | 2/20/84 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | Waste Toluene | 1993 | | 15556 | | 1600 GA | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

David Winincox 2/25/84
GENERATOR'S SIGNATURE DATE

[signature] 2/20/84
TSDF SIGNATURE DATE

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006820

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER #127

Area Sanitary Service
NAME OF CARRIER (SCAC)

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | | Monon Tracks | [illegible] |
| TRANSPORTER # 1 | IRT 190011700 | Area Sanitary Service 503 S. Main, Monticello, Ind. 47960 219-583-8990 | 1/5/84 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | [illegible] | [illegible] | 5/1/84 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| | ✓ | | | | | | | | | |

SPECIAL HANDLING INSTRUCTIONS

commodity is spilled on a waterway or adjoining land, the incident promptly reported to the Federal government at 1-800-424-8802 (toll 2-426-2675 (toll call). If other DOT Hazardous Materials are discharged serious situation, call shipper's telephone number or Chemtrec 300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[illegible] 1/5/84

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[illegible] 5/1/84

TSDF SIGNATURE DATE

5

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T0117R T-63 6RM

006821

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER #127

Area Sanitary Service

NAME OF CARRIER (SCAC) CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | [illegible] | MONON TRAILER [illegible] | [illegible] |
| TRANSPORTER # 1 | INT 190011700 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 219-583-8990 | [illegible] |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | [illegible] | [illegible] | [illegible] |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| [illegible] | X | F005 | [illegible] | [illegible] | | [illegible] | | 1600 gal | | |

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.

$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked
Check box if charges are to be collect ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

[illegible] [illegible]

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[illegible] [illegible]

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[illegible] [illegible]

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY 117E T-63

006822

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER #127

Area Sanitary Service
NAME OF CARRIER (SCAC)

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | MONSAN TRAILER DIV. PO BOX 655 MONON IN 47959 219 352 6621 | 1/1/87 |
| TRANSPORTER # 1 | INT 190011700 | Area Sanitary Service 503 S. Main Monticello, Ind. ~~219-583-5990~~ | / / |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016361165 | AMERICAN CHEMICAL SERVICE PO BOX 150 GRIFFITH IN 46319 219 922 4370 | 1/15/87 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | WASTE TOLUENE | 1993 | | 15556 | | 1600 GAL | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
*Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in* the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE DATE

TSDF SIGNATURE DATE

5

STYLE F-50 LABELMASTER CHICAGO, IL 60646 312/478-0900

TSDF COPY

117E T-63

006823

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

Area Sanitary Service — NAME OF CARRIER (SCAC)

#127 — SHIPPER NUMBER

CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | | MONON TRAILER | |
| TRANSPORTER # 1 | IMT 190011700 | Area Sanitary Service 503 S. Main Monticello, Ind. 47960 219-583-8990 | |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| | ✓ | | | | | | | | | |

**SPECIAL HANDLING INSTRUCTIONS**

ommodity is spilled on a waterway or adjoining land, the incident omptly reported to the Federal government at 1-800-424-8802 (toll 426-2675 (toll call). If other DOT Hazardous Materials are discharged serious situation, call shipper's telephone number or Chemtrec 300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name led in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID (except when box at right is checked) ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE — DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE — DATE

STYLE F-50 LABELMASTER CHICAGO, IL 60646 312/478-0900

TSDF COPY

IAE T-63
008939

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

[illegible] SANITARY [illegible] #127

NAME OF CARRIER (SCAC) CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | [illegible] | MONON TRAILER | [illegible] |
| TRANSPORTER # 1 | INT [illegible] | [illegible] SANITARY [illegible] [illegible] 583-[illegible] [illegible] Ind [illegible] | [illegible] |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | [illegible] | [illegible] | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrie Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| | X | | | | | | | | | |

**SPECIAL HANDLING INSTRUCTIONS**

[illegible] is spilled on a waterway or adjoining land, the incident [illegible] ported to the Federal government at 1-800-424-8802 (toll [illegible] (toll call). If other DOT Hazardous Materials are discharged [illegible] situation, call shipper's telephone number or Chemtrec [illegible] diately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or a[illegible] em 430, Sec. 1

**PLACARDS TENDERED**
Yes ☑ No ☐

REMIT C.O.D. TO: ADDRESS

**COD**

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to [illegible] the consignee [illegible] following sta[illegible] The carrier [illegible] freight and al[illegible]

[illegible] pment is to be delivered to [illegible] he consignor shall sign the [illegible] pment without payment of [illegible]

(Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked
Check box if charges are to be collect ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE DATE TSDF SIGNATURE [signature] DATE 4/1/65

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STYLE F-50 LABELMASTER CHICAGO, IL 60646
312/478-0900

TSDF COPY

1B [illegible] T-63

008935

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Area Sanitary Service — NAME OF CARRIER — (SCAC)

#127 — CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND085176320 | Monon Tru Products Monon, In 47959 | 1/7/85 |
| TRANSPORTER # 1 | IND 190012700 INT | Area Sanitary Service 503. S. Main Monticello, Ind. 47960 219-583-8990 | 1/7/85 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360765 | [illegible] | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | [illegible] | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | Waste Toluene | 1993 | | 15956 | | 1600 | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding. $ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." _____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES: FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE — DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE — DATE

5

STYLE F-50 LABELMASTER CHICAGO, IL 60646 312/478-0900

TSDF COPY

117E T-63

008936

# HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

AREA SANITARY SERVICE — NAME OF CARRIER (SCAC)

#127 — CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND005176326 | MONSANTO PO Box 655 MONON, IN 47959 | 3/4/85 |
| TRANSPORTER # 1 | IND 190011700 | AREA SANITARY SERVICE 503 South Main (219) 583-8990 Monticello, Ind. 47960 | |
| TRANSPORTER # 2 (if required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016368265 | American Chemical Services Griffith, IN | 3/4/85 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | ALTERNATE | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | WASTE Toluene | 1993 | | 15556 | | 16000 gal | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED** Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding. $ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." _____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES — FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

DAVID WHINCER 3/4/85

GENERATOR'S SIGNATURE — DATE

This is to certify acceptance of the hazardous waste shipment.

JOHN BUCHANAN 3/4/85

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[illegible] 3/4/85

TSDF SIGNATURE — DATE

STYLE F-50 LABELMASTER CHICAGO, IL 60646 312/478-0900

TSDF COPY

117K T-63

008937

# HAZARDOUS WASTE MANIFEST

04-85
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

AREA SANITARY SERVICE
NAME OF CARRIER (SCAC)

4127
CARRIER NUMBER

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | DATE SHIPPED OR RECEIVED |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND085176376 | MONON TRAILER P.O. BOX 655, MONON IN 47959 | 6/17/85 |
| TRANSPORTER # 1 | INT 190011700 | AREA SANITARY 503 S MAIN, MONTICELLO IN (219) 583-8990 | 6/17/85 |
| TRANSPORTER # 2 (If required) | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | IND016360265 | AMERICAN CHEMICAL SERVICE P.O. BOX 90 219-924-4300 Griffith IN 46319 | 6/17 |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | X | F005 | WASTE TOLUENE | 1993 | | 15956 M | | 1600 gal | | |

**SPECIAL HANDLING INSTRUCTIONS**

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

**COMMENTS**

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

**PLACARDS TENDERED**
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

**COD** Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked
Check box if charges are to be collect ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

DAVID WININGER 6/17/85
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

6-17-85 Joan Buchanan
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature] 6/17/85
TSDF SIGNATURE DATE

5

STYLE F-50 LABELMASTER CHICAGO, IL 60646
312/478-0900

TSDF COPY

1BK

008938

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: NED007263619
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name
Monroe Auto Equipment
121 Meridian Ave.; Cozad, XX NE. 69130
4. Generator's Phone: 308-784-3600

A. State Manifest Document Number: IN 085968
B. State Generator's ID:

5. Transporter 1 Company Name: Watts Trucking Service, Inc.
6. US EPA ID Number: ILD045376100
C. State Transporter's ID: 0 225
D. Transporter's Phone: 309-788-3421

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
420 So. Colfax Ave.
Griffith, IN. 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Rejected ~~Waste Flammable Liquid, N.O.S. Flammable Liquid~~ UN1993 / D001 | ~~[illegible]~~ | D M | ~~[illegible]~~ | GAL. | ~~D 0 0 1~~ |
| b. Flammable Liquid Waste Flammable Liquid, N.O.S. UN1993 / D001 | [illegible] | D M | [illegible] | GAL. | D 0 0 1 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
a. scrap paint
b. solvent

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: ERV KLOPPENBORG
Signature: [signature]
Month Day Year: 03 10 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year: [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space
Rejected 2 Dr. Not Pumpable

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HAROLD F. Schmidt
Signature: [signature]
Month Day Year: 03 16 87

GENERATOR / TRANSPORTER / FACILITY

IN 085968

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 2-125R T63 B

012825

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NED007263619
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Monroe Auto Equipment
121 Meridian Ave.; Cozad, NE. 69130
4. Generator's Phone (308) 784-3600

A. State Manifest Document Number: IN 085969
B. State Generator's ID:

5. Transporter 1 Company Name: Watts Trucking Service, Inc
6. US EPA ID Number: IED045376100
C. State Transporter's ID: 0225
D. Transporter's Phone: 309-788-3421

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services, Inc.
420 S. Colfax; Griffith, In
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Flammable Liquid, N.O.S. Flammable Liq. UN1993 | 001 | DM | 00055 | GALS. | D001 |
| b. Waste Flammable Liquid, N.O.S. Flammable Liq. UN1993 | 001 | DM | 00055 | GALS. | D001 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
a. Tri 1,1,1,
b. waste solvent

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: RONALD KAUFFMAN
Signature: Ronald Kauffman
Month Day Year: 08 04 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: William L. Atkins
Signature: William L. Atkins
Date: 08 04 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: P
Signature:
Date:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrold F Schmidt
Signature: Harrold F Schmidt
Month Day Year: 08 04 87

GENERATOR / TRANSPORTER / FACILITY

IN 085969

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

1-120R T63 B
1-204R T50 B

012826

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: N E D 0 0 7 2 6 3 6 1 9
Manifest Document No.: 0 0 4 6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Monroe Auto Equipment
121 Meridian Ave., Cozad, Ne. 69130
4. Generator's Phone (308) 784-3600

A. State Manifest Document Number: INA 0135275
B. State Generator's ID:
C. State Transporter's ID: 1874
D. Transporter's Phone: 309-745-9494
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: Gaunt Trucking
6. Use EPA ID Number: I L D 0 6 2 3 3 3 5 9 6
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Services
420 So. Colfax Ave.
Griffith, In. 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. |
|---|---|---|---|---|---|
| a. "RQ" Waste Flammable Liquid, N.O.S. (D001) UN1993 Flammable Liquid | 0 0 2 | D N | 1 1 0 | GAL | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: ERVIN KLOPPENBORG
Signature: [signature]
Date: Month 12 Day 03 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Date: Month [illegible] Day [illegible] Year [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F. Schmidt
Signature: [signature]
Date: Month 01 Day 03 Year 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0135275

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

1 - 123R T-63 1/8/88
1 - 204R T-50 1/8/88

0015620

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

**PLEASE PRINT OR TYPE** *(Form designed for use on elite (12-pitch) typewriter.)* *Form Approved. OMB No. 2050-0039. Expires 9-30-91*

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.5.7.0.4.7.1.1.0
Manifest Document No.: 5.5.9.4.5
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Monroe Inc
4707 40th St SE, Grand Rapids MI 49512
4. Generator's Phone ( 616 ) 942-9820

A. State Manifest Document Number: INA 0355945
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M.I.D.9.8.1.9.5.6.0.5.3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Paint Flammable Liquid UN1263 (F005) | 1 | D.M | 55 | G | F003 F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: TOM MAGNIRE
Signature: [signature]
Date: Month 02 Day 16 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 02 Day 16 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A
Signature: [signature]
Date: Month 2 Day 16 Year 90

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355945

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204TCTSD 2/20 (20)

COPY 5. TSD COPY

0017883

TO BE COMPLETED BY WASTE GENERATOR

JER-02

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0407148
D001
Authorization Number 992858

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618/271-5835 (Phone Number) | 1631210001 (Generator Number)

SAUGET, (City) | IL (State) | 62201 (Zip) | ILD008027 02 (EPA Number)

WASTE HAULER(S)

TRRA- ICG (A) (Hauler Name) | (Hauler Address) | ICC S.W.H. Registration Number | CAR # ACFX 22568 (EPA Number) | (Phone Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number | (EPA Number) | (Phone Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICES (Facility Name) | 420 S. Colfax (Address) | 91808902 (Site Number)

GRIFFITH (City) | IN (State) | 46319 (Zip) | 219 924 4370 (Phone Number) | IND016360265 (EPA Number)

(Alternate (Facility Name)) | (Address) | (Site Number)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE WASTE PHASE LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK

HAZARD CLASS: FLAMMABLE LIQUID, NOS

UN 1245, RQ (UN or NA Number)

D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 53,350 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 8083 ~~5900~~ 1 GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) TANK CAR

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE 6/16/81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE / /

(2) (Authorized Signature) 6-16-81 DATE 6/16/81

DISPOSAL, STORAGE, OR TREATMENT FACILITY:

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) DATE 7/2/81

COMMENTS OR SPECIAL INSTRUCTIONS: ON SIDING 7/2/81 #3 SPOT 4000 TO #2 STILL T-63 7/15/81
4083 TO #1 STILL 7/16/81 T-63 gm

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

SITE COPY - PART 3

001957

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

D001 0519534

Authorization Number 997651

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 (Generator Number)

SAUGET, X (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | 2001 SO. 7TH ST. (Hauler Address) | ICC ~~XXX~~ Registration Number MC113325

314 772-6666 (Phone Number) | MOD009855826 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9180890-2 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | Phone Number | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK (CONTINUING) RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | UN1993 (UN or NA Number) | EPA HW Number

WEIGHT FOR D.O.T. USE 34900 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. ~~OR GAL~~ | QUANTITY OF WASTE DELIVERED: 003793 | 1 GALLONS (Circle One) ~~2 CU YDS~~ | 1

METHOD OF SHIPMENT (Circle One) (DRUMS_____) Number | TANK TRUCK | OPEN TRUCK | OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: 11/6/81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1) X (Authorized Signature) DATE 11/6/81

(2) (Authorized Signature) DATE __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature) DATE 11/9/81

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS, 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

SITE COPY - PART 3

To 211K T-50 GKM 11/9/81

001858

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0519752
D001
Authorization Number 992858

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 (Generator Number) |
| SAUGET, (City) | ILLINOIS (State) | 62201 (Zip) | ILD000802702 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | 2001 SO 7TH ST. ST LOUIS, MO 63104 (Hauler Address) | 314 772-6666 (Phone Number) | ICC ~~S.W.H.~~ Registration Number MC113325 / MOD009855826 (EPA Number) |
| (Hauler Name) | (Hauler Address) | (Phone Number) | S.W.H. Registration Number / (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | |
|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | 91808902 (Site Number) |
| GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | IND016360265 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | (Site Number) |
| (City) | (State) | (Zip) | (EPA Number) |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | UN1993 | D001 |

WEIGHT FOR D.O.T. USE 25,840 LBS TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 3915 — 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS_____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

3564 GALS

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION _____ (Authorized Signature) DATE: 12/21/81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) _____ (Authorized Signature) DATE: 12/22/81

(2) _____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES_____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

_____ (Authorized Signature) DATE 12 23 81

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 3

SITE COPY - PART 3

To 211 R T-50 GLM 12/23/81

001861

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0203238

D001

Authorization Number 992858

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | ILD000802702 Generator Number

SAUGET, (City) | ILLINOIS (State) | 62201 (Zip)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | 2001 SO. 7TH ST. ST. LOUIS, MO 63104 (Hauler Address) | ICC XXX S.W.H. Registration Number MOD009855826 M611332 5

Hauler Name | Hauler Address | S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | IND016360265 Site Number 918089 02

GRIFFITH (City) | INDIANA (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | WEIGHT FOR D.O.T. USE 33900 LBS / TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 37 66 | 1 GALLONS / 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE 9/2/81 (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 9 12 81

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 9 3 81

COMMENTS OR SPECIAL INSTRUCTIONS: To 121E T-68 9/3/81 gem

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

001910

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

D001 0519732

Authorization Number 992858

| (Company Name) | Address | Phone Number | Generator Number |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1631210001 |

| City | State | Zip | EPA Number |
|---|---|---|---|
| SAUGET | IL | 62201 | ILD000802702 |

WASTE HAULER(S)

| Hauler Name | Hauler Address | Phone Number | EPA Number |
|---|---|---|---|
| SLAY TRANSPORTATION | 2001 SO. 7TH ST. | 314 772-6666 | ICC XXXX Registration Number MC113325 / MOD009855826 |

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| (Facility Name) | Address | Phone Number | Site Number |
|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | | 91808902 |

| City | State | Zip | Phone Number | EPA Number |
|---|---|---|---|---|
| GRIFFITH | INDIANA | 46319 | | IND016360265 |

Alternate (Facility Name) | Address | Site Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK HAZARD CLASS: FLAMMABLE UN1993 (UN or NA Number) EPA HW Number

X WEIGHT FOR D.O.T. USE 35020 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003806 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ___ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 12/1/81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) X [signature] (Authorized Signature) DATE 12/01/81

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 12/1/81

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

SITE COPY - PART 3

TO 121K T-63 GRM 12/2/81

001860

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

D001 0519532

Authorization Number 992858

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618-271-5835 (Phone Number) | 1631210001 (Generator Number)

SAUGET (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | 2001 SO. 7TH ST. ST. LOUIS, MO. 63104 (Hauler Address) | 314 772-6666 (Phone Number) | ICC XXX S.W.H. Registration Number MC113325 | MOD009855826 (EPA Number)

Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 918089 02 (Site Number)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | Phone Number | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | UN or NA Number | EPA HW Number

WEIGHT FOR D.O.T. USE 38580 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED 004193 (47–52) 1 GALLONS 2 CU. YDS. (Circle One) (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 11/4/81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] SLAY (Authorized Signature) DATE 11/4/81 (54–59)

(2) ____ (Authorized Signature) DATE ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

[signature] (Authorized Signature) DATE 11/5/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

SITE COPY - PART 3 To 121 K T-63 EPM 11/5/81

001859

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0519786 (1–7)

Authorization Number 992858 (8–13)

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 (14–24) G (Generator Number) |
| SAUGET, (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | 2001 SO. 7TH ST. ST. LOUIS, MO. 63104 (Hauler Address) | | ICC ~~S.W.H.~~ Registration Number MC113325 (25–31) |
| | | 314 772-6666 (Phone Number) | MOD009855826 (EPA Number) |
| (Hauler Name) | (Hauler Address) | | S.W.H. Registration Number (32–38) |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 91808902 (39–46) (Site Number) |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 217 782-6760 (Phone Number) | IND016360265 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (39–46) (Site Number) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | UN1993 | D001 |

WEIGHT FOR D.O.T. USE 5680 LBS / TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 05946 (47–52) 1 GALLONS / 2 CU. YDS. (Circle One) 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION X [signature] R Kem (Authorized Signature) DATE: 1/28/82

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1) X [signature] (Authorized Signature) DATE 01/28/82 (54–59)

(2) ____ (Authorized Signature) DATE ___/___/___

**DISPOSAL, STORAGE, OR TREATMENT FACILITY**

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 01/29/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

"24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

IN ILLINOIS 217 / 782-3637 — OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 3

SITE COPY - PART 3

To 210 R T-50 EKM 1/29/82

003242

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0519662

Authorization Number 992858

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631200001 (Generator Number) G

SAUGET, (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | 2001 S. 7TH ST. (Hauler Address) | ICC ~~XXX~~H. Registration Number MC113325

ST. LOUIS, MO. | 314 772-6666 (Phone Number) | MOD009855826 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 918089 02 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 217 782-6760 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MILK RESIDUE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | UN1993 (UN or NA Number) | D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 32620 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 003262 (1 GALLONS (Circle One) / 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS____) Number | TANK TRUCK | OPEN TRUCK | OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) | DATE: 3/12/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1) X Slay Lou Johnson (Authorized Signature) | DATE: 03/12/82

(2) ____ (Authorized Signature) | DATE: _/_/_

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) | DATE: 3/15/82

COMMENTS OR SPECIAL INSTRUCTIONS

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV # 3

SITE COPY - PART 3

To 210 RT-50 GPM 3/15/82

003285

TO BE COMPLETED BY WASTE GENERATOR

FR 7983

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

UNAWC 0519697

Authorization Number ~~0 9 2 8~~ 58

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (Generator Number)

SAUGET (City) | ILLINOIS (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | 2001 SOUTH SEVENTH STREET (Hauler Address) | ICC ~~XXXX~~ Registration Number M C 1 1 3 3 2

ST. LOUIS, MO 63104 (Phone Number) | M O D 0 0 9 8 5 5 8 2 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 SOUTH COLFAX (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | Phone Number | I N D 0 1 6 3 6 0 2 6 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK ~~XX~~ RESIDUE | WASTE PHASE: ~~XXXX~~ LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 32000 LBS TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 0 0 3 6 7 8 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION — L. Hippard (Authorized Signature) L. HIPPARD — DATE 4/8/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) X Jerry Stewart (Authorized Signature) — DATE 04/08/82 (54–59)

(2) ____ (Authorized Signature) — DATE ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

____ (Authorized Signature) — DATE ___/___/___ (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 — OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART 1 GENERATOR — PART 2 IEPA — PART 3 SITE — PART 4 HAULER — PART 5 IEPA — PART 6 GENERATOR

REV # 3

SITE COPY - PART 3

To 2107 7-50 6204 4-10-82

003286

0602123

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number 992858

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 (Generator Number)

SAUGET (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO 63104 (Hauler Address) | ICC Registration Number MC 113325 | 314 772-6666 (Phone Number) | MOD009855826 (EPA Number)

S.W.H. Registration Number

Hauler Name | Hauler Address | Phone Number | EPA Number

DESTINATION — DISPOSAL-STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 SOUTH COLFAX (Address) | 312 768 3401 | 918089002 (Site Number)

GRIFFITH (City) | IN (State) | 46319 (Zip) | ~~217 782 6760~~ (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | UN1993 (UN or NA Number) | D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 28160 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 4023 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE 5/4/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Jack Lane (Authorized Signature) DATE 5/4/82

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) DATE 5/5/82

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

SITE COPY - PART 3

To 210 R T 50 6PM 5-5-82

003287

IL 532 610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0636960

Authorization Number 992858

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 (Generator Number) |
| SAUGET, (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. (Hauler Address) | | ICC ~~S.XXX~~ Registration Number MC113325 |
| | | 314 772-6666 (Phone Number) | MOD009855826 (EPA Number) |
| (Hauler Name) | (Hauler Address) | | S.W.H. Registration Number |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 91808902 (Site Number) |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | IND016360265 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (Site Number) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK HAZARD CLASS: FLAMMABLE

UN1993 (UN or NA Number) D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 34480 LBS / TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003747 (47–52) 1 GALLONS (Circle One) 2 CU YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE 5/19/82

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) x Paul Brown (Authorized Signature) DATE 05/19/82 (54–59)

(2) ____ (Authorized Signature) DATE __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

[signature] (Authorized Signature) DATE 5/20/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART 1 GENERATOR PART 2 IEPA PART 3 SITE PART 4 HAULER PART 5 IEPA PART 6 GENERATOR

REV # 4

SITE COPY - PART 3 TO 210 TK T-50 GRM 5-20-82

003288

IL 532-610
LPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0636994 (1–7)

Authorization Number 992858 (8–13)

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 G (14–24) Generator Number

SAUGET, (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO (Hauler Address) | ICC XXX S.W.H. Registration Number MC113325 (25–31)

314 772-6666 (Phone Number) | MOT009855826 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9180890 2 (39–46) Site Number

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | (39–46) Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | UN1993 (UN or NA Number) | D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 33320 LBS (circle one) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL | QUANTITY OF WASTE DELIVERED: 00362 1 (47–52) GALLONS (circle one) 2 CU YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 6/18/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) X Lou Johnson (Authorized Signature) DATE 06/18/82 (54–59)

(2) ____ (Authorized Signature) DATE __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 6/18/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782 3637 | OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3 TO210 ET-50 GEM 6-21-82

003289

IL 532-610
IPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637585 (1–7)

Authorization Number ~~992858~~ (8–13)

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 G (14–24) Generator Number

SAUGET, (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ~~XXX~~ ICC Registration Number MC113325 (25–31)

314 772-6666 (Phone Number) | MOD009855826 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 91808902 (39–46) Site Number

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | (39–46) Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK (NOT FOR TRIAL) | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION: BULK | HAZARD CLASS: FLAMMABLE | UN1993 (UN or NA Number) | EPA HW Number

X WEIGHT FOR D.O.T. USE 33640 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 5606 (47–52) | 1 GALLONS (Circle One) 2 CU YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 7/19/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) X [signature] (Authorized Signature) DATE: 07/19/82 (54–59)

(2) ____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE: 07/20/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3 To 210E T-50 GRM 7-20-82

003290

IL 532-610
LPC 62.8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637599

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 G (Generator Number) |
| SAUGET, (City) | IL. (State) | 62201 (Zip) | ILD000802702 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | 2001 SO. 7TH ST. (Hauler Address) | ICC ~~XXX~~ S.W.H. Registration Number | MC11325 |
| | ST. LOUIS, MO. 63104 | 314 772-6666 (Phone Number) | MOD098558 26 (EPA Number) |
| (Hauler Name) | (Hauler Address) | S.W.H. Registration Number | |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 91808902 (Site Number) |
| GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 768-3408 (Phone Number) | IND016360265 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (Site Number) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIAK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | UN1993 | D001 |

WEIGHT FOR D.O.T. USE 29700 LBS (circle one) TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 5171 GALLONS (circle one) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: ~~XXXX~~ 8/19/82

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 08/19/82

(2) (Authorized Signature) DATE ___/___/___

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) DATE 8/20/82

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*
217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

SITE COPY - PART 3

To IL6 TR 7-5C CM 8-26-82

003247

IL 532-610
LPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637606

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (Generator Number) |
| SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC ~~S.W.H.~~ Registration Number | M C 1 1 3 2 5 |
| | | 314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number) |
| (Hauler Name) | (Hauler Address) | S.W.H. Registration Number | |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 9 1 8 0 8 9 0 2 (Site Number) |
| GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I ND 0 1 6 3 6 0 2 6 5 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (Site Number) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK NOT FOR TRIAL  WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 38440 LBS TONS (circle one)  WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.  QUANTITY OF WASTE DELIVERED: 0 0 5 4 9 1  1 GALLONS (Circle One) 2 CU YDS. 1

METHOD OF SHIPMENT (Circle One)  (DRUMS ____ Number)  TANK TRUCK  OPEN TRUCK  OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION  [signature] (Authorized Signature)  DATE: 9/2/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) X Paul Brown (Authorized Signature)  DATE: 09/02/82

(2) _____ (Authorized Signature)  DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*  HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

_____ (Authorized Signature)  DATE: 9/3/82

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782-3637  *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*  OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR  PART - 2 IEPA  PART - 3 SITE  PART - 4 HAULER  PART - 5 IEPA  PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3  TO 116 RT. 50 GPM 9-3-82

003295

IL 532-610
IPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

FR 8069

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637612 (1–7)

Authorization Number ____ (8–13)

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14–24) Generator Number |
| SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO 63104 (Hauler Address) | 314 772-6666 (Phone Number) | ICC ~~XXXX~~ Registration Number M C 1 1 3 2 5 (25–31); M O D 0 0 9 8 5 5 8 2 6 (EPA Number) |
| (Hauler Name) | (Hauler Address) | (Phone Number) | S.W.H. Registration Number ____ (32–38); (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 9 1 8 0 8 9 0 2 (39–46) Site Number |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (39–46) Site Number |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK NOT FOR TRIAL WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION | HAZARD CLASS | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 28340 ~~LBS~~ TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 0 0 4 0 4 8 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION ____ (Authorized Signature) DATE: ~~XXXXXX~~ 9/9/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) x Robert J Woolen (Authorized Signature) DATE: 08/09/82 (54–59)

(2) ____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

____ (Authorized Signature) DATE 9/10/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3

To 116K T-50 6PM 9.10.82

003298

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0659446

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE #3 | 618 721-5935 | 1 6 3 1 2 1 0 0 0 1 |
| (Company Name) | Address | Phone Number | Generator Number |
| SAUGET | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State / Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | 2001 SO. SEVENTH ST. ST. LOUIS, MO 63104 | ICC XXX | M C 1 1 3 2 |
| Hauler Name | Hauler Address | S.W.H. Registration Number | |
| | 314 772-6666 | | M O D 0 0 9 8 5 5 8 2 |
| | Phone Number | | EPA Number |
| Hauler Name | Hauler Address | S.W.H. Registration Number | |
| | Phone Number | | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | Site Number |
| GRIFFITH | IN 46319 | 312 768-3408 | | I N D 0 1 6 3 6 0 2 6 |
| City | State / Zip | Phone Number | | EPA Number |
| Alternate (Facility Name) | Address | | | Site Number |
| City | State / Zip | Phone Number | | EPA Number |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK NOT FOR TRAIL WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 39240 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 005605 1 GALLONS (Circle One) 2 CU. YDS 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 7/28/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) x William Jones (Authorized Signature) DATE: 07/28/81

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 7/29/82

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782 3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3 TO 1 8 R T 50 ELM 7-29-82

003291

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

FR8056

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

FR8056

0660211

Authorization Number

MONSANTO COMPANY — (Company Name)
ROUTE 3 — Address
618 271-5835 — Phone Number
1 6 3 1 2 1 0 0 0 1 — Generator Number
SAUGET, — City
IL — State
62201 — Zip
I L D 0 0 0 8 0 2 7 0 2 — EPA Number

WASTE HAULER(S)

SLAY TRANSPORTATION — Hauler Name
2001 SO. 7TH STREET — Hauler Address
ST. LOUIS, MO 63104
ICC XXXX — S.W.H. Registration Number M C 1 1 3 2 5
314 772-6666 — Phone Number
M O D 0 0 9 8 5 5 8 2 — EPA Number

Hauler Name
Hauler Address
S.W.H. Registration Number
Phone Number
EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE — (Facility Name)
420 SO. COLFAX — Address
9 1 8 0 8 9 0 2 — Site Number
GRIFFITH — City
INDIANA — State
46319 — Zip
312 768-3400 — Phone Number
I N D 0 1 6 3 6 0 2 — EPA Number

Alternate (Facility Name)
Address
Site Number
City
State
Zip
Phone Number
EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIAK NOT FOR TRIAL
WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: BULK
HAZARD CLASS: FLAMMABLE
UN 1 9 9 3 — UN or NA Number
EPA HW Number

WEIGHT FOR D.O.T. USE: 34780 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 0 0 5 7 9 6 (47–52) ~~1 GALLONS~~ 2 CU. YDS. 1 (53) (Circle One)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) ~~TANK TRUCK~~ OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION — (Authorized Signature) — DATE: 8/3/82

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) X — (Authorized Signature) — DATE: 08/03/82 (54–59)

(2) Jack Lane — (Authorized Signature) — DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) — DATE 08/03/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. #4

SITE COPY - PART 3

003300

IL 532 610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

D001 0660213

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |
| (Company Name) | Address | Phone Number | Generator Number |
| SAUGET | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State / Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | 2001 SO. 7TH STREET ST. LOUIS, MO 63104 | ICC ~~XXX~~ | M C 1 1 3 2 5 |
| Hauler Name | Hauler Address | S.W.H. Registration Number | |
| | | 314 772-6666 | M O D 0 0 9 8 5 5 8 2 |
| | | Phone Number | EPA Number |
| Hauler Name | Hauler Address | S.W.H. Registration Number | |
| | | Phone Number | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 SOUTH COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | Site Number |
| GRIFFITH | IN | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 2 |
| City | State | Zip | Phone Number | EPA Number |
| Alternate (Facility Name) | Address | | | Site Number |
| City | State | Zip | Phone Number | EPA Number |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK NOT FOR TRIAL WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION: BULK

HAZARD CLASS: FLAMMABLE

UN or NA Number: U N 1 9 9 3

EPA HW Number: D 0 0 1

WEIGHT FOR D.O.T. USE: ~~600~~ 31360 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 0 0 5 2 2 6 (47–52) 1 GALLONS (Circle One) 2 CU YDS 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/4/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) X Bill Jones (Authorized Signature) DATE: 08/04/82 (54–59)

(2) ____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE 8/5/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3

To 112K T-50 [illegible] 8-5-82

003301

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0660222

Authorization Number: ILD000802702

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 |
| (Company Name) | Address | Phone Number | Generator Number |
| SAUGET, | ILLINOIS | 62201 | |
| City | State | Zip | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | 2001 SO. 7TH ST. ST. LOUIS, MO. 63104 | ICC XXX | MOD009855826 MC113025 |
| Hauler Name | Hauler Address | S.W.H. Registration Number | |
| | | 314-772-6666 | |
| | | Phone Number | EPA Number |
| Hauler Name | Hauler Address | S.W.H. Registration Number | |
| | | Phone Number | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | XXXXXXXXXXXXXX 420 S. COLFAX | | | IND016360265 91808902 |
| (Facility Name) | Address | | | Site Number |
| GRIFFITH | INDIANA | 46319 | 312 768-3400 | |
| City | State | Zip | Phone Number | EPA Number |
| Alternate (Facility Name) | Address | | | Site Number |
| City | State | Zip | Phone Number | EPA Number |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIAK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION: BULK

HAZARD CLASS: FLAMMABLE

UN 1993 (UN or NA Number) D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35280 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 005040 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS_____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/16/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Marvin Glonquike (Authorized Signature) DATE: 08/16/82 (54–59)

(2) _____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: [illegible] (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3 TC116E 7-50 6PM 8.17.82

003302

IL 532-610
IPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number _____ (8–13)

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |
| (Company Name) | Address | Phone Number | Generator Number (14–24) |
| SAUGET, | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State / Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSP. | 2001 SO. 7th STREET | ICC ~~XXXX~~ | M C 1 1 3 2 5 |
| Hauler Name | Hauler Address | | S.W.H. Registration Number (25–31) |
| | ST. LOUIS, MO 63104 | 314 772-6666 | M O D 0 0 9 8 5 5 8 2 |
| | | Phone Number | EPA Number |
| Hauler Name | Hauler Address | | S.W.H. Registration Number (32–38) |
| | | Phone Number | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 SO. COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | Site Number (39–46) |
| GRIFFITH | IN | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 26 |
| City | State | Zip | Phone Number | EPA Number |
| Alternate (Facility Name) | Address | | | Site Number (39–46) |
| City | State | Zip | Phone Number | EPA Number |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS. | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | U N 1 9 9 3 | D 0 0 21 |

WEIGHT FOR D.O.T. USE 63260 LBS TONS (circle one)

WEIGHT FOR I.E P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED 4706 (47–52) 1 GALLONS (circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION _____ (Authorized Signature) DATE 7/30/82

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) X _____ (Authorized Signature) DATE 07/30/82 (54–59)

(2) _____ (Authorized Signature) DATE ___/___/___

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

_____ (Authorized Signature) DATE 8 12 82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782 3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-[illegible]

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. 7 4

SITE COPY - PART 3

003299

IL 532 610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637613

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |
| (Company Name) | Address | Phone Number | Generator Number |
| SAUGET, | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State / Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | ST. LOUIS, MO 63105 | ICC ~~XXX~~ Registration Number | M C 1 1 3 2 5 |
| Hauler Name | Hauler Address | | |
| | | 314 772-6666 | M O D 0 0 9 8 5 5 8 2 6 |
| | | Phone Number | EPA Number |
| | | S.W.H. Registration Number | |
| Hauler Name | Hauler Address | | |
| | | Phone Number | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | Site Number |
| GRIFFITH | INDIANA | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 2 6 5 |
| City | State | Zip | Phone Number | EPA Number |
| Alternate (Facility Name) | Address | | | Site Number |
| City | State | Zip | Phone Number | EPA Number |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK (TRIAL) WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION | HAZARD CLASS | UN or NA Number | EPA HW Number |
|---|---|---|---|
| BULK | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL QUANTITY OF WASTE DELIVERED 5300 1 GALLONS (Circle One) 2 CU. YDS 1

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 9/7/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Jay [signature] (Authorized Signature) DATE: 09/07/82

(2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 9/7/82

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3 To 118K 7.50 GPM 9.7.82

003296

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807552 (1–7)

Authorization Number ____ (8–13)

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14–24) Generator Number

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63105 (Hauler Address) | ICC ~~XXX~~ S.W.H. Registration Number M C 1 1 3 2 5 (25–31)

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | ~~XX~~ 9 1 8 0 8 9 0 2 (39–46) Site Number

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | (39–46) Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIAK RESIDUE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID, (XYLENE) | HAZARD CLASS: FLAMMABLE | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 37,980 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 0 0 5 4 2 6 (47–52) GALLONS (Circle One) / 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/22/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 8/25/83 (54–59)

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 6/24/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-267

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3

To 210 K T-50 GCM 8-24-83

005331

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807559 (1–7)

Authorization Number ____ (8–13)

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 (14–24) Generator Number |
| SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO 63104 (Hauler Address) | XX 314 772-6665 (Phone Number) | ICC XXXX S.W.H. Registration Number M C 1 1 3 2 5 (25–31) M O D 0 0 9 8 5 5 8 2 6 EPA Number |
| (Hauler Name) | (Hauler Address) | (Phone Number) | S.W.H. Registration Number (32–38) EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 9 1 8 0 8 9 0 2 (39–46) Site Number |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 EPA Number |
| Alternate (Facility Name) | Address | | | (39–46) Site Number |
| City | State | Zip | Phone Number | EPA Number |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIAK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE) | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 31,200 LBS / TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 00 5171 (47–52) GALLONS (Circle One) / CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/29/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Henry Strasen (Authorized Signature) DATE: 8/29/83 (54–59)

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 8 30 83 (60–6)

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-26

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 To 210 RT-50 GRM 8-30-83

005332

IL 532-610
IPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR.**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807605

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |
| (Company Name) | Address | Phone Number | Generator Number |
| SAUGET, | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State / Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | ST. LOUIS, MO. 63104 | | ICC S.W.H. Registration Number M C 1 1 3 2 5 |
| Hauler Name | Hauler Address | 314 772-6666 Phone Number | M O D 0 0 9 8 5 5 8 2 6 EPA Number |
| Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | Site Number |
| GRIFFITH | IN | 46319 | 312 7683400 | I N D 0 1 6 3 6 0 2 6 5 |
| City | State | Zip | Phone Number | EPA Number |
| Alternate (Facility Name) | Address | | | Site Number |
| City | State | Zip | Phone Number | EPA Number |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE) | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 45320 LBS. TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 00 64 74 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] / M Bierman (Authorized Signature) DATE: 10/28/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 10/28/83

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 10/31/83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426 26

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 TO 210 K T-50 GRM 10.31.83

005833

IL 532-610
LPC 62 8/81

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807623

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (Generator Number)

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC ~~S.W.H.~~ Registration Number M C 1 1 3 2 5

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK

WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID (XYLENE)

HAZARD CLASS: FLAMMABLE

UN 1 9 9 3 (UN or NA Number)

D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 37,100 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 0 0 5 3 0 0 ~~1 GALLONS~~ (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: 12/5/83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Slay H. Strauss (Authorized Signature) DATE: 12 / 5 / 83

(2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 12 / 6 / 83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-267

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY–PART 3

To 210 FT-50 GLM 12.6.83

005308

IL 532-610
LPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637105

Authorization Number

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 (Generator Number)

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC Registration Number M C 1 1 3 2 5

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE) | HAZARD CLASS: FLAMMABLE | UN 1993 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 27840 LBS. TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 003977 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE 2/22/83

WASTE HAULER

HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 2/22/83

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 02/22/83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY - PART 3

To 210 KT-50 GRM 2-22-83

005327

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637113

Authorization Number

| (Company Name) | Address | Phone Number | Generator Number |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |

| City | State | Zip | EPA Number |
|---|---|---|---|
| SAUGET, | IL | 62201 | I L D 0 0 0 8 0 2 7 0 2 |

WASTE HAULER(S)

| Hauler Name | Hauler Address | Phone Number | EPA Number |
|---|---|---|---|
| SLAY TRANSPORTATION | ST. LOUIS, MO . 63104 | 314 772-6666 | M O D 0 0 9 8 5 5 8 2 6 |

ICC ~~XXX~~ Registration Number M C 1 1 3 2 5

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| (Facility Name) | Address | Site Number |
|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | 9 1 8 0 8 9 0 2 |

| City | State | Zip | Phone Number | EPA Number |
|---|---|---|---|---|
| GRIFFITH, | INDIANA | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 2 6 5 |

| Alternate (Facility Name) | Address | Site Number |
|---|---|---|
| | | |

| City | State | Zip | Phone Number | EPA Number |
|---|---|---|---|---|
| | | | | |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK

WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE)

HAZARD CLASS: FLAMMABLE

UN or NA Number: U N 1 9 9 3

EPA HW Number: D 0 0 1

WEIGHT FOR D.O.T. USE 41560 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 005937 (47–52)

1 GALLONS (Circle One)
2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION M. Bierman (Authorized Signature) DATE: 3/8/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Marvin Glowczuk (Authorized Signature) DATE: 03/07/83 (54–59)

(2) _____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

_____ (Authorized Signature) DATE: 3/8/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 210 KT-50 GRM 3.8.83

005828

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637144

Authorization Number

| (Company Name) | Address | Phone Number | Generator Number |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |

| City | State | Zip | EPA Number |
|---|---|---|---|
| SAUGET, | IL | 62201 | I L D 0 0 0 8 0 2 7 0 2 |

WASTE HAULER(S)

| Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number / EPA Number |
|---|---|---|---|
| SLAY TRANSPORTATION | ST. LOUIS, MO. 63104 | 314 772-6666 | ICC ~~XXX~~ M C 1 1 3 2 5 / M O D 0 0 9 8 5 5 8 2 6 |
| | | | |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| (Facility Name) | Address | Site Number |
|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | 9 1 8 0 8 9 0 2 |

| City | State | Zip | Phone Number | EPA Number |
|---|---|---|---|---|
| GRIFFITH, | INDIANA | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 2 6 5 |

| Alternate (Facility Name) | Address | Site Number |
|---|---|---|
| | | |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 37560 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS OR GAL. QUANTITY OF WASTE DELIVERED: 0 0 5 3 6 6 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 2/6/83

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 4 / 7 / 83 (54–59)

(2) _____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 4 / 7 / 83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

**SITE COPY - PART 3**

To 119F T-50 GRM 4.7.83

005829

IL 532-610
IPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0637219

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-35835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (Generator Number) |
| SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | 2001 SEVENTH ST. ST. LOUIS, MO. 63188 (Hauler Address) | 314 772-6666 (Phone Number) | ICC ~~XXX~~ S.W.H. Registration Number M C 1 1 3 2 5 / M O D 0 0 9 8 5 5 8 2 6 (EPA Number) |
| (Hauler Name) | (Hauler Address) | (Phone Number) | S.W.H. Registration Number / (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 9 1 8 0 8 9 0 2 (Site Number) |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number) |
| (Alternate Facility Name) | (Address) | | | (Site Number) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK RESIDUE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | | |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, (XYLENE) | FLAMMABLE | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number) |

WEIGHT FOR D.O.T. USE 28760 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 0 0 4 1 0 8 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 7/18/83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 7 / 18 / 83 (54–59)

(2) ____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 7/19/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 119E T-50 GRM 7.19.83

005330

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807421
1 — 7

Authorization Number ___ 8 — 13

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14 — 24) Generator Number

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 EPA Number

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | MCC ~~XXXX~~ Registration Number M C 1 1 3 2 5 (25 — 31)

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ___ (32 — 38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (39 — 46) Site Number

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | (39 — 46) Site Number

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID, (XYLENE)

HAZARD CLASS: FLAMMABLE

U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 32080 LBS / TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 004583 (47 — 52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ___ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ___

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 1/27/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) John Kelly (Authorized Signature) DATE: 1/27/84 (54 — 59)

(2) [signature] (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 1/30/84 (60 — 65)

COMMENTS OR SPECIAL INSTRUCTIONS: ___

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 To 212 FT-50 GRM 1-30-84

007476

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807425
1 7

Authorization Number 8 13

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5335 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14 Generator Number 24) |
| SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO 63104 (Hauler Address) | | ICC ~~XXXX~~ Registration Number M C 1 1 3 2 5 (25 31) |
| | | 314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number) |
| (Hauler Name) | (Hauler Address) | | S.W.H. Registration Number (32 38) |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 9 1 8 0 8 9 0 2 (39 Site Number 46) |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (39 Site Number 46) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID, (XYLENE)

HAZARD CLASS: FLAMMABLE

UN 1993 (UN or NA Number) D001 (EPA HW Number)

R [signature] 2-3-84

WEIGHT FOR D.O.T. USE 35480 LBS. TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 005069 (47 52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] / E. Williams (Authorized Signature) DATE: 2/2/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) X Eddie Earl (Authorized Signature) DATE: 02 02 84 (54 59)

(2) _____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

R [signature] (Authorized Signature) DATE: 2/3/84 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3

TO 212 KT-50 GKM 2.3.84

007479

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807426
1 7

Authorization Number 8 13

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |
| (Company Name) | Address | Phone Number | 14 Generator Number 24 |
| SAUGET, | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | ST. LOUIS, MO 63104 | | ICC ~~XXXX~~ Registration Number M C 1 1 3 2 5 |
| Hauler Name | Hauler Address | | 25 31 |
| | | 314 772-6666 | M O D 0 0 9 8 5 5 8 2 6 |
| | | Phone Number | EPA Number |
| Hauler Name | Hauler Address | | S.W.H. Registration Number 32 38 |
| | | Phone Number | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | 39 Site Number 46 |
| GRIFFITH, | INDIANA | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 2 6 5 |
| City | State | Zip | Phone Number | EPA Number |
| Alternate (Facility Name) | Address | | | 39 Site Number 46 |
| City | State | Zip | Phone Number | EPA Number |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | | |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, (XYLENE) | FLAMMABLE | U N 1 9 9 3 | D 0 0 8 1 |
| | | UN or NA Number | EPA HW Number |

WEIGHT FOR D.O.T. USE 36320 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 47 005189 52 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Chas. E. Patterson / M. Parrin (Authorized Signature) DATE: 2/6/84

**WASTE HAULER** I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 02/06/84 54 59

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY*** HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Michael O'Brien (Authorized Signature) DATE: 2/6/84 60 65

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 To 212 KT-50 GRW 2-6-84

007481

IL 532-610
IPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807428
1 7

Authorization Number ___ 8 13

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14 Generator Number 24)

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

S LAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ~~S.W.H.~~ ICC Registration Number M C 1 1 3 2 5 (25 31)

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32 38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | (39 Site Number 46)

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE L IQUID, (XYLENE) | HAZARD CLASS: FLAMMABLE | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 36180 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 0 0 5 1 6 9 (47 52) 1 GALLONS (circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS: ___ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ___

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Chas C Patterson Jr/M Parrin (Authorized Signature) DATE: 2/9/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) J Kelly (Authorized Signature) DATE: 02 09 84 (54 59)

(2) ___ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

R Rudzik (Authorized Signature) DATE: 2 10 84 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS: ___

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3

To 202R T-50 EKM 2.10.84

007480

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807432
1 7

Authorization Number 8 13

| | | | |
|---|---|---|---|
| MONSANTO COMPANY | ROUTE 3 | 618 271-5835 | 1 6 3 1 2 1 0 0 0 1 G |
| (Company Name) | Address | Phone Number | 14 Generator Number 24 |
| SAUGET, | IL 62201 | | I L D 0 0 0 8 0 2 7 0 2 |
| City | State Zip | | EPA Number |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION | ST. LOUIS, MO. 63104 | | MCC ~~XXX~~ Registration Number M C 1 1 3 2 5 |
| Hauler Name | Hauler Address | | 25 31 |
| | | 314 772-6666 | M O D 0 0 9 8 5 5 8 2 6 |
| | | Phone Number | EPA Number |
| | | | S.W.H. Registration Number 32 38 |
| Hauler Name | Hauler Address | | |
| | | Phone Number | EPA Number |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE | 420 S. COLFAX | | | 9 1 8 0 8 9 0 2 |
| (Facility Name) | Address | | | 39 Site Number 46 |
| GRIFFITH, | INDIANA | 46319 | 312 768-3400 | I N D 0 1 6 3 6 0 2 6 5 |
| City | State | Zip | Phone Number | EPA Number |
| | | | | |
| Alternate (Facility Name) | Address | | | 39 Site Number 46 |
| | | | | |
| City | State | Zip | Phone Number | EPA Number |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | | |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, (XYLENE) | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |
| | | UN or NA Number | EPA HW Number |

WEIGHT FOR D.O.T. USE 38360 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 7 0 5 4 8 0 (47 52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Chas D. Patterson / M Parrin (Authorized Signature) DATE: 2/14/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) [signature] 2/14/84 (Authorized Signature) DATE: 02/14/84 (54 59)

(2) _____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

R Rushak (Authorized Signature) DATE: 02/15/84 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 TO 210 K T-50 GRM 2-15 84

007482

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807511 (1–7)

Authorization Number ____ (8–13)

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14 Generator Number 24)

SAUGET, (City) | IL (State) | -62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC ~~XXXX~~ Registration Number M C 1 1 3 2 5 (25–31)

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number ____ (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | 39 Site Number 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK RESIDUE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE ~~XXXXXX~~ LIQUID, (XYLENE) | HAZARD CLASS: FLAMMABLE | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 25,180 LBS. TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 000025 (47–52) 1 GALLONS 2 CU. YDS. (Circle One) 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION M. Karsen (Authorized Signature) DATE: 3/27/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Stefan J. Schumacher (Authorized Signature) DATE: 03 27 84 (54–59)

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 3/28/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3 To 202 ET-50 6PM 3-28-84

007403

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807516 (1–7)

Authorization Number ____ (8–13)

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14 Generator Number 24)

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC ~~S.W.H.~~ Registration Number M C 1 1 3 2 5 (25–31)

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | (39 Site Number 46)

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE LIQUID, (XYLENE) | HAZARD CLASS: FLAMMABLE | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 39110 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 005591 (47–52) | 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: 4/11/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) 4-11-84 DATE: 04 / 11 / 84 (54–59)

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 4/12/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY–PART 3

To 202 ft T-50 GRW 4.12.84

007484

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807472
1 7

Authorization Number 8 13

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1631210001 G (Generator Number) 14 24 |
| SAUGET, (City) | IL (State) | 62201 (Zip) | ILD000802702 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | | ICC Registration Number MC11325 (25 31) |
| | | 314 772-6666 (Phone Number) | MOD009855826 (EPA Number) |
| (Hauler Name) | (Hauler Address) | | S.W.H. Registration Number (32 38) |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 91808902 (Site Number) 39 46 |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | IND016360265 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (Site Number) 39 46 |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, (XYLENE) | FLAMMABLE | UH1993 | D001 |

WEIGHT FOR D.O.T. USE 47,820 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 006831 (47 52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 4/25/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 04/25/84 (54 59)

(2) [signature] (Authorized Signature) DATE: 04/26/84

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 4/26/84 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 4

SITE COPY–PART 3

To 202 FT-50 GKM 4.26.84

007485

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807469

Authorization Number

| | | | |
|---|---|---|---|
| MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (Generator Number) |
| SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number) |

WASTE HAULER(S)

| | | | |
|---|---|---|---|
| SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | | ICC ~~XXX~~ Registration Number M C 1 1 3 2 5 |
| | | 314 772-6666 (Phone Number) | MO D 0 0 9 8 5 5 8 2 6 (EPA Number) |
| (Hauler Name) | (Hauler Address) | | S.W.H. Registration Number |
| | | (Phone Number) | (EPA Number) |

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

| | | | | |
|---|---|---|---|---|
| AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | | | 9 1 8 0 8 9 0 2 (Site Number) |
| GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number) |
| (Alternate (Facility Name)) | (Address) | | | (Site Number) |
| (City) | (State) | (Zip) | (Phone Number) | (EPA Number) |

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | UN or NA Number | EPA HW Number |
|---|---|---|---|
| WASTE, FLAMMABLE LIQUID, (XYLENE) | FLAMMABLE | U N 1 9 9 3 | D 0 0 1 |

WEIGHT FOR D.O.T. USE 37540 LBS / TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 005363 (1) GALLONS (Circle One) (2) CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Chas C. Vatterson M Parrin (Authorized Signature) DATE: 6/26/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) James Glaw (Authorized Signature) DATE: 06 26 84

(2) ____ (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY:** HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

F. Dunfee (Authorized Signature) DATE: 6/27/84

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3

212K T-50 19,400 NIL

007466

IL 532-610
LPC 62 8/81

**TO BE COMPLETED BY WASTE GENERATOR**

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0807497 (1–7)

Authorization Number ____ (8–13)

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 G (14 Generator Number 24)

SAUGET, (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 3 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC XXXX Registration Number M C 1 1 3 2 5 (25–31)

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

Hauler Name | Hauler Address | S.W.H Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (39–46 Site Number)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 5 5 (EPA Number)

Alternate (Facility Name) | Address | 39 Site Number 46

City | State | Zip | Phone Number | EPA Number

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: MIBK | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE, FLAMMABLE, LIQUID (XYLENE) | HAZARD CLASS: FLAMMABLE | UN 1993 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 356600 LBS (circle one) TONS | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 005094 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/2/84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 08/02/84 (54–59)

(2) ____ (Authorized Signature) DATE: __/__/__

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 8/3/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY–PART 3

202 R T-50

007487

IL 532-610
LPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

1003237

Authorization Number

MONSANTO COMPANY (Company Name) | ROUTE 3 (Address) | 618 271-5835 (Phone Number) | 1 6 3 1 2 1 0 0 0 1 6 (Generator Number) G

SAUGET (City) | IL (State) | 62201 (Zip) | I L D 0 0 0 8 0 2 7 0 2 (EPA Number)

WASTE HAULER(S)

SLAY TRANSPORTATION (Hauler Name) | ST. LOUIS, MO. 63104 (Hauler Address) | ICC Registration Number M C 1 1 3 2 5

314 772-6666 (Phone Number) | M O D 0 0 9 8 5 5 8 2 6 (EPA Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 768-3400 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

(Alternate Facility Name) | (Address) | (Site Number)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIBK | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE FLAMMABLE LIQUID (XYLENE) | HAZARD CLASS: FLAMMABLE | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 3 | 20 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 005086 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO CERTIFY THE ABOVE WRITTEN INFORMATION M. Parrin (Authorized Signature) DATE: 9/4/84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] 9-4-84 (Authorized Signature) DATE: 09 04 84

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 9 5 84

COMMENTS OR SPECIAL INSTRUCTIONS:

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

211K T-50 18100 BTU NIL Cl.

007400

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD000802702 Manifest Document No. 00004

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1147952

B. Illinois Generator's ID 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD098558260

C. Illinois Tranporter's ID 1780

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA

10. US EPA ID Number: IND016360255

G. Illinois Facility's ID 9180890002

H. Facility's Phone (312) 768-3400

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 001 | TT | 04480 | 1 | EPA HW Number D001; Authorization Number 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
A. MIBK RESIDUE
13360 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL SERVICE IND016360265 91808902 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: MARCY PARRIN | Signature: Marcy Parrin | Date (Month Day Year): 09 25 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES GLASS | Signature: James Glass | Date (Month Day Year): 09 25 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE | Signature: FDunfee | Date (Month Day Year): 9 25 84

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

202.R T-50 19100 BTU/LB NIL Q.

007489

STATE OF ILLINOIS - ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00053

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1147990

B. Illinois Generator's ID: [illegible]

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID: 1789

D. ( 618 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 001 | TT | 05534 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
38,740 LB.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: M. Parrin — Date: Month 12 Day 18 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLETUS BARLOW — Signature: Cletus Barlow — Date: Month 12 Day 18 Year 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFE — Signature: F Dunfee — Date: Month 12 Day 20 Year 84

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the F... Center.

FACILITY COPY - PART 3

T-50 210F 16100

001490

STATE OF ILLINOIS — ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610 LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-04

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 0 8 0 2 7 0 2 — Manifest Document No. 0 0 0 5 6

2. Page 1 of 1 — Information in the sha required by Federal la by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO CO.
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1147993

B. Illinois Generator's ID 1 6 3 1 2 1 0 0 0 6

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: M O D 0 0 9 8 5 5 8 2 6

C. Illinois Tranporter's ID 1 7 8 9

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone (312) 768-3400

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 0 0 1 | T T | 05389 | 1 | EPA HW Number D 0 0 1; Authorization Number 0 0 0 0 0 0 |
| b. | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
37,720 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: Marcy Parrin — Date (Month Day Year): 1 2 2 1 8 4

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Charles Brown — Signature: Charles Brown — Date (Month Day Year): 12 2 1 84

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: F DUNFE — Signature: F Dunfee — Date (Month Day Year): 12 26 84

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

211 K T-50 17400 BTU ; NIL CD.

007492

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. I L D 0 0 0 8 0 2 7 0 2 Manifest Document No. 0 0 0 6 3

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1147996

B. Illinois Generator's ID 1 6 3 1 2 1 0 0 0 6

5. Transporter 1 Company Name
SLAY TRANSPORTATION

6. US EPA ID Number M O D 0 0 9 8 5 5 8 2 6

C. Illinois Tranporter's ID 1 7 8 9

D. 618 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone 312 768-3400

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 0 0 1 | T T | 03480 | 1 | EPA HW Number D 0 0 1 / Authorization Number 0 0 0 0 0 0 |
| b. | | | | | | | EPA HW Number / Authorization Number |
| c. | | | | | | | EPA HW Number / Authorization Number |
| d. | | | | | | | EPA HW Number / Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. KMIBK RESIDUE
81360 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: Marcy Parrin — Date (Month Day Year): 0 1 0 4 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: HENRY STRASEN — Signature: Henry Strasen — Date (Month Day Year): 0 1 0 4 8 5

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date (Month Day Year):

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: EDUNGEE — Signature: E Dungee — Date (Month Day Year): 1 1 7 85

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

212 R T-50 15300 1341 491 NLCO

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00079

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1148007

B. Illinois Generator's ID: 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID: 1789

D. Transporter's Phone: 618 274-8146

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID:

H. Facility's Phone: 312 768-3400

| | HM | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | 05374 | 1 | EPA HW Number: 0001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
37,620 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: E. Williams — Date: Month 02 Day 12 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Wideman — Signature: William Wideman — Date: Month 02 Day 12 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: R Rishick — Signature: R Rishick — Date: Month 2 Day 12 Year 85

GENERATOR — TRANSPORTER — FACILITY

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

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FACILITY COPY - PART 3

202E ; 210E T-50 14,100 BTU

005721

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00086

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1148009

B. Illinois Generator's ID: 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID: 1789

D. Transporter's Phone: 618 274-8146

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID:

H. Facility's Phone: 312 768-3400

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. | HM X WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | 05140 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | EPA HW Number: ; Authorization Number: |
| c. | | | | | | EPA HW Number: ; Authorization Number: |
| d. | | | | | | EPA HW Number: ; Authorization Number: |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
35,980 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| M. PARRIN | E. William | 02 14 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| X JAMES GLASS | X James Glass | 02 14 85 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| R Rushnell | R Rushnell | 2 15 85 |

GENERATOR — TRANSPORTER — FACILITY

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

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FACILITY COPY - PART 3

202 KT-50 14300 BTU NICO

000722

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00114

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1320654

B. Illinois Generator's ID: 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID: 1789

D. 618 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | T | 02702 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
69100 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: Marcy Parrin — Date: Month 04 Day 11 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES GLASS — Signature: James Glass — Date: Month 04 Day 11 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE — Signature: F Dunfee — Date: Month 4 Day 12 Year 85

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

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FACILITY COPY - PART 3

211KT-50

008720

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 0 8 0 2 7 0 2 — Manifest Document No. 0 0 1 1 8

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( )

A. Illinois Manifest Document Number IL 1320659

B. Illinois Generator's ID 1 6 3 1 2 1 0 0 0 6

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: M O D 0 0 9 8 5 5 8 2 6

C. Illinois Tranporter's ID 1 7 8 9

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone (312) 768-3400

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 0 0 1 | T T | 0 4 1 1 4 | 1 | EPA HW Number D 0 0 1 / Authorization Number 0 0 0 0 0 0 |
| b. | | | | | | | EPA HW Number / Authorization Number |
| c. | | | | | | | EPA HW Number / Authorization Number |
| d. | | | | | | | EPA HW Number / Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
28800
~~[illegible]~~ LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: Marcy Parrin — Date: Month 0 4 Day 1 7 Year 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: P. MOSEID — Signature: P. Moseid — Date: Month 4 Day 17 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: R. PETTUS — Signature: R. Pettus — Date: Month 4 Day 17 Year 85

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANZEE — Signature: [illegible] — Date: Month 4 Day 18 Year 85

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the generator or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Illinois Pollution Control Board and the Illinois Department of Nuclear Safety Center.

FACILITY COPY - PART 3

211 KT-50

008924

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved OMB No. 2000-0404 Expires [illegible]

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00160

2. Page 1 of 1

Information in the shaded area is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( )

A. Illinois Manifest Document Number: IL 1320707

B. Illinois Generator's ID: 163 12 [illegible] 06

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID: [illegible] 789

D. 618 271-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 0 01 | TT | 06311 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above

11A. MIBK RESIDUE
44,186 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL SERVICE [illegible] FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national governmental regulations and Illinois regulations.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| M. PARRIN | E. Williams | 05 28 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| X John Kelly | X John Kelly | 05 28 85 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| FDUNFEE | F Dunfee | 5 [illegible] 85 |

GENERATOR / TRANSPORTER / FACILITY

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / [illegible]

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Federal Agency Center.

FACILITY COPY - PART 3

202 ET-50

008925

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00161

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1320708

B. Illinois Generator's ID: 1631211[illegible]006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID: [illegible]

D. 618 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S. (XYLENE), UN1993, RQ | 001 | T | 03288 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
23,020 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| M. PARRIN | Marvin Parrin | 05 30 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| EARNEST DAVIS JR | [illegible] | 05 30 85 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| FDUNFEE | [illegible] | 5 31 85 |

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER: — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

Authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner [illegible] $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management

FACILITY COPY - PART 3

206 TC T-50

008926

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type (Form designed for use on elite (12-pitch) typewriter) EPA Form 8700-22 (3-84) Form Approved OMB No. 2000-0404, Expires 7-31-[illegible]

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 — Manifest Document No.: 00180

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1320720

B. Illinois Generator's ID: 1631210016

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Transporter's ID: 1779

D. Transporter's Phone: 618 274-8146

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. GOLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) [illegible]8-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | 02526 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number: ; Authorization Number: |
| c. | | | | | | | EPA HW Number: ; Authorization Number: |
| d. | | | | | | | EPA HW Number: ; Authorization Number: |

J. Additional Descriptions for Materials Listed Above

11A. MIBK RESIDUE

17680 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: Marcy Parrin — Date: Month Day Year: 06 27 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: William Jones — Signature: William Jones — Date: Month Day Year: 06 27 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name: F DUNFEE — Signature: F Dunfee — Date: Month Day: 6 [illegible]

GENERATOR — TRANSPORTER — FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-[illegible]

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

202 RT-50

008927

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0021 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 0 8 0 2 7 0 2 — Manifest Document No. 0 0 2 0 4

2. Page 1 of 1

Information in the shaded areas is not required by Federal law but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1320736

B. Illinois Generator's ID: 1 6 3 1 2 1

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: M O D 0 0 9 8 5 5 8 2 6

C. Illinois Tranporter's ID: X 1 1 7 1

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID: 0 9 1 8 0 8 9 0 0 2

H. Facility's Phone: (312) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | | 12. Containers No. | Type | Total Quantity | Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 0 0 1 | T T | 0 5 2 8 6 1 | | EPA/State Waste Code: D 0 1 1; Authorization: 0 1 0 |
| b. | | | | | | | EPA/State Waste Code: Authorization: |
| c. | | | | | | | EPA/State Waste Code: Authorization: |
| d. | | | | | | | EPA/State Waste Code: Authorization: |

J. Additional Descriptions for Materials Listed Above
11A. MIAK RESIDUE
37000 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and illinois regulations.

Printed/Typed Name: M. PARRIN — Signature: Morley Parrin — Date: Month Day Year 0 8 1 5 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: GARY NICHOLAS — Signature: Gary Nicholas — Date: Month Day Year 8 1 5 8 5

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRUNFEE — Signature: Frunfee — Date: Month Day Year 8 1 5 8 5

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center

FACILITY COPY - PART 3

212 TK T-50

008928

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62705 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. I L D 0 0 0 8 0 2 7 0 2 Manifest Document No. 0 0 2 0 5

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62203 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1320737

B. Illinois Generator's ID 1 6 3 1 2 1 0 0 0

5. Transporter 1 Company Name
SLAY TRANSPORTATION

6. US EPA ID Number M D D 0 0 9 8 5 5 8 2 6

C. Illinois Transporter's ID

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number I N D 0 1 6 3 5 0 2 6 5

G. Illinois Facility's ID 9 1 8 0 8 9 0 5 1 2

H. Facility's Phone (312) 761-3400

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 0 0 1 | T T | 0 3 0 0 0 | | EPA HW Number D 0 0 1 Authorization 0 0 0 |
| b. | | | | | | | EPA HW Number Authorization |
| c. | | | | | | | EPA HW Number Authorization |
| d. | | | | | | | EPA HW Number Authorization |

J. Additional Descriptions for Materials Listed Above

11A. MIAK RESIDUE

30460 LBS.

K. Special Handling Instructions and Additional Information

IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL SERVICE FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

15. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN Signature: Mary Parrin Date: Month 0 8 Day 2 1 Year 8 9

TRANSPORTER

16. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John Kelly Signature: John Kelly Date: Month 8 Day 21 Year 8 9

17. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: Date: Month Day Year

FACILITY

18. Discrepancy Indication Space

19. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE Signature: FDunfee Date: Month Year

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

IEPA 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

210 E. T-50 P0003TU 0.2% Cl.

008929

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0510

LPC 62 8/81

Please print or type. (Form designed for use on elite (12 pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. LD000802702 Manifest Document No. 00211

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-[illegible]835

A. Illinois Manifest Document Number: IL 1320740

B. Illinois Generator's ID: 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855821

C. Illinois Tranporter's ID: 1[illegible]89

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND015360265

G. Illinois Facility's ID: 9180890000

H. Facility's Phone: (312) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, PG | 001 | TT | 06008 | 1 | EPA HW Number D001 Authorization Number 000000 |
| b. | | | | | | | EPA HW Number |
| c. | | | | | | | EPA HW Number |
| d. | | | | | | | EPA HW Number |

UNLESS I AM A SMALL QUANTITY GENERATOR WHO HAS BEEN EXEMPTED BY STATUTE OR REGULATION FROM THE DUTY TO MAKE A WASTE MINIMIZATION CERTIFICATION UNDER SECTION 3002 (b) OF RCRA, I ALSO CERTIFY THAT I HAVE A PROGRAM IN PLACE TO REDUCE THE VOLUME AND TOXICITY OF WASTE GENERATED TO THE DEGREE I HAVE DETERMINED TO BE ECONOMICALLY PRACTICABLE AND I HAVE SELECTED THE METHOD OF TREATMENT, STORAGE, OR DISPOSAL CURRENTLY AVAILABLE TO ME WHICH MINIMIZES THE PRESENT AND FUTURE THREAT TO HUMAN HEALTH AND THE ENVIRONMENT.

J. Additional Descriptions for Materials Listed Above
11A. MIAK RESIDUE
42060 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 1[illegible] IS UNDELIVERABLE TO AMERICAN CHEMICAL [illegible] 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| M. PARRIN | Marry Parrin | 09 [illegible] |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| BARLOW | Barlow | [illegible] |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| FDUN[illegible] | [illegible] | 9 [illegible] |

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY PART 3

212 K 16200.8 N : 0.2 Y. Cl.

008930

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-1-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD000802702 Manifest Document No. 023

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

A. Illinois Manifest Document Number IL 1320728

B. Illinois Generator's ID 1631210766

4. Generator's Phone ( 618 ) 271-5835

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID 1711

D. ( 618 ) 274-3146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND053602655

G. Illinois Facility's ID

H. Facility's Phone ( )

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 001 | TT | 05705 | P | EPA HW No. D001 Authorization |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
35,740 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL SERVICE 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.
SEE ATTACHED SHEET

Printed/Typed Name: M. PARRIN Signature: Mary Parrin Date: Month Day Year 10 2 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: EARL TAYLOR Signature: Earl Taylor Date: Month Day Year 10 2 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name Signature Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FDUNFEE Signature: FDunfee Date: Month Day Year 10 2 85

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*
IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

212 E 7-50

008931

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved OMB No 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 0 8 0 2 7 0 2 Manifest Document No. 0 0 2 4 0

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1320764

B. Illinois Generator's ID 1 6 3 1 2 1 0 0 0 1 6

C. Illinois Transporter's ID 1 7 1 8 9

D. (618) 274-8136 Transporter's Phone

5. Transporter 1 Company Name SLAY TRANSPORTATION

6. US EPA ID Number M O D 0 0 9 8 5 5 8 2 5

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone ( 312 ) 768-3400

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|
| a. WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | X | 0 0 1 | T T | 05531 | | EPA HW Number D 0 0 1 / State Authorization Number 0 0 0 0 0 |
| b. | | | | | | EPA HW Number / State Authorization Number |
| c. | | | | | | EPA HW Number / State Authorization Number |
| d. | | | | | | EPA HW Number / State Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
38,720 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO [illegible]
9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR

16. **GENERATOR'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 national governmental regulations and Illinois regulations.
**** SEE ATTACHED SHEET ****

Printed/Typed Name M. PARRIN Signature Marcy Parrin Date Month Day Year 1 1 1 2 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name GEORGE TILLER Signature [illegible] Date Month Day Year 11 12 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name Signature Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name EDWARD Signature [illegible] Date Month Day Year

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / [illegible]

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the [illegible] or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

212 TK T-50

008932

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62705 (217) 782-6761

IL532-0610

LPC 62 8/61

Please print or type (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404 Expires 7-31-85

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: I L D 0 0 8 0 2 7 0 2 | Manifest Document No.: 0 0 2 5 5

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1320770

B. Illinois Generator's ID: 1 6 3 1 2 1 0 0 7

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: M O D 0 0 9 8 5 5 8 2 6

C. Illinois Tranporter's ID: 1 1 1 8 9

D. 618 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: I N D 0 1 6 3 5 0 2 6 5

G. Illinois Facility's ID: 9 1 3 8 0 8 0 0 0 2

H. Facility's Phone: (312) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | 11. US DOT Description | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | D549 | 1 | D001 |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |

J. Additional Descriptions for Materials Listed Above

11A. MIBK RESIDUE
38440 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

IF WASTE IN ~~XXX~~ 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL INDUSTRIES 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.
~~XXX~~ SEE ATTACHED SHEET ~~XXX~~

Printed/Typed Name: M. PARRIN | Signature: M. Parrin | Date: Month Day Year 1 1 2 2 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JERRY JOHNSON | Signature: Jerry Johnson | Date: Month Day Year 11 22 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE | Signature: FDunfee | Date: Month Day Year 11 22 85

ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

202 RT-50

008933

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761
IL532-0610
LPC 62 8/81
Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 0 0 0 8 0 2 7 0 2
Manifest Document No.: 0 0 2 6 2
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number: IL 1320773
B. Illinois Generator's ID: 1 6 3 1 2 1 0 0 1 0

5. Transporter 1 Company Name: SLAY TRANSPORTATION
6. US EPA ID Number: M O D 0 0 9 8 5 5 8 2 6
C. Illinois Transporter's ID: 7 8 9
D. Transporter's Phone: (618) 274-8146

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. Illinois Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319
10. US EPA ID Number: I N D 0 1 6 [illegible]
G. Illinois Facility's ID: 9 1 8 0 8
H. Facility's Phone: (219) 768-3401

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. (HM: X) | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 0 0 2 | T | 05477 | | D001 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
38340 LBS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016 [illegible]
9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: M. PARRIN
Signature: [signature]
Date: Month Day Year 1 2 2 3 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John L. BARKER
Signature: [signature]
Date: Month Day Year 12/23/85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: F DUNFEE
Signature: [signature]
Date: Month Day Year 12/11/85

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5
This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

211 ET-50

008934

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD000802702 Manifest Document No. 00287

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1320782

B. Illinois Generator's ID 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Tranporter's ID 11789

D. ( 618 ) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID 9180890002

H. Facility's Phone ( 312 ) 768-3400

GENERATOR

| | HM | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | 06300 | 1 | EPA HW Number D011; Authorization Number 00000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
44,100 LBS

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.
SEE ATTACHED SHEET

Printed/Typed Name: M. PARRIN F. Williams — Signature: F. Williams — Date: Month 01 Day 08 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X JERRI JOHNSON — Signature: Jerri Johnson — Date: Month 1 Day 9 Year 86

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

FACIL

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: A.R. MURPHY — Signature — Date: Month 01 Day 10 Year 86

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

ENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

quire, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner 25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management

FACILITY COPY - PART 3

211RT-50 011077

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD000802702 Manifest Document No. 00302

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY
ROUTE 3 SAUGET, IL 62201 ATTN: M. PARRIN

4. Generator's Phone ( 618 ) 271-5835

A. Illinois Manifest Document Number IL 1499856

B. Illinois Generator's ID 1631210006

5. Transporter 1 Company Name SLAY TRANSPORTATION

6. US EPA ID Number MOD009855826

C. Illinois Transporter's ID 1789

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number IND016360265

G. Illinois Facility's ID 9180890002

H. Facility's Phone (312) 768-3400

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | 03437 | 1 | EPA HW Number D001 Authorization Number 000000 |
| b. | | | | | | | EPA HW Number Authorization Number |
| c. | | | | | | | EPA HW Number Authorization Number |
| d. | | | | | | | EPA HW Number Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
24060 LBS.

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national government regulations, and Illinois regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| M. PARRIN | Marcy Parrin | 012386 |

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| Gary Nicholas | Gary Nicholas | 12386 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| | | |

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| EDUNREE | FD Dunfee | 12486 |

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV #6

GENERATOR COPY – PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

011010

211E T-50

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD000802702 Manifest Document No.: 00351

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MONSANTO COMPANY ATTN: M. PARRIN
500 MONSANTO AVE. SAUGET, IL 62206-1198

4. Generator's Phone (618) 271-5835

A. Illinois Manifest Document Number: IL 1499874

B. Illinois Generator's ID: 1631210006

5. Transporter 1 Company Name: SLAY TRANSPORTATION

6. US EPA ID Number: MOD009855826

C. Illinois Transporter's ID: 1789

D. (618) 274-8146 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | WASTE, FLAMMABLE LIQUID, N.O.S., (XYLENE), UN1993, RQ | 001 | TT | 05285 | 1 | EPA HW Number: D001; Authorization Number: 000000 |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above
11A. MIBK RESIDUE
37000 LBS.

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
IF WASTE IN ITEM 11A IS UNDELIVERABLE TO AMERICAN CHEMICAL IND016360265 9180890002 FOR ANY REASON, RETURN MATERIAL TO GENERATOR.

16. GENERATOR'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 national government regulations, and Illinois regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: M. PARRIN Signature: Marcy Parrin Date: Month Day Year: 030686

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Charles Brown Signature: Charles Brown Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: R. Kishnick Signature: R. Kishnick Date: Month Day Year: 030786

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV #6

GENERATOR COPY – PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

011079

212 RT-50

# HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

MANIFES

SI

CA

Returned to Monsanto Don't Count

SLAY TRANSPORTATION
NAME OF CARRIER (SCAC)

## IDENTIFICATION

| | 12 DIGIT EPA ID # | COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER | |
|---|---|---|---|
| GENERATOR/ SHIPPER | IND016360265 | AMERICAN CHEMICAL SERVICE 420 So COLFAX GRIFFITH, IN | 777 |
| TRANSPORTER # 1 | | SLAY TRANSPORTATION P.O. BOX 1353 ST. LOUIS MO | |
| TRANSPORTER # 2 (if required) | ILD000802702 | MONSANTO - ROUTE 3 SAUGET, IL 62201 | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |
| TSDF TREATMENT STORAGE OR DISPOSAL FACILITY | | | |

## WASTE INFORMATION

| NO. OF UNITS & CONTAINER TYPE | HM | EPA HAZ. WASTE ID # | DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203 | UN # or NA # | EXEMPTION OR NO LABELS REQUIRED | FLASH POINT (IN °C) WHEN REQ'D | UNITS WT/VOL | TOTAL QUANTITY | RATE | CHARGES (For Carrier Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 TA | X | F005 | MIBK RESIDUE | 1993 | | | 3766 GAL | 33900# | | |

SPECIAL HANDLING INSTRUCTIONS
RETURNED MATERIAL

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

Michael O Burge 9/17/81
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

SLAY 9/17/81 [signature]
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

001909

ORIGINAL – RETURN TO GENERATOR

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 9 8 2 6 0 0 0 0 1
Manifest Document No.: 0 6 8 7 0
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MONTGOMERY ELEVATOR (SAME)
ROUTE 6 E. OF AIRPORT
MOLINE, IL 61265 (309) 949-2101

4. Generator's Phone

A. State Manifest Document Number: INA 0296870
B. State Generator's ID: N/a

5. Transporter 1 Company Name: WATTS, TRUCKING SERVICE, INC.
6. Use EPA ID Number: I L D 0 4 5 3 7 6 1 0 0
C. State Transporter's ID: 0225
D. Transporter's Phone: (309) 788-3421

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL
420 S. COLFAX
GRIFFITH, IN. 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (2190 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. "RQ" WASTE HAZARDOUS FLAMMABLE LIQUIDE(D001) FLAMMABLE LIQUID UN1993 | 0.0.3 | d.m | 0.0.1.6.5 | G | (D001) |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: DENNIS SMILEY
Signature: Dennis Smiley
Date: Month 10 Day 07 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Paul Myers
Signature: Paul Myers
Date: Month 10 Day 07 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space
2-204 RCT 50 10/12
1-204 RCT 50 10/12 (20)

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker Al
Signature: A Whitaker
Month 10 Day 10 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0296870

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0017032

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD982620601
Manifest Document No.: 00001
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Montgomery Elevator/Escalator Division
Rt. 6 East of Airport; Moline, Il. 61265

4. Generator's Phone ( 309 ) 949-2101

A. State Manifest Document Number: INA 0296860
B. State Generator's ID:

5. Transporter 1 Company Name: Watts Trucking Service, Inc.
6. Use EPA ID Number: ILD045376100
C. State Transporter's ID: 0225
D. Transporter's Phone: 309-788-3421

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services, Inc.
420 So. Colfax Ave.
Griffith, IN
10. Use EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. "RQ" Waste Flammable Liquid, N.O.S. (D001) Flammable Liquid UN1993 | 009 | DM | 00495 | GALS. | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: DAN WITCRAFT
Signature: X Dan Witcraft
Date: Month 6 Day 21 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Paul Myers
Signature: Paul Myers
Date: Month 6 Day 21 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: BRYAN J POPA
Signature: Bryan J Popa
Date: Month 6 Day 21 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0296860

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204 TSD 6/26

COPY 5. TSD COPY

0017033

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I·L·D·9·8·2·6·2·0·6·0·1
Manifest Document No.: 90·00·1
2. Page 1 of 1
Information in the shaded area not required by Federal law. Items D, F, H and I are required State law.

3. Generator's Name and Mailing Address
MONTGOMERY ELEVATOR/ESCALATOR DIVISION
HWY 6 EAST OF AIRPORT, MOLINE, IL 61265

4. Generator's Phone ( 309 ) 949-2101

A. State Manifest Document Number: INA 0371563
B. State Generator's ID: N/A

5. Transporter 1 Company Name: WATTS TRUCKING SERVICES
6. Use EPA ID Number: I·L·D·0·4·5·3·7·6·1·0·0
C. State Transporter's ID: 0225
D. Transporter's Phone: (309) 788-

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES, INC.
420 S. COLFAX AVE
GRIFFITH, IN 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. "RQ" WASTE FLAMMABLE LIQUID, N.O.S., FLAMMABLE LIQUID, UN1993 (CHAR. OF IGNIT.) | 01 | D.M | 0.0.1.90 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I h. determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good f. effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [signature] Signature: [signature] Month Day Ye

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Paul Myers Signature: [signature] Month Day Ye

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Ye

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A Signature: [signature] Month Day Ye

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

7-MARINE SHALE 3/6/90 010881

COPY 5. TSD COPY 11-204 TCTSD 2/90

0017881

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD[illegible]0601 | Manifest Document No.: 9.0.0.0.1 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MONTGOMERY ELEVATOR/ESCALATOR DIVISION
HWY. 6 EAST OF AIRPORT, MOLINE, IL.

4. Generator's Phone ( 309 ) 949-2101

A. State Manifest Document Number: INA 0371569
B. State Generator's ID: N/A

5. Transporter 1 Company Name: WATTS TRUCKING SERVICE, INC.
6. Use EPA ID Number: ILD045376100
C. State Transporter's ID:
D. Transporter's Phone: (309)788-3421

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES, INC.
420 S. COLFAX AVE.
GRIFFITH, IN. 46319

10. Use EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (2190 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. "RQ" WASTE FLAMMABLE LIQUID, N.O.S., FLAMMABLE LIQUID, UN1993 (D001) | 05 | DM | 0275 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: KEVIN P. VOGT | Signature: K P Vogt | Date Month 06 Day 13 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Skip Haigh | Signature: Skip Haigh | Date Month 06 Day 13 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date Month Day Year

19. Discrepancy Indication Space
4-204 RTSO 6/14
1-204 RTSO 6/14 (20)

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A | Signature: [signature] | Month 6 Day 14 Year 90

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0371569

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0017882

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.1.4.4.9.1.5.4.5.1
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Morco Metal Coatings 531 Taft Drive
South Holland Il 60473
4. Generator's Phone (312) 339 3203

A. State Manifest Document Number: INA 0249458
B. State Generator's ID:
C. State Transporter's ID: 1400
D. Transporter's Phone: 3123769343
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 3127583400

5. Transporter 1 Company Name: H. Roskin
6. Use EPA ID Number: IL D 0 4 5 6 9 5 7 1 5
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service
Griffith In 46319
10. Use EPA ID Number: IND 0 1 6 3 6 0 5 6 2

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. 1,1,1 Trichloroethane ORM-A UN 2831 | 5 | DM | 250 | Gal | [illegible] |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name: Daniel K Morrison
Signature: [signature]
Month: 10 Day: 27 Year: 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clyde Wills
Signature: [signature]
Month: Day: Year:

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month: Day: Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A
Signature: [signature]
Month: 10 Day: 27 Year: 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day) or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0249458

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

1 BTCT63 10/28

0015619

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D 1.4.4.9.1.5.4.5.1 — Manifest Document No.: 0.7.1.0.9
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: Morco Finishing, 531 Taft Dr. South Holland IL 60473
4. Generator's Phone ( 312 ) 339 3203

A. State Manifest Document Number: INA 0322649
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin
6. Use EPA ID Number: I.L.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 376 9343

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service, Griffith IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 768 3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. 1,1,1 Trichloroethane URM-A UN-2831 | 4 | DM | 250 | Gal | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: DANIEL MORRIS — Signature: [signature] — Date: Month 0.7 Day 1.1 Year 2.3

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL — Signature: [signature] — Date: Month 7 Day 1.2 Year 2.7

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: HARROLD F. SCHMIDT — Signature: [signature] — Date: Month 07 Day 14 Year 85

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0322649

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

4-1AR T63 2/2/89

COPY 5. TSD COPY

0017034

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

MOTOR CASTINGS

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W.I.D.0.0.6.0.8.4.0.8.1
Manifest Document No.: 004.35
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: Motor Castings CO. - PLANT #2, 657 S. 72nd St. Milwaukee, Wisconsin 53214
4. Generator's Phone: (414) 476-1134
A. State Manifest Document Number: INA 0200935
B. State Generator's ID:
C. State Transporter's ID: #11536
D. Transporter's Phone: (414) 704-7305
E. State Transporter's ID: #11608
F. Transporter's Phone: (414) 455-6050
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: CBC Transport
6. Use EPA ID Number: W.I.D.0.4.7.2.5.9.2.8.8
7. Transporter 2 Company Name: E&K Hazardous Waste Services Inc.
8. Use EPA ID Number: W.I.D.9.8.2.2.1.9.5.2.9
9. Designated Facility Name and Site Address: American Chemical Services, 4205 Colfax - P.O. Box 190, Griffith, IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. Waste Flammable Liquid, N.O.S. Flammable Liquid UN1993 | 008 | DM | 00440 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: 11 ea Drum #3, 8, 9, 10, 11, 12, 13
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| Michael [illegible] | [signature] | 03 | 02 | 88 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| Bruce Rendall Sr. Field Tech | [signature] | 03 | 02 | 88 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| James R. Ostwald | James R. Ostwald | 03 | 03 | 88 |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| Harrold F. Schmidt | [signature] | 03 | 02 | 88 |

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0200935

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete. State Form 11865 8-1162 7-63 3/8/88

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

0010018

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD079763140 — Manifest Document No.: 005

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: Motorola, Inc. 1301 E. Algonquin Rd. Schaumburg IL 60196

4. Generator's Phone (312) 397-1000

A. Illinois Manifest Document Number: IL 1123187

B. Illinois Generator's ID: 0312820005

5. Transporter 1 Company Name: MR FRANK'S

6. US EPA ID Number: ILD069506160

C. Illinois Tranporter's ID: 0079

D. (312) 596-3377 Transporter's Phone

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN Chemical Serv. 420 S. Colfax Ave. Griffith Ind. 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: N.A.

H. Facility's Phone: 219-924-4370

| | HM | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | X | Waste Flammable Chlorinated Solvents | 001 | TT | Appox 030 00 | 1 | EPA HW Number: D001; Authorization Number: N.A. |
| b. | | | | | | | EPA HW Number: ; Authorization Number: |
| c. | | | | | | | EPA HW Number: ; Authorization Number: |
| d. | | | | | | | EPA HW Number: ; Authorization Number: |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| Sharon King | Sharon King | 04 04 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| Robert Perkins | Robert Perkins | 04 04 85 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| FDUNFEE | [signature] | 4 4 85 |

GENERATOR — TRANSPORTER — FACILITY

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 EPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

211 FT-50 10,000 BN; 8% Cl.

038720

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I N A 0 7 3 9 1 6 6 1 6 | Manifest Document No. 0 0 0 0 0

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
mo trailer corporation
605 Logan Street Goshen Ind 46526

A. State Manifest Document Number
INA 0370290

B. State Generator's ID

4. Generator's Phone ( 219 ) 5330824

5. Transporter 1 Company Name
Mr. Frank Inc

6. Use EPA ID Number
I L D 9 8 4 7 7 5 0 4 9

C. State Transporter's ID 0079

D. Transporter's Phone 312-720 0700

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American chemical Service
Colfax ave Griffith Ind
46349

10. Use EPA ID Number
I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID 918089 0002

H. Facility's Phone 219-768-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. RQ Waste-Paint related material F005 Flammable Liquid NA 1263 | 002 | DM | 0011.0 | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

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Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter CRISAN | Signature: Peter Crisan | Date: 08 24 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEO WOOD | Signature: Leo Wood | Date: 08 24 89

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER H | Signature: [illegible] | Date: 8 25 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

2-123TL T63 8/25/89

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0370290

0017031

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

Form Approved. OMB No. 2050-0039 Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( 312 839 2227

A. State Manifest Document Number

B. State Generator's ID 0316745501

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone 219 924 4570

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. | | | | | | |
| b. Waste Paint Related Material NOS. UN 1263 Flammable liquid | X | 003 | DM | 1145 | G | F003 F005 |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ROBERT K TIKURN | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STEVE KULNICK | Signature | Month Day Year

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

126KT6345

TSDF COPY

0017880

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. WID006117576 | Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
6445 Packer Drive, Wausau, WI 54401

4. Generator's Phone ( 715 ) 842-2264

A. State Manifest Document Number WI 01827

B. State Generator's ID

5. Transporter 1 Company Name: ABC Services, Inc.

6. US EPA ID Number: WID076159839

C. State Transporter's ID

D. Transporter's Phone 414-657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND006360265

G. State Facility's ID

H. Facility's Phone 219-924-4371

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable Liquid | 4 - gallon | 55 | 220 gallons | 2000 lbs | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: Patrick K Hanlon | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: F DUNFEE | Signature | Date Month Day Year 5 3 85

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

204 KT-50

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

038715

STATE OF WISCONSIN
Form 4400-66 Rev. 7-85
Chapter 144, Wis. Stats.

Mail Copies 1 & 3 To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MOXNESS PRODUCTS, INC.
6445 PACKER DRIVE, WAUSAU, WI 54401

4. Generator's Phone ( 715 ) 842-2264

A. State Manifest Document Number: WI 68126
B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: 414-522-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
BOX 190
GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (WASTE CHEMICAL STRIPPER) FLAMMABLE LIQUID N.O.S. UN1993 FLAMMABLE LIQUID | 7 GALLONS | 55 | 378 GALLONS | 3500 POUNDS | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. Unless I am a small quantity generator who has been exempted by statute or regulation for the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name & Position Title: Patricia K. Sheehan Mgr. Human Resources
Signature: [signature]
Date: Month 1 Day 21 Year 86

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: [illegible]
Signature: [signature]
Date: Month 01 Day 21 Year 86

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name & Position Title: AWH TAKER [illegible]
Signature: [signature]
Date: Month 01 Day 21 Year 86

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

Copy Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to Wis. DNR at above address.

COPY 4 #203R T-50 ✓

011075

STATE OF WISCONSIN
Form 4400-66 Rev. 7-85
Chapter 144, Wis. Stats.

Mail Copies 1 & 3 To: State of Wisconsin, Department of Natural Resources, Bureau of Solid Waste Mgt., Box 8094, Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. WID 006117576
Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MOXNESS PRODUCTS INC.
6445 PACKER DRIVE, WAUSAU WISCONSIN 54401
4. Generator's Phone ( 715 ) 842-2264

A. State Manifest Document Number: WI 57790
B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID 076159839
C. State Transporter's ID
D. Transporter's Phone: 414-552-9090

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
BOX 190
GRIFFITH IN 46319
10. US EPA ID Number
G. State Facility's ID
H. Facility's Phone: 219-924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. FLAMMABLE LIQUIDD (WASTE CHEMICAL STRIPPER) UN1993 FLAMMABBE LIQUID N.O.S. | 7 | 55 GALLONS | 378 GALLONS | 3500 POUNDS | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. Unless I am a small quantity generator who has been exempted by statute or regulation for the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR

Printed/Typed Name & Position Title: Patricia K. Harden, Mgr Human Res.
Signature: [signature]
Date: Month 10 Day 21 Year 86

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: LEONARD RAMIREZ
Signature: [signature]
Date: Month Day Year

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title
Signature
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title: HAROLD F. SCHMIDT
Signature: [signature]
Date: Month 10 Day 24 Year 86

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

Copy Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to Wis. DNR at above address.

COPY 4 204RT50

01-075

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.:
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: MOXNESS PRODUCTS, INC.
2030 Young Street
East Troy, WI 53120
414/642-3971

4. Generator's Phone:

A. State Manifest Document Number: IN 095382
B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: 414/552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES
Box 190
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219/924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. FLAMMABLE LIQUID (Waste chemical stripper) UN 1993 Flammable Liquid N.O.S. | 2 GALLONS | 55 | 110 GALLONS | 6 | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: DAVID P. [illegible] Signature: [illegible] Month Day Year: 10 06 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date:
Printed/Typed Name: Kip Nelson Signature: Kip Nelson Month Day Year: 10 06 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date:
Printed/Typed Name: Signature: Month Day Year:

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F. SCHMIDT Signature: Harrold F. Schmidt Month Day Year: 10 06 87

GENERATOR / TRANSPORTER / FACILITY

IN 095382

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

2-2037-T-50 10/6/87 T.S.D. DETACH AND RETAIN THIS COPY

012823

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 09651

006132

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, Wi 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 8-55Gal Drums | 440 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 5500 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M D Y: 5 / 12 / 83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Str
21. CITY, STATE, ZIP CODE: Kenosha, Wi 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE:
25. NAME (Print):
26. Date Accepted M / D / Y

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, In 46319
36. TELEPHONE NUMBER: (219) 924-4370
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: [signature]
39. NAME (Print): G K Murph
40. Date Accepted M / D / Y: 5/12/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE:
44. NAME (Print):
45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

On dock
To 204 TK T-50 Gilm 6.1.83

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen – press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 21909

006134

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, Wi 53405
6. TELEPHONE NUMBER: (414 )554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 9-55Gal.Drums | 495 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 5500 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F.H. Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M D Y: 3 /17/83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Str
21. CITY, STATE, ZIP CODE: Kenosha, Wi 53142
22. TELEPHONE NUMBER: 414 552-9090
23. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: [illegible]
25. NAME (Print): Kip Nelson
26. Date Accepted M D Y: 3 18 83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME
28. EPA IDENTIFICATION NO.
29. AUTHORIZED SIGNATURE
30. NAME (Print)
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, In 46319
36. TELEPHONE NUMBER: ( 219 924-4370
37. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: F Dunfee
39. NAME (Print): F DUNFEE
40. Date Accepted M D Y: 3 18 83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME
42. EPA IDENTIFICATION NO.
43. AUTHORIZED SIGNATURE
44. NAME (Print)
45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

On dock 3.18.83

To 204 ET-50 GRM 3.23.83

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

A 21911

006135

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, WI 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 10-55 Gal Drums | 540 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 5500 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H. Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M / D / Y

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076259839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Street
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE:
25. NAME (Print):
26. Date Accepted M / D / Y

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE:
39. NAME (Print): R. RUSHNOE
40. Date Accepted M / D / Y

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE:
44. NAME (Print):
45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

TO 204 K T-50
GRM 8-2-83

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 21912

006130

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, WI 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 5-55 Gal Drums | 270 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 3000 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: [illegible]
16. NAME (Print): F.H. MEYER
17. DATE SHIPPED: M D Y 9/23/83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Street
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: Kip Nelson
25. NAME (Print): Kip Nelson
26. Date Accepted: 9/22/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME
28. EPA IDENTIFICATION NO.
29. AUTHORIZED SIGNATURE
30. NAME (Print)
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: G K Murphy
39. NAME (Print): G K MURPHY
40. Date Accepted: 9/23/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME
42. EPA IDENTIFICATION NO.
43. AUTHORIZED SIGNATURE
44. NAME (Print)
45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

To 204 ET-50 GM 9-27-83

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

A 21914

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, WI 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 4 - 55 Gal Drms | 216 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 2000 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H. Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M D Y: 10/11/83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Street
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: [illegible]
25. NAME (Print): [illegible]
26. Date Accepted M / D / Y: [illegible]

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted M / D / Y:

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: Frank Price
39. NAME (Print): FRANK PRICE
40. Date Accepted: 10/18/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE:
44. NAME (Print):
45. Date Accepted M / D / Y:

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

T0204 KT-50
OPM 10/18/83

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 21915

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, WI 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 4-55 | 216 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 2. Liquid 3. Mixture [2] | D001 | 2000 |
| | | (Waste Chemical Stripper) | | | 1. Solid 2. Liquid 3. Mixture [ ] | | |
| | | | | | 1. Solid 2. Liquid 3. Mixture [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H. Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED: M D Y 12/13/83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Street
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: [signature]
25. NAME (Print): Kip Nelson
26. Date Accepted: 12/13/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted: M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: [signature]
39. NAME (Print): G R MURPHY
40. Date Accepted: 12/14/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE:
44. NAME (Print):
45. Date Accepted: M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

TO204 ET-50
GRM 12-15-83

HAZARDOUS WASTE FACILITY

006136

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.: XXXXXX
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405

4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 14549
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: 414-5529090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (Waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable Liquid | 5- gallons | 55 | 270 gallons | 3000 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: Vin Pagliaro
Signature: Vin Pagliaro
Date: Month Day Year: 10 26 84

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: Kip Nelson
Date: Month Day Year: 10 26 84

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE
Signature: Frank Price
Date: Month Day Year: 10 29 84

GENERATOR

TRANSPORTER

FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

204 TL T-50

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

007472

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 21921

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: MOXNESS PRODUCTS, INC.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS
4. P.O. BOX OR STREET ADDRESS: 1914 INDIANA STREET
5. CITY, STATE, ZIP CODE: RACINE, WI. 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 9-55 | 486 | (WASTE CHEMICAL STRIPPER) | FLAMMABLE | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 5400 |
| | | FLAMMABLE LIQUID N.O.S. | LIQUID | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H. Meyer (Jma)
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M D Y: 8/6/84

## TRANSPORTER SECTION

18. COMPANY NAME: ABC SERVICES, INC.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th STREET
21. CITY, STATE, ZIP CODE: KENOSHA, WI. 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: Kip Nelson
25. NAME (Print): Kip Nelson
26. Date Accepted: 8/6/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME
28. EPA IDENTIFICATION NO.
29. AUTHORIZED SIGNATURE
30. NAME (Print)
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: AMERICAN CHEMICAL SERVICES
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: BOX 190
35. CITY, STATE, ZIP CODE: GRIFFITH, IN. 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: R Rushnock
39. NAME (Print): Rushnock
40. Date Accepted M / D / Y: 8/7/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME
42. EPA IDENTIFICATION NO.
43. AUTHORIZED SIGNATURE
44. NAME (Print)
45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

204E T-50

HAZARDOUS WASTE FACILITY

007413

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 21919

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: MOXNESS PRODUCTS, INC.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 1914 INDIANA STREET
5. CITY, STATE, ZIP CODE: RACINE, WI. 53405
6. TELEPHONE NUMBER: (414) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 6-55 | 324 | (WASTE CHEMICAL STRIPPER) | FLAMMABLE | UN1993 | 1. Solid 2. Liquid 3. Mixture [2] | D001 | 3000 |
| | | FLAMMABLE LIQUID N.O.S. | LIQUID | | 1. Solid 2. Liquid 3. Mixture [ ] | | |
| | | | | | 1. Solid 2. Liquid 3. Mixture [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H. Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M D Y: 6/17/84

## TRANSPORTER SECTION

18. COMPANY NAME: ABC SERVICES, INC.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49TH STREET
21. CITY, STATE, ZIP CODE: KENOSHA, WI. 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: [signature]
25. NAME (Print): ART MARSHALL
26. Date Accepted: 8/13/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted: M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: AMERICAN CHEMICAL SERVICES
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: BOX 190
35. CITY, STATE, ZIP CODE: GRIFFITH, IN. 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: [signature]
39. NAME (Print): GR MURPHY
40. Date Accepted: 8/13/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE: [signature]
44. NAME (Print):
45. Date Accepted: M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

204 TC 7-50

007474

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER: A 21917

007475

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 1914 Indiana Street
5. CITY, STATE, ZIP CODE: Racine, WI 53405
6. TELEPHONE NUMBER: ( 414 ) 554-5050

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 7-55 | 378 | (Waste Chemical Stripper) | Flammable | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 3,500 |
| | | Flammable Liquid N.O.S. | Liquid | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F.H. Meyer
16. NAME (Print): F.H. MEYER
17. DATE SHIPPED M D Y: 2/29/84

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Street
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: Kip Nelson
25. NAME (Print): Kip Nelson
26. Date Accepted: 2/29/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE:
39. NAME (Print):
40. Date Accepted M / D / Y

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE: [signature]
44. NAME (Print): GR MURPHY
45. Date Accepted: 3 18 84

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

T0204RT-50
GRM 3.8.84

HAZARDOUS WASTE FACILITY

STATE OF WISCONSIN
Form 4400-66 Rev. 7-85
Chapter 144, Wis. Stats.

Mail Copies 1 & 3 To: State of Wisconsin, Department of Natural Resources, Bureau of Solid Waste Mgt., Box 8094, Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WIDO061175 76
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405
4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 57786
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. US EPA ID Number: WIDO761598 39
C. State Transporter's ID:
D. Transporter's Phone: 414-552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319
10. US EPA ID Number: INDO163602 65
G. State Facility's ID:
H. Facility's Phone: (219) 924-4371

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (Waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable Liquid | 6 | 55 gallons | ~~270~~ 330 gallons | 3000 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. Unless I am a small quantity generator who has been exempted by statute or regulation for the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name & Position Title: Patricia K. Staaden, Mgr, Hum Res.
Signature: [signature]
Date: Month 1 Day 1 Year 85

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: Lee Gerou
Signature: [signature]
Date: Month 1 Day 1 Year 85

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title: FDUNFEE
Signature: FDunfee
Date: Month 1 Day 30 Year 85

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

COPY 4

204E
T-50

Copy Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to Wis. DNR at above address.

008717

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405
4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 01828
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: 414-552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219)924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (Waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable Liquid | 5 gallons | 55 | 270 gallons | 2500 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

| Printed/Typed Name | Signature | Date Month | Day | Year |
|---|---|---|---|---|
| Patricia K. Staarlen | Patricia K. Staarlen | 8 | 16 | 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month | Day | Year |
|---|---|---|---|---|
| Lee Geroy | Lee Geroy | 8 | 16 | 85 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month | Day | Year |
|---|---|---|---|---|
| | | | | |

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date Month | Day | Year |
|---|---|---|---|---|
| MURPHY | [signature] | 8 | 22 | 85 |

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

204K 7-50

9000 BTU
9% Cl.

COPY 4

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

000710

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405

4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 01826
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: 414-552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (Waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable liquid | 5 gallons | 55 gallons | 270 gallons | 2500 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: [illegible] K. [illegible]aeden
Signature: [illegible] K. [illegible]
Date: Month 05 Day 30 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: Kip Nelson
Date: Month 05 Day 30 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE
Signature: Frank Price
Date: Month Day Year 5 30 85

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

204E-T-50

COPY 4

038711

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. WID006117576 | Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405

4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number WI 14547

B. State Generator's ID

5. Transporter 1 Company Name: ABC Services, Inc.

6. US EPA ID Number: WID076159839

C. State Transporter's ID

D. Transporter's Phone 414-552-9090

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone 219-924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (Waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable Liquid | 5 - gallons | 55 | 270 gallons | 3000 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: Patricia K. Gladden | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Date Month Day Year

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

204 K T-50

COPY 4

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

008714

STATE OF WISCONSIN
Form 4400-66 Rev. 7-85
Chapter 144, Wis. Stats.

Mail Copies 1 & 3 To: State of Wisconsin, Department of Natural Resources, Bureau of Solid Waste Mgt., Box 8094, Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID061175756
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405
4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 68127
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: (414) 552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219) 924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Flammable Liquid (Waste Chemical Stripper) UN1993 Flammable Liquid N.O.S. | 5 | 55 gallons | 270 gallons | 2500 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. Unless I am a small quantity generator who has been exempted by statute or regulation for the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR

Printed/Typed Name & Position Title: Patricia K. Gordon Mgr. Human Resources
Signature: Patricia K. Gordon
Date: Month 1 Day 28 Year 86

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: Lee Gerow
Signature: Lee Gerow
Date: Month 1 Day 28 Year 86

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title: FRANK PRICE
Signature: Frank Price
Date: Month 1 Day 31 Year 85

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

COPY 4

Copy Distribution: 1 — BSWM 4 — Facility
✓ 204 RT-50 2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to Wis. DNR at above address.

01507

STATE OF WISCONSIN
Form 4400-66 Rev. 7-85
Chapter 144, Wis. Stats.

Mail Copies 1 & 3 To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
1914 Indiana Street, Racine, WI 53405
4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 68128
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: (414)552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219)924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Flammable Liquid (Waste Chemical Stripper) UN1993 Flammable Liquid N.O.S. | 4 gallons | 55 | 220 gallons | 2000 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. Unless I am a small quantity generator who has been exempted by statute or regulation for the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name & Position Title: Patricia K. Staaden Mgr Hum Res.
Signature: Patricia K. Staaden
Date: Month 4 Day 8 Year 86

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: [illegible]
Signature: [illegible]
Date: Month 4 Day [illegible] Year 86

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name & Position Title: MURPHY
Signature: [signature]
Date: Month 04 Day 11 Year 86

GENERATOR / TRANSPORTER / FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

204 F-T50

Copy Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to Wis. DNR at above address.

COPY 4

011072

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.: 913051 7

2. Page 1 of

Information in the shaded areas is not required by Federal law

3. Generator's Name
MOXNESS PRODUCTS
1914 INDIANA STREET, RACINE, WI 53405

4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number
IN 093057

B. State Generator's ID

5. Transporter 1 Company Name
ABC SERVICES, INC.

6. US EPA ID Number
WID076159889

C. State Transporter's ID

D. Transporter's Phone (414) 657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 SOUTH COLFAX, GRIFFITH, IN 46319

10. US EPA ID Number
IND016365265

G. State Facility's ID

H. Facility's Phone
(219) 924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. FLAMMABLE LIQUID N.O.S. UN1993 WASTE CHEMICAL STRIPPER | 17 | DN | 1385 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name | Signature | Month Day Year

FACILITY

IN 093057

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

011073

S. [illegible] WISCONSIN
For. [illegible] Rev. 7-85
Chapter 144, Wis. Stats.

Mail Copies 1 & 3 To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W I D 0 0 6 1 1 7 5 7 6

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MOXNESS PRODUCTS INC.
1914 INDIANA STREET
RACINE WISCONSIN 53405

4. Generator's Phone ( 414 ) 554-5050

A. State Manifest Document Number: WI 57789

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WI D 076159839

C. State Transporter's ID

D. Transporter's Phone 414-552-9090

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
BOX 190
GRIFFITH IN 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID

H. Facility's Phone (219) 924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. ~~FLAMMABLE LIQUID~~ (WASTE CHEMICAL STRIPPER) UN 1993 FLAMMABLE LIQUID N.O.S. | 15 GALLONS | 55 | 825 GALLONS | 7500 pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. Unless I am a small quantity generator who has been exempted by statute or regulation for the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name & Position Title: Patricia K. Jenden Mgr Human Resources
Signature: Patricia K. Jenden
Date: Month Day Year 10 23 86

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials

Printed/Typed Name & Position Title: LENNY BANOVEZ
Signature: Leonard Banovez
Date: Month Day Year 10 23 86

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials

Printed/Typed Name & Position Title:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title: HARRY F. SCHMIDT
Signature: Harry F. Schmidt
Date: Month Day Year 10 24 86

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

COPY 4

2047 T50

Copy Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to Wis. DNR at above address.

011074

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WI DD 0 61 1 75 7 6 — Manifest Document No.: 95381

2. Page 1 of — Information in the shaded areas is not required by Federal law

3. Generator's Name
Moxness Products
1914 Indiana Street, Racine, WI 53405

4. Generator's Phone ( ) 414 552-9090

A. State Manifest Document Number: IN 095381

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WI D 07 6 15 9 83 9

C. State Transporter's ID

D. Transporter's Phone: (414) 657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES46319
420 S. Coffax, GriffithININ

10. US EPA ID Number: D0 1 63 6 02 65

G. State Facility's ID

H. Facility's Phone: (219) 924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. FAAMMABLE LIQUID N.O.S. UN1993 WASTE CHEMICAL STRIPPER | 1 9 | D M | 1 0 45 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Rick Kincade — Signature: [signature] — Month Day Year: 10 02 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Kip Nelson — Signature: Kip Nelson — Month Day Year: 10 02 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: HARROLD F. Schmidt — Signature: Harrold F. Schmidt — Month Day Year: 10 05 87

GENERATOR — TRANSPORTER — FACILITY

IN 095381

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

19-203E-T-50 10/6/87 M T.S.D. DETACH AND RETAIN THIS COPY

012824

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 09654

006133

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID074791559
3. COMMENTS/SPECIAL INSTRUCTIONS
4. P.O. BOX OR STREET ADDRESS: 6445 Packer Drive
5. CITY, STATE, ZIP CODE: Wausau, WI 54401
6. TELEPHONE NUMBER: (715) 842-2264

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 8-55Gal.Drums | 440 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 4500 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: Vin Pagliano
16. NAME (Print): Vin Pagliano
17. DATE SHIPPED M D Y: 3/16/83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th ST
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: Kip Nelson
25. NAME (Print): Kip Nelson
26. Date Accepted M D Y: 3/16/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME
28. EPA IDENTIFICATION NO.
29. AUTHORIZED SIGNATURE
30. NAME (Print)
31. Date Accepted M D Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-1370
37. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: [illegible]
39. NAME (Print): EDUNFEE
40. Date Accepted M D Y: 3/18/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME
42. EPA IDENTIFICATION NO.
43. AUTHORIZED SIGNATURE
44. NAME (Print)
45. Date Accepted M D Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

On dock 3.18.83

T0204 E-T-SO GRW 3-22-83

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER
A 21913

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Moxness Products, Inc.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS
4. P.O. BOX OR STREET ADDRESS: 6445 Packer Drive, Wausau Division
5. CITY, STATE, ZIP CODE: Wausau, WI 54401
6. TELEPHONE NUMBER: (715) 842-2264

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 4-55 Gal Drums | 216 | Flammable Liquid N.O.S. | Flammable Liquid | UN1993 | 1. Solid 3. Mixture [4] 2. Liquid | D001 | 3000 |
| | | (Waste Chemical Stripper) | | | 1. Solid 3. Mixture [ ] 2. Liquid | | |
| | | | | | 1. Solid 3. Mixture [ ] 2. Liquid | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: F. H. Meyer
16. NAME (Print): F. H. MEYER
17. DATE SHIPPED M D Y: 9/21/83

## TRANSPORTER SECTION

18. COMPANY NAME: ABC Services, Inc.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 49th Street
21. CITY, STATE, ZIP CODE: Kenosha, WI 53142
22. TELEPHONE NUMBER: (414) 552-9090
23. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: Kip Nelson
25. NAME (Print): Kip Nelson
26. Date Accepted: 9/24/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME
28. EPA IDENTIFICATION NO.
29. AUTHORIZED SIGNATURE
30. NAME (Print)
31. Date Accepted M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: American Chemical Services
33. EPA IDENTIFICATION NO.: IND006360265
34. P.O. BOX OR STREET ADDRESS: Box 190
35. CITY, STATE, ZIP CODE: Griffith, IN 46319
36. TELEPHONE NUMBER: (219) 924-4371
37. COMMENTS

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: G R Murphy
39. NAME (Print): GR MURPHY
40. Date Accepted: 9/23/83

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME
42. EPA IDENTIFICATION NO.
43. AUTHORIZED SIGNATURE
44. NAME (Print)
45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

T0204K T-50 GRM 9.23.83

006131

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

# HAZARDOUS WASTE MANIFEST FORM

Wisconsin Statutes 144
FORM 4400-66 9-80

MANIFEST NUMBER: A 36675

007476

## GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: MOXNESS PRODUCTS, INC.
2. EPA IDENTIFICATION NO.: WID006117576
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 6445 PACKER DRIVE WAUSAU DIV.
5. CITY, STATE, ZIP CODE: WAUSAU, WI 54401
6. TELEPHONE NUMBER: (715)-842-2264

| 7. NUMBER & TYPE OF CONTAINER | 8. GALLONS | 9. WASTE NAME | 10. US DOT HAZARD CLASS | 11. US DOT IDENTIFICATION NUMBER | 12. PHYSICAL STATE (Enter number in box) | 13. US EPA WASTE CODE | 14. SHIPPING WEIGHT (Pounds) |
|---|---|---|---|---|---|---|---|
| 3 55 gal.drums | 165 | Flammable liquid waste NOS | Flammable Liquid | 4N1993 | 1. Solid 3. Mixture 2. Liquid [2] | D001 | 1500 |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |
| | | | | | 1. Solid 3. Mixture 2. Liquid [ ] | | |

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: Ray Knabe
16. NAME (Print): RAY KNABE
17. DATE SHIPPED: M D Y 2/2/84

## TRANSPORTER SECTION

18. COMPANY NAME: ABC SERVICES, INC.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5700 - 49th ST.
21. CITY, STATE, ZIP CODE: KENOSHA, WI 53142
22. TELEPHONE NUMBER: (414)-657-6222
23. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE: [signature]
25. NAME (Print): [illegible]
26. Date Accepted: M D Y 2/2/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME:
28. EPA IDENTIFICATION NO.:
29. AUTHORIZED SIGNATURE:
30. NAME (Print):
31. Date Accepted: M / D / Y

## HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: AMERICAN CHEMICAL SERVICES
33. EPA IDENTIFICATION NO.: IND006360265
34. P.O. BOX OR STREET ADDRESS: PO BOX 190
35. CITY, STATE, ZIP CODE: GRIFFITH, IN 46319
36. TELEPHONE NUMBER: (219)-924-4371
37. COMMENTS:

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE: [signature]
39. NAME (Print): CP MURPHY
40. Date Accepted: M D Y 3/8/84

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME:
42. EPA IDENTIFICATION NO.:
43. AUTHORIZED SIGNATURE:
44. NAME (Print):
45. Date Accepted: M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

HAZARDOUS WASTE FACILITY

T0204 ET-50 GRAY
3-8-84

STATE OF WISCONSIN

Form 4400-66 Rev. 7-84
Chapter 144, Wis. Stats.

Mail Copies To: State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: WID006117576
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Moxness Products, Inc.
6445 Packer Drive, Wausau, WI 54401
4. Generator [redacted] 715 842-2264

A. State Manifest Document Number: WI 14550
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. US EPA ID Number: WID076159839
C. State Transporter's ID:
D. Transporter's Phone: 414-552-9090

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
Box 190
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4371

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. (Waste Chemical Stripper) Flammable Liquid N.O.S. UN1993 Flammable liquid | 7 - | 55 | 378 | 4200 | |
| | gallons | | gallons | pounds | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: Patricia K Hauden
Signature: [signature]
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible] GR MURPHY
Signature: [signature]
Date: Month Day Year: 3 20

GENERATOR / TRANSPORTER / FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

204 RT-50 ✓

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0205548

Authorization Number 997712

MTC GEAR CORP (Company Name) — 105 S. BRADLEY RD. (Address)

LIBERTYVILLE (City) — ILLINOIS (State) — 60048 (Zip)

0970900008 (Generator Number)

WASTE HAULER(S)

AMERICAN CHEMICAL SER. (Hauler Name) — 420 S. COLFAX AVE. (Hauler Address) — GRIFFITH, IN 46319

S.W.H. Registration Number 0014001

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) — 420 S. COLFAX AVE. (Address) — GRIFFITH, IN 46319

Site Number 918089021

City — State — Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: CHLORINATED SOLVENT — WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Flammable — HAZARD CLASS:

WEIGHT FOR D.O.T. USE _____ LBS / TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 2031 — 1 GALLONS / 2 CU. YDS. (Circle One) — 1

METHOD OF SHIPMENT (Circle One): 37 DRUMS — TANK TRUCK — OPEN TRUCK — OTHER (Specify) VAN

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5-12-80 — (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) John Hayward (Authorized Signature) — DATE: 5/12/80

(2) _____ (Authorized Signature) — DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Michael O'Brien (Authorized Signature) — DATE: 5/12/80

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR — PART - 2 IEPA — PART - 3 SITE — PART - 4 HAULER — PART - 5 IEPA — PART - 6 GENERATOR

SITE COPY - PART 3

000021

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 0 0 5 2 1 6 9 4 0
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MTE HYDRAULICS
4701 KISHWAUKEE, ROCKFORD, IL 61109
4. Generator's Phone ( 815 ) 397-4701

A. State Manifest Document Number: INA 0126415
B. State Generator's ID:

5. Transporter 1 Company Name: CBC TRANSPORT
6. Use EPA ID Number: I L D 0 4 7 2 5 9 2 8 8
C. State Transporter's ID: #11536
D. Transporter's Phone: 414-764-7005

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES, INC.
420 S. COLFAX AVENUE
GRIFFITH, INDIANA 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: 312-768-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID, NA 1993 | 011 | DM | 00330 | G | D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
a) PROFILE #N/A

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: DAVID J. JACOBSON
Signature: David J. Jacobson
Date: Month 05 Day 07 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Duke Lenoit
Signature: [signature]
Date: Month 05 Day 07 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F. Schmidt
Signature: [signature]
Month 05 Day 13 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0126415

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

MRK

11-204R T50.B

013023

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD050575083
Manifest Document No.: 00001
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: MULAY PLASTICS, INC
110 LAURA DRIVE - ADDISON, ILLINOIS 60101

A. State Manifest Document Number: IN 039635

4. Generator's Phone (312) 628-3600

B. State Generator's ID:

5. Transporter 1 Company Name: NATIONAL LACQUER & PAINT CO
6. US EPA ID Number: ILD005144837

C. State Transporter's ID: 0601
D. Transporter's Phone: 312-783-0220

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE
420 S COLFAX AVENUE
GRIFFITH, INDIANA 46319
10. US EPA ID Number: IND001636026S

G. State Facility's ID:
H. Facility's Phone: 312-768-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. PAINTS SOLVENTS (WASTE) HAZARDOUS K078 (UN 1993) | 011 | DM | 00605 | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. DRUMS ACCEPTED | 009 | DM | 00495 | G | F005 |

J. Additional Descriptions for Materials Listed Above: COMPOUND, LACQUER, PAINT OR VARNISH REDUCING, REMOVING, THINNING LIQUID

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: JOHN T LAMERS
Signature: John T Lamers
Month 06 Day 29 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ANDREW ADAMS
Signature: [signature]
Date: Month 06 Day 29 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space: 2 DRUMS REJECTED - MAT'L DOES NOT MATCH PRESHIPMENT SAMPLE.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: JAMES MURPHY
Signature: [signature]
Month Day Year

GENERATOR / TRANSPORTER / FACILITY

IN 039635

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

0-126 KT63 7/5M
1-204 KT63 7/5M

T.S.D. DETACH AND RETAIN THIS COPY

0015614

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.5.0.5.7.5.0.8.3 — Manifest Document No.: 0.0.0.0.1 — 2. Page 1 of 8 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: MULAY PLASTICS INC, 10 LAURA DRIVE - ADDISON, IL 60101

A. State Manifest Document Number: INA 0254514

4. Generator's Phone (312) 628-3600

B. State Generator's ID: [redacted]

5. Transporter 1 Company Name: NATIONAL LACQUER & PAINT CO

6. Use EPA ID Number: I.L.D.0.0.6.5.1.4.4.8.3.7

C. State Transporter's ID: 0607

D. Transporter's Phone: 312 783-0220

7. Transporter 2 Company Name:

8. Use EPA ID Number:

E. State Transporter's ID: [redacted]

F. Transporter's Phone: [redacted]

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S COLFAX AVENUE, GRIFFITH INDIANA 46319

10. Use EPA ID Number: I.N.D.0.0.1.6.3.6.0.2.6.5

G. State Facility's ID: [redacted]

H. Facility's Phone: 312 763-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. PAINTS SOLVENTS (WASTE) HAZARDOUS K-078 (UN 1993) | 020 | D.M | 01100 | G | [redacted] |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: COMPOUND, LACQUER, PAINT OR VARNISH REDUCING, REMOVING, THINNING LIQUID

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JOHN T LAMERS — Signature: John T Lamers — Date: Month 08 Day 08 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DONALD STEELE — Signature: [signature] — Date: Month 08 Day 08 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0254514

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

15-204TCT50 8/5
5-204TCT50

0015615

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILDD05D5176BB Manifest Document No. DDDD1
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: MULAY-PLASTICS, INC
110 LAURA DRIVE - ADDISON, IL. 60101
4. Generator's Phone (312) 623 3600

A. State Manifest Document Number: IN 039644
B. State Generator's ID
C. State Transporter's ID: 0601
D. Transporter's Phone: 312 793 0220

5. Transporter 1 Company Name: NATIONAL LABORATORIES CO.
6. US EPA ID Number: ILDD051414BB7
7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE
4265 CULVER AVENUE
GRIFFITH INDIANA 46319
10. US EPA ID Number: END000166065
G. State Facility's ID
H. Facility's Phone: 219 838 1055

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. PAINT SOLVENTS (WASTE) HAZARDOUS K-073 (UN 1993) | 010R | DM | 00111D | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: COMPOUND, LACQUER, PAINT OR VARNISH REMOVING, REMOVING THINNING LIQUID

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: JOHN T LAMERS | Signature: John T Lamers | Month 07 Day 14 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials | Date
Printed/Typed Name: [illegible] | Signature | Month 07 Day 14 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials | Date
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: ALVIN WHITAKER | Signature: Alvin Whitaker | Month 07 Day 15 Year 88

IN 039644

EPA Form 8700-22A (Rev. 11-85)
8 CAL - 20TR T-50 4/3/88

T.S.D. DETACH AND RETAIN THIS COPY

2(102 CAL) MARINE SHALE UHWM 2/LP2 1/18/89
901098

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD050575088 — Manifest Document No.: 00001
2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name: MULAY PLASTICS, INC
110 LAURA DRIVE - ADDISON, ILLINOIS 60101

4. Generator's Phone (312) 628 3600

A. State Manifest Document Number: IN 039645

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: NATIONAL LACQUER & PAINT CO.
6. US EPA ID Number: ILD005144887

C. State Transporter's ID: 0601
D. Transporter's Phone: 312 795 0220

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE
420 S COLFAX AVENUE
GRIFFITH, INDIANA 46319
10. US EPA ID Number: IND001636015

G. State Facility's ID: [illegible]
H. Facility's Phone: 312 768 3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|
| a. PAINT SOLVENTS (WASTE) HAZARDOUS K 073 (UN 1993) | 025 | DM | 01375 | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above: COMPOUND, LACQUER, PAINT OR VARNISH REDUCING, REMOVING, THINNING LIQUID

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: WM SZEPI JR. — Signature: William Szepi Jr. — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: DONALD STEELE — Signature: [illegible] — Month Day Year: 09 02 88

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space
24-204R T50 9/6
1-204R T50 9/6 (Truck #20)

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: ALVIN WHITAKER — Signature: Alvin Whitaker — Month Day Year: 09 02 88

GENERATOR — TRANSPORTER — FACILITY

IN 039645

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

0015617

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I·LD·0·50·5·75·0·83
Manifest Document No.: 0·0·00·1
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MULAY PLASTICS, INC.
10 Laura Dr., Addison, IL 60101

4. Generator's Phone (312) 628-3600

A. State Manifest Document Number: INA 0254515
B. State Generator's ID:
C. State Transporter's ID: 0601
D. Transporter's Phone: 312 783-0220
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 312 768-3400

5. Transporter 1 Company Name: National Lacquer & Paint Co.
6. Use EPA ID Number: IL·D·00·5·14·48·3·7

7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax Avenue
Griffith, IN 46319

10. Use EPA ID Number: IN·D·00·1·63·6026·5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. Paints Solvents (Waste) Hazardous K-078 (UN1993) | 0·11 | DM | 0·0·60·5 | G | F005 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
COMPOUND, LACQUER, PAINT OR VARNISH REDUCING, REMOVING, THINNING LIQUID

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JOHN T. LAMERS
Signature: John T. Lamers
Date: Month 0 Day 22 Year 8 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: OTIS WHITE
Signature: Otis White
Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space
7-126TCT63 3/9
3-204TCT50 3/9 (22)
7 PAILS (42GAL) ASHGROVE 8/15/89 90103

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A
Signature: A Whitaker
Month 03 Day 08 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0254515

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

13GAL204TCT50 8/15/89

0017030

# HAZARDOUS WASTE MANIFEST

## THIS MEMORANDUM

Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

X 134

| | | | |
|---|---|---|---|
| TO: T/S/D/F | American Chemical | FROM: Generator | Municipal Equipment Serv. Co. |
| E.P.A. ID Code No. | IND 016360265 | E.P.A. ID Code No. | IND 078917861 |
| Address | 420 S. Colfax | Address | 10352 W 2350 S |
| Destination | Griffith, IN 46319 | Origin | LaCrosse, IN 46348 |
| Phone | 219-924-4370 | Phone | 219-733-2551 |

| No. Shipping Units | D.O.T. PROPER SHIPPING NAME | HAZARD CLASS | Haz. Mat. I.D. No. | EPA Haz. Waste No. | WEIGHT | LABELS REQUIRED (or Exemption No.) |
|---|---|---|---|---|---|---|
| gal. | Hazardous waste liquids n.o.s. | ORM-E | NA 9189 | F005 | | Flammable |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PLACARDS REQUIRED Flammable

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

## EMERGENCY RESPONSE INFORMATION

CONTACT Name Bill Smith
Phone 219-733-2551

National Response Center 1-800-424-8802
in D. C. 426-2675

## CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature _____ Date _____

TRANSPORTER #1 Municipal Equipment Services Co. E.P.A. ID No. IND078917861
Address P.O. Box 427
City Wanatah State IN Zip 46390 Phone 219-733-2551

This is to certify acceptance of the hazardous waste shipment. LOAD TIME IN ____ OUT ____

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address Perry
City _____ State ____ Zip 6-1-81 Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL/FACILITY TO WEST 9 GIT T-50 6/1/81 gm.

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D/F Signature [signature] Date 6/1/81

T/S/D/F COPY

HAZARDOUS WASTE

HAZARDOUS WASTE

000881

# HAZARDOUS WASTE MANIFEST

**THIS MEMORANDUM**

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER: X153

| TO: | FROM: |
|---|---|
| T/S/D/F American Chemical | Generator Municipal Equipment Services Co. |
| E.P.A. ID Code No. IND 01630265 | E.P.A. ID Code No. IND 078917861 |
| Address 420 S. Colfax | Address 10352 W 2350 S |
| Destination Griffith, IN 46319 | Origin La Crosse, IN 46348 |
| Phone 219-924-4370 | Phone 219-733-2551 |

| No. Shipping Units | D.O.T. PROPER SHIPPING NAME | HAZARD CLASS | Haz. Mat. I.D. No. | EPA Haz. Waste No. | WEIGHT | LABELS REQUIRED (or Exemption No.) |
|---|---|---|---|---|---|---|
| 3500 gal. | Hazardous waste liquids N.O.S. | ORM - E | NA 9189 | F005 | | Flammable |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PLACARDS REQUIRED Flammable

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)

FREIGHT CHARGES: PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

**ALTERNATE DESTINATION (EMERGENCY ONLY)**

T/S/D/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

**EMERGENCY RESPONSE INFORMATION**

CONTACT Name William H. Smith
Phone 219-733-2551

National Response Center 1-800-424-8802
in D. C. 426-2675

**CERTIFICATION**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature _____ Date 9/15/81

TRANSPORTER #1 Municipal Equipment Services Co. E.P.A. ID No. IND078917861
Address P.O. Box 427
City Wanatah, State IN Zip 46390 Phone 219-733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL/FACILITY To 2102 T-50 9/15/81 8PM

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D/F Signature _____ Date _____

HAZARDOUS WASTE

HAZARDOUS WASTE

**T/S/D/F COPY**

000882

**STATE OF ILLINOIS**
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0370700

Authorization Number 9 9 1 2 1 9

Paper Company (Company Name) — 607 Northwest Avenue (Address)
Northlake, (City) — Illinois (State) — 60164 (Zip)

0 3 1 4 7 1 0 0 0 9 G (Generator Number)
ild 005128541

WASTE HAULER(S)

Phillips & Martin (Hauler Name) — 138 Factory Road (Hauler Address)
Addison, Illinois 60101

S.W.H. Registration Number 0 5 9 0 0 0 0 1

Hauler Name — Hauler Address

S.W.H. Registration Number 0 4 1 5 5 0 5 5 9

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — 420 S. Colfax Avenue (Address)
Griffith (City) — Indiana (State) — 46319 (Zip)

9 1 8 0 8 9 0 2 (Site Number)
IND 016360265

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: Flammable Liquid
Nos. UNA 1993

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: |
|---|---|
| Residue Ink | F001 |
| Residue Alcohol | F003 |

WEIGHT FOR D.O.T. USE 6,300 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 1 4 D u ms

1 GALLONS (Circle One) 55 Gal.
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3-18-81 Karl Friesl

Murname Paper CO

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY [illegible] RANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 3 / 18 / 81

(2) (Authorized Signature) DATE: / /

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 03 / 18 / 81

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED 3/18/81 AT DOCK
PUMPED TO 112E 4/2/81 T-63 JTM

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

000880

0370701

OMPLETED BY
GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

Authorization Number 991219

MURNANE PAPER COMPANY (Company Name) | 607 NORTHWEST AVENUE (Address)

NORTHLAKE (City) | ILLINOIS (State) | 60164 (Zip)

031471000 G (Generator Number)
ILD 005128541

WASTE HAULER(S)

LANDGREBE MOTOR TRANSIT (Hauler Name) | 3009 S. SHIELDS, CHGO.ILL. 60616 (Hauler Address) | S.W.H. Registration Number 984282 4

Hauler Name | Hauler Address | S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX AVENUE (Address) | 91808902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | IND 016360265

**TO BE COMPLETED BY WASTE GENERATOR**

WASTE NAME: FLAMMABLE LIQUID NOS. UNA 1993

WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | WEIGHT FOR D.O.T. USE |
|---|---|---|
| RESIDUE INK | F001 | 5675 LBS / TONS (circle one) |
| RESIDUE ALCOHOL | F003 | |

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 660 GALLONS / CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1-5-82 Karl Friesl (Authorized Signature)

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 1/5/82

(2) (Authorized Signature) DATE: 1/6/82

**DISPOSAL, STORAGE, OR TREATMENT FACILITY***

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: __/__/__

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

To 112 Fr T-63 6PM 1/6/82

SITE COPY - PART 3

002653

0370702

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

COMPLETED BY WASTE GENERATOR

Authorization Number ~~99121~~

MURNANE PAPER COMPANY (Company Name) | 607 NORTHWEST AVENUE (Address)
NORTHLAKE (City) | ILLINOIS (State) | 60164 (Zip)
031 47 10 009 G — Generator Number
ILD 005128541
IND 00

WASTE HAULER(S)

LANDGREBE MOTOR TRANSIT (Hauler Name) | 3009 S. SHIELDS, CHGO., IL.60616 (Hauler Address) | S.W.H. Registration Number 9 8 4 2 8 2 4
ICC D 9 8 0
Hauler Name | Hauler Address | S.W.H. Registration Number EPA #

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX AVENUE (Address) | 918 089 02 Site Number
GRIFFITH (City) | INDIANA (State) | 46319 (Zip)
IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: FLAMMABLE LIQUID NOS. UNA 1993 | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

| SHIPPING DESCRIPTION: | HAZARD CLASS: | WEIGHT FOR D.O.T. USE | |
|---|---|---|---|
| RESIDUE INK | F001 | 9366 | LBS / TONS (circle one) |
| RESIDUE ALCOHOL | F003 | | |

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 1155 — 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 10-20-82 Karl Friesl (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) LMT Philip L Lyons (Authorized Signature) DATE: 10/20/82

(2) (Authorized Signature) DATE: / /

*DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Frank Price (Authorized Signature) DATE: 10/21/82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 GENERATOR

To 122 F-T-636 M 10-21-82

SITE COPY - PART 3

002852

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID088862933 — Manifest Document No.: 97546

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
MUSKEGON PISTON RING CO.
1839 Sixth St., Muskegon, MI 49443

4. Generator's Phone (616) 726-5226

A. State Manifest Document Number: IN 097546

B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. US EPA ID Number: MID055855373

C. State Transporter's ID:

D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE OIL Combustible Liquid NA1270 204+ | 50 | DM | 2750 | G | D001 |
| b. HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA9189 720+ | 29 | DM | 1595 | G | F001 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Sabina Sencel — Signature: [signature] — Month 04 Day 13 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Donald Van Ess — Signature: [signature] — Month 04 Day 13 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: Harold T. Schmidt — Signature: [signature] — Month 04 Day 13 Year 87

GENERATOR / TRANSPORTER / FACILITY

IN 097546

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 33 - 204 R T50 B
26 - 120 R T63 B

012809

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

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

Form Approved OMB No. 2000 0404 Expires 7 31 86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: M I D 0 8 8 8 6 2 9 3 3 9 9 0 1 7

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
MUSKEGON PISTON RING CO.
1839 Sixth St., Muskegon, MI 49443

4. Generator's Phone ( 616 ) 726-5226

A. State Manifest Document Number: IN 099017

B. State Generator's ID

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. US EPA ID Number: M I D 0 5 5 8 5 5 3 7 3

C. State Transporter's ID

D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | 12. Containers Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE OIL (IGNITABLE) Combustible Liquid NA1270 | | DM | | G | D001 |
| b. HAZARDOUS WASTE, LIQUID, N.O.S. (F001) ORM-E NA9189 | | DM | | G | F001 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: MILT PUPA | Signature | Month 6 Day 1 Year 87

IN 099017

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MTK
14-204RTSUB

012810

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 8 8 8 6 2 9 3 3
Manifest Document No.: 4 4 6 4 6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MUSKEGON PISTON RING CO.
1839 Sixth St., Muskegon, MI 49443
4. Generator's Phone: 616 726-5226

A. State Manifest Document Number: INA 0144646
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE OIL - (IGNITABLE) Combustible Liquid NA1270 | 016 | DM | 880 | G | D001 |
| b. HAZARDOUS WASTE, LIQUID, N.O.S. (F001) ORM-E NA9189 | 005 | DM | 275 | G | F001 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Barna Semrad
Signature:
Date: Month 07 Day 24 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Russell L. Heminger
Signature:
Date: Month 07 Day 24 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: Warren F. Schmidt
Signature:
Date: Month Day Year

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA F 0144646

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
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PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

21-204R-T50

012811

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 8 8 8 6 2 9 3 3 | Manifest Document No. 5 9 1 4 7

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MUSKEGON PISTON RING CO.
1839 Sixth St., Muskegon, MI 49443

A. State Manifest Document Number INA 0159147

4. Generator's Phone (616) 726-5226

B. State Generator's ID

5. Transporter 1 Company Name VALLEY CITY REFUSE DISPOSAL, INC. | 6. Use EPA ID Number M I D 9 8 1 8 5 6 0 6 3

C. State Transporter's ID

D. Transporter's Phone (616) 235-1500

7. Transporter 2 Company Name | 8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190 | 10. Use EPA ID Number I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID

H. Facility's Phone (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE OIL (Ignitable) Combustible Liquid NA1270 | 26 | DM | 4430 | G | D001 |
| b. HAZARDOUS WASTE, LIQUID, N.O.S. (F001) ORM-E NA9189 | 4 | DM | 220 | G | F001 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name [illegible] | Signature [illegible] | Date Month 10 Day 17 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Earl W. Coons | Signature [illegible] | Date Month 10 Day 17 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Harold F. Schmidt | Signature [illegible] | Date Month 11 Day 12 Year 87

GENERATOR — TRANSPORTER — FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA T 0159147

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 30-204R T-50 11/3/87gm

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PAGE 8 (white) TRANSPORTER 2 COPY

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·8·8·8·6·2·9·3·3
Manifest Document No.: 4·4·6·9·4
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MUSKEGON PISTON RING CO.
1839 Sixth St., Muskegon, MI 49443
4. Generator's Phone (616) 726-5226

A. State Manifest Document Number: INA 0144694
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. X WASTE OIL (Ignitable) Combustible Liquid NA1270 | 10 | D.M | 550 | G | D001 |
| b. HAZARDOUS WASTE LIQUID, N.O.S. (F001) ORM-E NA9189 | 3 | D.M | 165 | G | F001 |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

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Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 12 Day 15 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Arnold Dykstra Signature: [illegible] Date: Month 12 Day 15 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F SCHMIDT Signature: [illegible] Date: Month 12 Day 17 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0144694

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 (0a 204TR T-50 12/18/87
3b 204TR T-50 12/18/87

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

012813

INA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
CE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
Box 7035
napolis, IN 46207-7035

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID088862933 — Manifest Document No.: 56975
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Muskegon Piston Ring Co.
1839 Sixth St, Muskegon, NI 49443

A. State Manifest Document Number: INA 0266975

4. Generator's Phone (616) 726-5226

B. State Generator's ID

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: MID981956063

C. State Transporter's ID

D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name
8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Oil (F001) Combustible Liquid NA1270 | 001 | TT | 3500 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

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Printed/Typed Name: DAVID BROW — Signature: David Brow — Date: Month 01 Day 18 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM GRUNWELL — Signature: Jim Grunwell — Date: Month 01 Day 18 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: F DUNFEE — Signature: F Dunfee — Date: Month 01 Day 18 Year 89

GENERATOR — TRANSPORTER — FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0266975

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 212 TSD 1/BR

00.7029

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MID088862933 Manifest Document No. 6006
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Muskegon Piston Ring Co
1839 Sixth St, Muskegon, MI 49443
4. Generator's Phone ( 616 ) 726-5226

A. State Manifest Document Number INA 0316006
B. State Generator's ID

5. Transporter 1 Company Name
VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number MID981956063
C. State Transporter's ID
D. Transporter's Phone (616) 235-1500

7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number IND016360265
G. State Facility's ID
H. Facility's Phone (219) 924-4370

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Oil (F001) Combustible Liquid NA1270 | 001 | TT | 3000 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

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Printed/Typed Name: DAVID BROW Signature: David Brow Date: Month 04 Day 1 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 04 Day 1 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A Signature: [illegible] Whitaker Month Day Year 4 21 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0316006

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

2127C-50 4/21

COPY 5. TSD COPY

0017028

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 8 8 8 6 2 9 3 3
Manifest Document No.: 8 9 4 8 9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MUSKEGON PISTON RING CO.
1839 SIXTH ST. MUSKEGON, MI. 49443
4. Generator's Phone (616) 726-5226

A. State Manifest Document Number: INA 0189498
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (616) 235-1500
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | Waste No. |
|---|---|---|---|---|---|
| a. WASTE OIL (Ignitable) (F001) COMBUSTIBLE LIQUID NA1270 (D001) | 0 0 1 | T T | 02300 | G | F001 D001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

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If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| [illegible] | [signature] | 05 | 13 | 88 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| [illegible] | [signature] | 05 | 13 | 88 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| | | | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

| Printed/Typed Name | Signature | Month | Day | Year |
|---|---|---|---|---|
| FWNFEE | [signature] | 05 | 13 | 88 |

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0189498

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

210RTSO 5/13/88

0017025

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·8·8·8·6·2·9·3·3
Manifest Document No.: 5·5·8·6·7
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Muskegon Piston Ring Co.
1839 Sixth St, Muskegon MI 49443
4. Generator's Phone ( 616 ) 726-5226

A. State Manifest Document Number: INA 0355867
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (616) 235-1500
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3
7. Transporter 2 Company Name
8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | L. Waste No. |
|---|---|---|---|---|---|
| a. Waste Oil (F001) Combustible Liquid NA1270 | 001 | TT | 2800 | G | D001 F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month [illegible] Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Grunwell Signature: [illegible] Date: Month 08 Day 21 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FDUNF-EE Signature: [illegible] Month 08 Day 21 Year 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355867

0017027

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M·I·D·0·8·8·8·6·2·9·3·3 Manifest Document No. 4·4·6·7·5

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
MUSKEGON PISTON RING CO.
1839 SIXTH ST. MUSKEGON, MI. 49443

A. State Manifest Document Number INA 0244675

4. Generator's Phone (616) 726-5226

B. State Generator's ID

5. Transporter 1 Company Name VALLEY CITY REFUSE DISPOSAL, INC.

6. Use EPA ID Number M·I·D·9·8·1·9·5·6·0·6·3

C. State Transporter's ID

D. Transporter's Phone (616) 235-1500

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number I·N·D·0·1·6·3·6·0·2·6·5

G. State Facility's ID

H. Facility's Phone (219) 924-4370

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. WASTE OIL (F001) COMBUSTIBLE LIQUID NA1270 | 001 | TT | 03000 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: DAVID A. BROWN — Signature: David A. Brown — Date: Month 09 Day 29 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Ruth Rozema — Signature: Ruth Rozema — Date: Month 9 Day 29 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: F DUNFEE — Signature — Date: Month 09 Day 29 Year 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0244675

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

311TCT50 9/29

0017026

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID088862933 — Manifest Document No.: 55971
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Muskegon Piston Ring Co
1839 Sixth St, Muskegon MI 49443
4. Generator's Phone ( 616 ) 726-5226

A. State Manifest Document Number: INA 0355932
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: MID981956063
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090
10. Use EPA ID Number: IND016360265

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol. | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Oil Combustible Liquid NA1270 (F001) | 001 | TT | 1500 | G | F001 |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 2 Day 2 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Donald Van Es — Signature: [illegible] — Date: Month 02 Day 06 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: FDUNFEE — Signature: FDunfee — Month 02 Day 06 Year 90

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355932

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

211FCT50 2/6

0017879

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0459437

Authorization Number 992606

MYSTIK CORPORATION (Company Name) 60 N. HAPP RD (Address) (312) 4464000 (Phone Number) 0312100002 (Generator Number)

NORTHFIELD (City) ILLINOIS (State) 60093 (Zip) ILD000802736 (EPA Number)

WASTE HAULER(S)

MR FRANK INC. (Hauler Name) SOUTH HOLLAND (Hauler Address) S.W.H. Registration Number 0079023

(Phone Number) ILD069506160 (EPA Number)

(Hauler Name) (Hauler Address) S.W.H. Registration Number

(Phone Number) (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) P.O. BOX 190 (Address) 91808902 (Site Number)

GRIFFITH (City) INDIANA (State) 46319 (Zip) (219) 9244370 (Phone Number) IND016360265 (EPA Number)

(Alternate (Facility Name)) (Address) (Site Number)

(City) (State) (Zip) (Phone Number) (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SOLVENT N.O.S WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: SOLVENT, N.O.S. HAZARD CLASS: FLAMMABLE LIQUID NA1993 (UN or NA Number) F005 (EPA HW Number)

WEIGHT FOR D.O.T. USE 18060 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 002100 (1 GALLONS (Circle One) 2 CU YDS)

METHOD OF SHIPMENT (Circle One) (DRUMS ____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Wade H. Williams (Authorized Signature) DATE July 10, 1981

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Gary Dryer (Authorized Signature) DATE 07 10 81

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature) DATE 7 10 81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 125 K T-63 7/10/81 gm.

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 3

SITE COPY - PART 3

000877

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0459444

Authorization Number 992626

MYSTIK CORPORATION (Company Name) 60 N. HAAP RD Address (312)4464000 Phone Number 0312100002 Generator Number
NORTHFIELD City ILLINOIS State 60093 Zip ILD000802736 EPA Number

WASTE HAULER(S)

MR. FRANK INC. Hauler Name SOUTH HOLLAND Hauler Address S.W.H. Registration Number 0079027
Phone Number ILD069506160 EPA Number

Hauler Name Hauler Address S.W.H. Registration Number
Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) P.O. BOX 190 Address 9180 8902 Site Number
GRIFFITH City INDIANA State 46319 Zip (219)924 4320 Phone Number IND016360265 EPA Number

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE SOLVENT, NOS WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: SOLVENT, NOS HAZARD CLASS: FLAMMABLE LIQUID NA1993 NA Number F005 EPA HW Number

WEIGHT FOR D.O.T. USE 17,250 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 00230 GALLONS (Circle One) CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: Aug 26, 81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Jim Bradley (Authorized Signature) DATE: 8/26/81

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE 8/26/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 124Z T-63 8/26/81 JGM

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV # 3

SITE COPY - PART 3

000878

TO BE COMPLETED BY WASTE GENERATOR

# STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0463378

Authorization Number 992606

MYSTIK CORPORATION (Company Name) | 60 N. HAPP RD (Address) | (312)4464000 (Phone Number) | 0312100002 (Generator Number)

NORTHFIELD (City) | ILLINOIS (State) | 60093 (Zip) | IL0000802736 (EPA Number)

WASTE HAULER(S)

MR FRANK INC (Hauler Name) | SOUTH HOLLAND (Hauler Address) | S.W.H. Registration Number 0079005

(312)5963377 (Phone Number) | IL0069506160 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | P.O. BOX 190 (Address) | 91808902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | (219)9244370 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE SOLVENT NOS | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: SOLVENT NOS | HAZARD CLASS: FLAMMABLE LIQUID | NA1993 (UN or NA Number) | F005 (EPA HW Number)

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 2800 | 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS _____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Wade Williams (Authorized Signature) DATE: Oct. 2, 1981

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) C Borucki (Authorized Signature) DATE: 10/02/81

(2) _____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEES: 10281

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: __/__/__

COMMENTS OR SPECIAL INSTRUCTIONS TO 125E T-63 10/2/81 JM.

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 3

SITE COPY - PART 3

000879

STATE OF ILLINOIS EN

22(

Please print or type. (Form designed for use

# UNIFORM HAZARDOU WASTE MANIFEST

3. Generator's Name and Mailing Addr
MYSTIK TAPE CO
3865 SWANSON
GURNEE IL. 60

4. Generator's Phone ( 312 )

5. Transporter 1 Company Name
LAND GREBE MO

7. Transporter 2 Company Name

9. Designated Facility Name and Site
AMERICAN CHEM
420 S. COLFAX
GRIFFITH, IN. 46

11. US DOT Description (Including Pr

| | HM | |
|---|---|---|
| a. | ✓ | WASTE SOL FLAMMABLE |
| b. | | |
| c. | | |
| d. | | |

J. Additional Descriptions for Materials

15. Special Handling Instructions and A

16. GENERATOR'S CERTIFICATION
above by proper shipping name ar
for transport by highway according

Printed/Typed Name
Thaddeus F.

TRANSPORTER

17. Transporter 1 Acknowledgement
Printed/Typed Name
JIM MARPS

18. Transporter 2 Acknowledgement o
Printed/Typed Name

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certif
Item 19.

Printed/Typed Name
GR MUR

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEP

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Sta
or operator of not to exceed $25,000 per day of violation. Falsifica
Center.

FAC

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No 2000-0404 Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. — Manifest Document No. 0001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
MYSTIK TAPE CORP
3865 SWANSON CT
CHARLES IL 60031

4. Generator's Phone (312) 623-4300

A. Illinois Manifest Document Number: IL 1288389

B. Illinois Generator's ID: 0970355017

5. Transporter 1 Company Name: LANDGREBE Motor Transport

6. US EPA ID Number: 009842824

C. Illinois Tranporter's ID: 1875

D. (312) 842-3121 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
410 S COLFAX AVE
UTAIFFITH IN. 46319

10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID: 1918089000 2

H. Facility's Phone: (312) 788-7 4998

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

| | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | ✓ | WASTE SOLVENT FLAMMABLE LIQUID UN1993 | 5 | DM | 250 | 1 | EPA HW Number: 0002 Authorization Number |
| b. | | | | | | | EPA HW Number Authorization Number |
| c. | | | | | | | EPA HW Number Authorization Number |
| d. | | | | | | | EPA HW Number Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards

15. Special Handling Instructions and Additional Information

3350

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| NIRANJAN C. PATEL | Niranjan C. Patel | 5 20 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| JIM MARRS | Jim Marrs | 5 22 85 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| FRANK PRICE | Frank Price | 5 23 85 |

GENERATOR — TRANSPORTER — FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center

FACILITY COPY - PART 3

204 KT-50

008705

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
Mystik Tape
3865 Swanson Ct Gurnee, Il.

4. Generator's Phone (312) 623-4300

A. Illinois Manifest Document Number: IL 1288386

B. Illinois Generator's ID: 0970355017

5. Transporter 1 Company Name: Land Grebe Motor Trans | 6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 1875

D. Transporter's Phone: (312) 842-3127

7. Transporter 2 Company Name | 8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax Ave.
Griffity Id. 4619

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180870002

H. Facility's Phone: (312) 768-3400

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | ✓ | Wast solvent Flammable liquid UN 1993 | 5 | DM | 250 | | EPA HW Number: D001; Authorization Number |
| b. | | | | | | | EPA HW Number; Authorization Number |
| c. | | | | | | | EPA HW Number; Authorization Number |
| d. | | | | | | | EPA HW Number; Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards
9980

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: Ralph Colabella | Signature: [signature] | Date: Month 6 Day 13 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Dan Kitchell | Signature: [signature] | Date: Month 6 Day 12 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: F DUNFEE | Signature: [signature] | Date: Month 6 Day 14 Year 85

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

204 KT-50

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
Mystik Tape Corporation
3865 Swanson Ct. Gurnee, Il. 60031

4. Generator's Phone (312) 623-4300

A. Illinois Manifest Document Number: IL 1288387

B. Illinois Generator's ID: 0970355017

5. Transporter 1 Company Name: Land Arba motor Trans

6. US EPA ID Number: IN0009842824

C. Illinois Tranporter's ID: 1875

D. (312) 842-3121 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax Ave.
Griffith, Ind. 4619

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|
| a. | Waste Solvent Flammable Liquid UN 1993 | 10 | DM | 550 | | EPA HW Number: 0001 Authorization Number |
| b. | | 23 | 700 | | | EPA HW Number Authorization Number |
| c. | | | | | | EPA HW Number Authorization Number |
| d. | | | | | | EPA HW Number Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| Ralph Colabella | [signature] | 8 28 85 |

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| Jim Marrs | Jim Marrs | 8 28 85 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| Frank Price | Frank Price | 8 28 85 |

GENERATOR

TRANSPORTER

FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

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FACILITY COPY - PART 3

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10.7 cc.

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Pa... ...on in the shaded areas is not ...ed by Federal law, but is required of ... Illinois law.

3. Generator's Name and Mailing Address
MYSTIK TAPE CORPORATION
3865 SWANSON CT GURNEE IL, 60031

4. Generator's Phone ( 312 ) 623-4300

A. Illinois Manifest Document Number: IL 1288385

B. Illinois Generator's ID: 0970355017

5. Transporter 1 Company Name: LAND GREBE MOTOR TRANS

6. US EPA ID Number: IN009842824

C. Illinois Tranporter's ID: 1876

D. (312) 842-3121 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number: 102

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX AVE
GRIFFITH IND 4619

10. US EPA ID Number: IND016370265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
|---|---|---|---|---|---|---|---|
| a. | | WASTE SOLVENT FLAMABLE LIQUID UN 1993 | 11 | DM | 600 | | EPA HW Number: 0001 / Authorization Number |
| b. | | | | | | | EPA HW Number / Authorization Number |
| c. | | | | | | | EPA HW Number / Authorization Number |
| d. | | | | | | | EPA HW Number / Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

Printed/Typed Name: VIL GAGAINIS | Signature: Vil Gagainis | Date: Month 9 Day 30 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jim MARRS | Signature: Jim Marrs | Date: Month 9 Day 30 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE | Signature: Frank Price | Date: Month 10 Day 1 Year 85

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

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FACILITY COPY - PART 3

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**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

461004

LPC 62 8/81

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
Mystik Tape Corporation
3865 Swanson ct. Gurnee, Il. 60031

4. Generator's Phone ( 312 ) 623-4300

A. Illinois Manifest Document Number: IL 1434385

B. Illinois Generator's ID: [illegible]

5. Transporter 1 Company Name: Lond Grebe Motor Trans

6. US EPA ID Number: IN 009842824

C. Illinois Tranporter's ID: 1875

D. ( ) Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Ave. 46319
Griffith Ind. [illegible]

10. US EPA ID Number: IN0016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone

GENERATOR

| | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|
| a. | Waste Solvent. Flamable Liquid UN 1993 | 1 | DM | 600 | | EPA HW Number: [illegible] Authorization Number |
| b. | | | | | | EPA HW Number Authorization Number |
| c. | | | | | | EPA HW Number Authorization Number |
| d. | | | | | | EPA HW Number Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations, and Illinois regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| Ralph Colabella | [signature] | 11 30 85 |

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| Frank Field | Fred Tucker | 11 15 85 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| | | |

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

| Printed/Typed Name | Signature | Date (Month Day Year) |
|---|---|---|
| FRANK PRICE | Frank Price | 11 18 85 |

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. #6

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

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**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0670 IPC 62 8/81

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD107635369 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: Mystik Tape Corp, 3865 Swanson Ct, Gurnee IL 60031

4. Generator's Phone: (312) 623-4300

A. Illinois Manifest Document Number: IL 1288384

B. Illinois Generator's ID: 0970355017

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANS. — 6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 7875

D. Transporter's Phone: (312) 842-3121

7. Transporter 2 Company Name: — 8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax Ave., Griffity IND 4619 — 10. US EPA ID Number: IND016360765

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|---|
| a. | ✓ | Waste Solvent Flammable Liquid UN 1993 | 16 | DM | 6400 | | EPA HW Number: 0001 / Authorization Number: |
| b. | | | | | | | EPA HW Number: / Authorization Number: |
| c. | | | | | | | EPA HW Number: / Authorization Number: |
| d. | | | | | | | EPA HW Number: / Authorization Number: |

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above: In Item #14: 1 = Gallons, 2 = Cubic Yards

15. Special Handling Instructions and Additional Information:

16. **GENERATOR'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 national governmental regulations, and Illinois regulations.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| Ralph Colabella | [signature] | 02 18 86 |

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| MICHAEL YURECHKO | Michael Yurechko | 02 18 86 |

18. Transporter 2 Acknowledgement or Receipt of Materials

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| | | |

FACILITY

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Date Month Day Year |
|---|---|---|
| STEVE KULAVICK | Steve Kulavick | 2 19 86 |

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

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FACILITY COPY - PART 3

2047 KT 50

**STATE OF ILLINOIS** ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

A. Illinois Manifest Document Number: IL 1434384

B. Illinois Generator's ID

C. Illinois Tranporter's ID

D. Illinois Transporter's Phone

E. Illinois Transporter's ID

F. Illinois Transporter's Phone

G. Illinois Facility's ID

H. Facility's Phone

3. Generator's Name and Mailing Address
MYSTIK TAPE CORPORATION
3865 SUNNSON, COURT, GURNEE, IL 60031

4. Generator's Phone ( )

5. Transporter 1 Company Name: LAND GREBE MOTOR TRANS
6. US EPA ID Number: IN 009842824

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax Avenue
Gary, Ind 46317
10. US EPA ID Number: IN 001636265

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No. |
|---|---|---|---|---|---|---|
| a. WASTE SOLVENT FLAMABLE LIQUID UN 1993 | X | GROSS 6 | DM | 2700 330 | lbs gal | EPA HW Number / Authorization Number |
| b. | | | | | | EPA HW Number / Authorization Number |
| c. | | 3 278 19 110 | | | | EPA HW Number / Authorization Number |
| d. | | | | | | EPA HW Number / Authorization Number |

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'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 national government regulations, and Illinois regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: ALI MIRZA | Signature | Date (Month Day Year): 04 04 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ~~ALI MIRZA~~ | Signature | Date (Month Day Year)

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: ROBERT L. PRENTISS | Signature: Robert L. Prentiss | Date (Month Day Year): 4 4 86

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name: MURPHY | Signature | Date (Month Day Year): 4 7 86

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. #6

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FACILITY COPY - PART 3

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