US EPA RECORDS CENTER REGION 5
460614

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

0382203

Authorization Number 991524

SHIELD COATINGS, INC. (Company Name) 3216-24 So. Shields Address

CHICAGO City ILL. State 60616 Zip

031-6000725 G Generator Number

WASTE HAULER(S)

MR. FRANK INC. Hauler Name 201 W 155TH ST South Holland Hauler Address

S.W.H. Registration Number 00 99 025

ILD069506160

Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) 420 So. COLFAX Address

GRIFFITH City IND. State Zip

91808902 Site Number

IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC SOLVENTS K-078 WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW: UN 1993

SHIPPING DESCRIPTION:	HAZARD CLASS:
	FLAMABLE

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: 004500

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: 07/20/81 Zika Stamenkovich (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) Mike Manter (Authorized Signature) DATE 07/20/81

(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: 07 20 81

COMMENTS OR SPECIAL INSTRUCTIONS: To 124th T-63 7/20/81 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

002058

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

0634363

Authorization Number

(Company Name)	Address	Phone Number	Generator Number
Sharc Manufacturing	1041 N Du Page Ave	312 898 7779	043 [illegible]

City	State	Zip	EPA Number
Lombard	Il	60148	IL T000 646 794

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number	Phone Number	EPA Number
LANDGREBE MTR	VALPARAISO, IN 46383	ICC 2180	312-842-3121	IND 009842824

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number	City	State	Zip	Phone Number	EPA Number
AMERICAN CHEMICAL SERVICE	420 S. COLFAX AVE	91808902	GRIFFITH	INDIANA	46319	2199244370	IND016360265

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: FLAMMABLE LIQUID 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: WASTE SOLVENTS
HAZARD CLASS: IGNITABLE
UN1 993 (UN or NA Number)
D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 8450 LBS TONS (circle one)
WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 1035 (1 GALLONS (Circle One) 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) (DRUMS 22 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 [signature] (Authorized Signature) DATE: [illegible]

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 8/11/82

(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 8/12/82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-26

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 GPM 8-12-82

002445

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

TO: AMERICAN CHEMICAL SERVICE	FROM:
T/S/D FACILITY	Generator SIGNA CORPORATION
E.P.A. ID Code No. INDO-1630265	E.P.A. ID Code No. IND069761195
Address 420 S. Colfax	Address P.O. BOX 51 (Industrial Park)
Destination Griffith, Indiana 46319	Origin Decatur, Indiana 46733
Phone 219-924-4370	Phone 219-724-9111

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.)
2	ACETONE	FLAMMABLE	UN1090	UN002	110	FLAMMABLE

PLACARDS REQUIRED

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 FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____
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 E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

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

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date _____

T/S/D F COPY To 121 KT-63 : 6PM 5-17-83

002365

HAZARDOUS WASTE

HAZARDOUS WASTE

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

TO:	FROM:
T/S/D FACILITY AMERICAN CHEMICAL SERVICE	Generator SIGMA CORPORATION
E.P.A. ID Code No. INDO-16360265	E.P.A. ID Code No. IND069761195
Address 420 S. Colfax	Address Industrial Park
Destination Griffith Indiana	Origin Decatur, Indiana 46733
Phone 219-924-4370	Phone 219-724-9111

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.)
4 DRS.	WASTE ACETONE	FLAMMABLE	UN-1090	U002	220 GL	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.

HAZARDOUS WASTE

HAZARDOUS WASTE

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____

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 E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 THOMAS SOLVENT COMPANY E.P.A. ID No. MID-039993902
Address 5605 Planeview Drive
City Fort Wayne State In Zip 46825 Phone 219-482-9638

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 109I T-63 10/13/81 JMM

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date _____

T/S/D F COPY

002366

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.: ILD068482124
Manifest Document No.: 0001
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: Signal Plastics, 3445 N. Kimball, Chicago, Illinois
4. Generator's Phone:
A. State Manifest Document Number: INA 0162795
B. State Generator's ID: 0316000524
C. State Transporter's ID: 0079
D. Transporter's Phone: 312 596-3377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 91808902
H. Facility's Phone: 312 768-3400

5. Transporter 1 Company Name: Mr. Frank Inc.
6. Use EPA ID Number: IL0069506160
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services, Colfax Ave. at C&ORR, Griffith, Indiana 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.	Waste No.
a. Waste Flammable Liquid, N.O.S. Flammable Liquid UN 1993	030	DM	01650	1	[illegible]
b. ACCEPT 13 DR	13	DM	7.15	G	[illegible]
c. REJECT 17 DR					
d.					

J. Additional Descriptions for Materials Listed Above: Dirty Thinners and Mask Wash
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: Harry Reid
Signature: [signature]
Date: Month 12 Day 17 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature: [signature]
Date: Month 12 Day 17 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature: [signature]
Date: Month 12 Day 30 Year 87

19. Discrepancy Indication Space
REJECT 17 DRUMS - MAT'L DOES NOT MATCH PRESHIPMENT SAMPLE. gm

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 12 Day 17 Year 87

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 0162795

Form 8700-22 (Rev. 9-86)
Editions are obsolete.
1865 12-204 R T-50 12/2/87
17 REJECT 12/30/87
HOLD.

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

012403

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 ID 0 6 41 7 64 07 0 0 01

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Signaltone-Neiman, Inc.
946 Frisbie St.
Cadillac, MICH. 49601

4. Generator's Phone: (616) 775-1373

A. State Manifest Document Number: IN 093229

B. State Generator's ID:

5. Transporter 1 Company Name: Haviland Products

6. US EPA ID Number: M I D 00 6 02 8 49 2

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: American Chemical Service
420 S. Colfax
Griffith, IND. 46319

10. US EPA ID Number: IN D 01 6 36 0 2 65

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
GENERATOR a. Waste paint related material flammable liquid NA-1263	01 2	D M	00 6 60	G	F003
b. Placarded flammable NA-1263					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: In case of spill - contain

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
Glenn Bathrick		05	23	87

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 item 19.

Printed/Typed Name	Signature	Month	Day	Year

IN 093229

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MIC 12-123R TG2 B

012402

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.0.6.4.1.7.6.4.0.7 | Manifest Document No. 0.00.1. | 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
Signaltone-Neiman, Inc.
946 Frisbie St.
Cadillac, Mich. 49601

4. Generator's Phone (616) 775-1373

A. State Manifest Document Number: INA 0155093
B. State Generator's ID:

5. Transporter 1 Company Name: Haviland Products
6. Use EPA ID Number: M.I.D.0.0.6.0.2.8.4.9.2
C. State Transporter's ID:
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
Griffith, Ind. 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:

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 related material flammable liquid NA-1263	8	DM	0.04.4.0	G	P003
b. Placarded flammable NA-1263					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: In case of spill - contain
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: James D Strachan | Signature | Date Month Day Year: 01 25 88

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 Item 19. — Printed/Typed Name | 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 0155093

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 8-125T 7-63 1/1/28

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

0015232

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.	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.
MID064176407	0001		

GENERATOR

3. Generator's Name and Mailing Address
SIGNALTONE-NEIMAN INC. 946 FRISBIE ST.
CADILLAC, MI 49601

A. State Manifest Document Number: INA 0155094

B. State Generator's ID:

4. Generator's Phone (616) 775-1373

5. Transporter 1 Company Name: HAVILAND PRODUCTS
6. Use EPA ID Number: MID000628492
C. State Transporter's ID:
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
GRIFFITH, IND. 46319
10. Use EPA ID Number: IND016360255
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 PAINT RELATED MATERIAL FLAMMABLE LIQUID NA-1263	007	dm	00385	G	F003
b. PLACARDED FLAMMABLE NA-1263					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
IN CASE OF SPILL CONTAIN

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IN CASE OF SPILL CONTAIN

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
JAMES P STRACHAN	James P Strachan	08	02	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
KEITH SAVACOOL	Keith Savacool	08	02	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	Signature	Date Month	Day	Year
FRANK PRICE	Frank Price	08	5	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 0155094

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

123K1630/1

0015233

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.0.6.4.1.7.6.4.0.7 | Manifest Document No.: 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
Signaltone-Heiman, Inc.
946 Frisbie St. Cadillac, MI 49601

A. State Manifest Document Number: INA 0248807

4. Generator's Phone (616) 775-1373

B. State Generator's ID

5. Transporter 1 Company Name: Haviland Products | 6. Use EPA ID Number: M.I.D.0.6.0.2.8.4.9.2 | C. State Transporter's ID | D. Transporter's Phone: 616-361-6691

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: IS | 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 Paint Related material Flammable Liquid NA-1263	0.0.5	d.m	0.0.2.7.5	G	F003
b. Placarded Flammable NA-1263					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
In Case Of Spill Contain

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
In Case Of Spill Contain

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: James D. Strachan | Signature | Date: Month 0 3 Day 1 7 Year 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kent Keel | Signature | Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM SWITZER | Signature | Date: Month 4 Day 18 Year 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: STEVE KULNICK | Signature | Date: Month 04 Day 18 Year 89

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night), or National Response Center at 800/424-8802 or 202/426-2675.

INA 0248807

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865
123TCT62 4/19

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
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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

0016704

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 0 5 0 2 2 8 0 | Manifest Document No. 4 6 4 1 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
SIGNODE CORPORATION
3700 WEST LAKE STREET., GLENVIEW, IL., 60025
4. Generator's Phone (312) 724-6100

A. State Manifest Document Number: INA 0346411
B. State Generator's ID: IL. # 0318120001

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
C. State Transporter's ID: IL. # 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: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID: IL. # 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. RQ., WASTE METHYLENE CHLORIDE ORM-A UN 1593 (F002)	0.5	D.M	27.5	G	F002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11A. WASTE PAINT STRIPPER.
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: HARRY METAPOULOS — Signature: H Metapoulos — Date: Month 03 Day 27 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: RICH WHITE — Signature: — Date: Month 03 Day 27 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
TRANSPORTER — 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.
FACILITY — Printed/Typed Name: STEVE KULNICK — Signature: Steve Kulnick — Date: Month 03 Day 30 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

3-2047CTSD 3/31
9 PAILS (SLUDGE) ASH GROVE 4/15/89 9013
3 DRUMS DAFF TSD 8/10/89

48 CAC MARINE SPACE 3/4/90 01083

INA0346411

0016703

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 0 5 0 2 2 8 0 | Manifest Document No.: 4 6 4 0 9
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
SIGNODE CORPORATION
3700 WEST LAKE STREET., GEENVIEW, IL., 60025

4. Generator's Phone (312) 724-6100

A. State Manifest Document Number: INA 0346409

B. State Generator's ID: IL. #0518320001

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

C. State Transporter's ID: IL. # 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: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID: IL. #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 FLAMMABLE LIQUID., N.O.S. FLAMMABLE LIQUID UN 1923 (D001)	0 3	D M	165	G	D001
b.					
c.					
d.					

7.1#

J. Additional Descriptions for Materials Listed Above
11A. MINERAL SPIRITS
PAINT RELATED MATERIAL

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: HARRY METROPOULOS | Signature: H Metropoulos | Date Month 3 Day 27 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICH WHITE | Signature: [signature] | Date Month 3 Day 27 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: STEVE KULAVICK | Signature: Steve Kulavick | Date Month 03 Day 30 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.

INA0346409

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

2-204 TE TSD [illegible]

COPY 5. TSD COPY

1-204 TE TSD 8/15/91

0016702

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.9.8.0.5.0.2.2.8.0 | Manifest Document No. 4.6.4.0.8 | 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
SIGNODE CORPORATION
3700 WEST LAKE ST., GLENVIEW, IL., 60025
4. Generator's Phone (312) 724-6100

A. State Manifest Document Number: INA 0346408
B. State Generator's ID: IL. # 0318120001

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
C. State Transporter's ID: IL. #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: I.N.D.0.1.6.3.6.0.2.6.5
G. State Facility's ID: IL. # 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. RQ, WASTE 1,1,1, TRICHLOROETHANE ORM-A., UN 2831 (F002)	0.1	D M	55	G	F002
b.					
c.					
d.					

10.2#

J. Additional Descriptions for Materials Listed Above
11A. WASTE 1,1,1, TRICHLOROETHANE

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: HARRY METROPOULOS | Signature: H. Metropoulos | Date: Month 03 Day 27 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICK WHITE | Signature: | Date: Month 03 Day 27 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: STEVE KULAVICK | Signature: Steve Kulavick | Date: Month 03 Day 30 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.

INA0346408

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

120VCT43 4/5

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0016701

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. I L D 9 8 0 5 0 2 2 8 0 | Manifest Document No. 4 0 4 2 0 | 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
SIGNODE CORPORATION
3700 WEST LAKE STREET., GLENVIEW, IL., 60025
4. Generator's Phone (312 724-6100)

A. State Manifest Document Number: INA 0346410
B. State Generator's ID: IL. # 0318120001

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
C. State Transporter's ID: IL. # 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 CHEMIAL 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
G. State Facility's ID: IL. # 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 FLAMMABLE LIQUID., N.O.S. FLAMMABLE LIQUID., ~~XXXX~~ UN 1993 (F003, F005)	0 9	D.M	0 0 4 9 5	G	F003 F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11A. WASTE PAINT THINNERS.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR — Printed/Typed Name: HARRY METROPOULOS — Signature: H. Metropoulos — Date: Month 03 Day 27 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICH WHITE — Signature: [signature] — Date: Month 03 Day 27 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: STEVE KULAVKK — Signature: Steve Kulavik — Month 03 Day 30 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.

6.91

INA0346410

0016697

INA 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 0 5 0 2 2 8 0 | Manifest Document No.: 4 6 4 8 7 | 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
Signode Corporation
3700 W. Lake St. Glenview, IL 60025

4. Generator's Phone (312) 657-4757

A. State Manifest Document Number: INA 0346487

B. State Generator's ID: IL. #0318120001

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 Services
420 S. Colfax
Griffith, IN

10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

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. Waste Flammable Liquid, N.O.S. Flammable Liquid UN 1993	011	DM	00605	G	F001 F002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Paint Stripper

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: HARRY METROPOULOS | Signature | Date: Month 07 Day 27 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN | Signature | Date: Month 07 Day 28 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY | Signature | Date: Month 08 Day 07 Year 89

FACILITY
19. Discrepancy Indication Space
11 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: WHITAKER H | Signature | Date: Month 7 Day 31 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.

INA0346487

0016698

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.: ILL D 9 8 0 5 0 2 2 8 0 | Manifest Document No.: 4 5 4 8 5 | 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
Signode Corporation
3700 W. Lake St. Glenview, IL 60026

4. Generator's Phone (312) 657-4757

A. State Manifest Document Number: INA 0346486

B. State Generator's ID: IL. 0318120001

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 Services
420 S. Colfax
Griffith, IN

10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID: 9180390002

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 Flammable Liquid, N.O.S. Flammable Liquid UN 1993	002	D M	0.01.0	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.

GENERATOR

Printed/Typed Name	Signature	Date (Month / Day / Year)
HARRY METROPOULOS	Metropoulos	07 / 28 / 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
CARL E. MILBURN		07 / 28 / 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	Signature	Date (Month / Day / Year)
WHITAKER A		7 / 31 / 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.

INA0346486

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204 TCTSD 8/1

COPY 5. TSD COPY

0016699

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 0 5 0 2 2 8 0
Manifest Document No.: 46485
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
Signode Corporation
3700 W. Lake Street Glenview, IL 60025

4. Generator's Phone (312) 657-4757

A. State Manifest Document Number: INA 0346485
B. State Generator's ID: IL. #0318120001

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 Services
420 S. Colfax
Griffith, IN

10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
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. Waste Flammable Liquid, N. O. S. Flammable Liquid UN 1993	0.06	DM	00330	G	D001
b.					
c.					
d.					

7.01 #

J. Additional Descriptions for Materials Listed Above: 11a. Mineral Spirits
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: HARRY METROPOULOS
Signature: H Metropoulos
Date: Month 07 Day 28 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARLE MILBURN
Signature: Carl E Milburn
Date: Month 07 Day 28 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: WHITAKER A
Signature: A Whitaker
Date: Month 7 Day 31 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.

INA0346485

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204RTSD 8/1

COPY 5. TSD COPY

0016700

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.: ILD980502280 — Manifest Document No.: 00299
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: SIGNODE CORPORATION, 3700 W LAKE STR GLENVIEW, IL 60025
4. Generator's Phone (312) 657-4757
5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: ILD984775049
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. COLAX, GRIFFITH IL
10. Use EPA ID Number: ILN016360265 ~~016301~~

A. State Manifest Document Number: INA 0370299
B. State Generator's ID: IL#0318120001
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-0700
E. State Transporter's ID:
F. Transporter's Phone:
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. WASTE FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID UN 1993	006	DM	00330	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11 A MINERAL SPIRITS.
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: HARRY METROPOULOS — Signature: H. Metropoulos — Date: Month 01 Day 08 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Pete Fr CRISAN — Signature: Peter A Crisan — Date: Month 01 Day 08 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: A Whitaker — Date: Month 1 Day 9 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 0370299

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

2047250 Y95

0018222

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.9.8.0.5.0.2.2.8.0 Manifest Document No. 9.7.4.9.6
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
SIGMODE CORP.
3700 W LAKE AVE GLENVIEW IL 60025
4. Generator's Phone (708) 657-4757

A. State Manifest Document Number: INA 0397496
B. State Generator's ID: IL.0318120001
C. State Transporter's ID: 0079
D. Transporter's Phone: 708-720-0200
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312-768-3400

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
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL 420 S. COLFAX GRIFFITH IN 46319
10. Use EPA ID Number: IND016360265 / 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. WASTE FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID U.N 1993	003	D.M	00165	G.	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: IIA MINERAL SPIRITS
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: HARRY METROPOULOS — Signature: H. Metropoulos — Date: Month 04 Day 24 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: CARL E. MILBURN — Signature: Carl E. McBurn — Date: Month 04 Day 24 Year 90
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 05 Day 01 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.

INA 0397496

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 204 RTSD 5/2

0018233

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.: ILD980502280 — Manifest Document No.: 9949 — 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: SIGNODE CORPORATION, 3700 W LAKE AVE GLENVIEW IL 60025

4. Generator's Phone (708) 724-6100

A. State Manifest Document Number: INA 0397498

B. State Generator's ID: IL 0318120001

5. Transporter 1 Company Name: MR FRANK INC

6. Use EPA ID Number: [illegible] CEM

C. State Transporter's ID: IL 0079

D. Transporter's Phone: 708-720-0700

7. Transporter 2 Company Name:

8. Use EPA ID Number: ILD984775049

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: [illegible] 400 S. COLFAX AVE [illegible]

10. Use EPA ID Number: [illegible]

G. State Facility's ID: IL 9180890002

H. Facility's Phone: 219-924-4270

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 1,1,1, TRICHLOROETHANE [illegible] A [illegible]	[illegible]	DM	[illegible]	G	F002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11A WASTE - 1,1,1, TRICHLOROETHANE

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: HARRY METROPOULOS — Signature: [signature] — Date: Month 04 Day 24 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CARL E. MILBURN — Signature: [signature] — Date: Month 04 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 KULAUK — Signature: Steve Kulauk — Date: Month 05 Day 01 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 0397498

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY #3 Still - BM 509 OB 5/24

0018224

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.9.8.0.5.0.2.2.8.0 — Manifest Document No.: 9.7.49.7
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: SIGNODE-CORP. 3700 W LAKE AVE GLENVIEW IL 60025
4. Generator's Phone (708) 657-4757
A. State Manifest Document Number: INA 0397497
B. State Generator's ID: IL0318120001
C. State Transporter's ID: 0079
D. Transporter's Phone: 708-720-07200
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312-768-3400

5. Transporter 1 Company Name: MR FRANK INC
6. Use EPA ID Number: ILD9.8.4.7.7.5.0.4.9
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN-CHEMICAL-SERVICE 420 S. COLFAX GRIFFITH, IN
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. ~~WASTE FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID~~ ~~UN1263~~ CEM		CEM		CEM	CEM
b. WASTE PAINT RELATED MATERIAL UN 1263 ~~FLAMMABLE LIQUID~~	006	DM	00.330	G	F003 F005
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~11A = PAINT THINNER & OLD PAINT~~ 11B WASTE PAINT RELATED MATERIAL UN 1263

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

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Printed/Typed Name: HARRY METROPOULOS — Signature: H. Metropoulos — Date: Month 04 Day 24 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN — Signature: Carl E. Milburn — Date: Month 04 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 KULAVICK — Signature: Steve Kulavick — Date: Month 05 Day 01 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 0397497

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

4-204RTSD 5/2 — 10 GAL 204R TSD 6/11/90
1 - MARINE SHALE 5/29/90 013315 — 45 GAL MARINE SHALE 6/12/90
903743

COPY 5. TSD COPY

0018235

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

0747215 (1–7)

Authorization Number ____ (8–13)

TO BE COMPLETED BY WASTE GENERATOR

Signode Corp (Company Name) | 7701 W71ST (Address) | 3124587320 (Phone Number) | 03122006 (Generator Number, 14–24) | G

City | State | Zip | EPA Number

WASTE HAULER(S)

VanderHyden (Hauler Name) | 18340 LeClaire (Hauler Address) | S.W.H. Registration Number 0318003 (25–31)

3123852621 (Phone Number) | ILD048294904 (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 (Facility Name) | PO Box 190 (Address) | 91809902 (Site Number, 39–46)

Griffith (City) | IND (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: 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:	UN or NA Number	EPA HW Number
N O S	FLAMMABLE ~~HAZARDOUS~~	UN 1993	D001

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: 000800 (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: 9-20-83

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) [signature] (Authorized Signature) | DATE: 09/20/83 (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:

[signature] (Authorized Signature) | DATE: 9 20 83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 | OUTSIDE ILLINOIS: 800

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 21C R T-50 6C

CJ5773

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

0269636

Authorization Number 998111

SIMKINS (Company Name) — 5701 W. OGDEN (Address)

CICERO (City) — ILL (State) — (Zip)

031051002 5 G (Generator Number)

WASTE HAULER(S)

MR. FRANK (Hauler Name) — SO HOLLAND ILL (Hauler Address) — S.W.H. Registration Number 0079 625

ILD 069506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. SER. (Facility Name) — 420 SO CALFAX AVE (Address) — 918089 02 (Site Number)

GRIFFTH (City) — IND (State) — 43619 (Zip) — IND. 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE 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

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: 005000 (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: 8-3-81 — [signature] (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) Tom Berry (Authorized Signature) — DATE: 8 03 81 (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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) — DATE: 8 3 81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: TO 125R T-63 8/3/81 [initials]

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

002055

STATE OF ILLINOIS

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

0269639

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 998111

SIMKINS (Company Name) | 5701 OGDEN AVE (Address)
CICERO (City) | ILL (State) | (Zip)

03105100 85 G
Generator Number

WASTE HAULER(S)

MR. FRANK INC (Hauler Name) | 201 W. 155 ST. SO. HOLLAND IL. (Hauler Address)
S.W.H. Registration Number 06798

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SER (Facility Name) | 420 SO CALFAX AVE (Address)
91808902 Site Number
GRIFFITH (City) | IND. (State) | 46319 (Zip)
IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE 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:
WASTE SOLVENT	FLAMMABLE

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: 005000

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: 5/12/82 (Authorized Signature)

UN1993 F005

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) C E Milburn (Authorized Signature) DATE: 05 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 5/12/82

COMMENTS OR SPECIAL INSTRUCTIONS: To 112K T-636RM 5.12.82 To 109K

IN ILLINOIS: 217 / 782-3637 **24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*** OUTSIDE ILLINOIS: 800 / 424-88

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

SITE COPY - PART 3

003181

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

TO BE COMPLETED BY WASTE GENERATOR

0795671 (1–7)

Authorization Number OUT OF STATE (8–13)

SIMKINS (Company Name) | 5701 W ODGEN (Address) | 312-656-5560 (Phone Number) | 0310510085 (14 Generator Number 24)

CICERO (City) | IL (State) | 60650 (Zip) | ILD037037686 (EPA Number)

WASTE HAULER(S)

MR FRANK INC (Hauler Name) | 201 W 155TH ST (Hauler Address) | S.W.H. Registration Number 0079001 (25–31)

SOUTH HOLLAND, ILL. | 3125963377 (Phone Number) | ILD069506160 (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 (Facility Name) | 420 So COLFAX (Address) | 91808902 (39–46 Site Number)

GRIFFITH (City) | IND (State) | 46319 (Zip) | 219 768 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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE SOLVENTS	FLAMABLE	UN 1993	

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: 003000 (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: 2-20-84

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) DATE: 02/20/84 (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: 02/20/84 (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 TO210 RT-50 GRAY 2-20-84

006315

IL 532-810
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

TO BE COMPLETED BY WASTE GENERATOR

0795672
Authorization Number

SIMKINS (Company Name) | 5701 W. OGDEN (Address) | 312-656-5560 (Phone Number) | 0310510085 G (Generator Number)
CICERO (City) | IL (State) | 60650 (Zip) | ILD037037686 (EPA Number)

WASTE HAULER(S)

MR. FRANK (Hauler Name) | 201 W 155th ST. (Hauler Address) | S.W.H. Registration Number 0029004
SOUTH HOLLAND, IL | 312-596-3372 (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 (Facility Name) | P.O. Box 190 (Address) | 9180802 (Site Number)
GRIFFITH (City) | IND (State) | 46319 (Zip) | 219-924-4370 (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: 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: WASTE SOLVENTS FLAMABLE | HAZARD CLASS: UN1993 (UN or NA Number) | 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: 003000 (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 X T. Burke (Authorized Signature) DATE: 8-7-84

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) Richard Harris (Authorized Signature) DATE: 08/07/84 (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 08/09/84 (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

210 F T-50 11400 BTU/LB .5% Cl.

006316

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

0269643

Authorization Number ~~[illegible]~~

SIMKINS (Company Name) — 5701 W OGDEN AVE. (Address)
CICERO (City) — ILL (State) — (Zip)
Generator Number 0310510095 G

WASTE HAULER(S)

MR FRANK (Hauler Name) — SO HOLLAND ILL (Hauler Address) — S.W.H. Registration Number 0079025

(Hauler Name) — (Hauler Address) — S.W.H. Registration Number ILD 069500160

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SER (Facility Name) — 420 So CALFAX (Address) — Site Number 91808902
GRIFFITH (City) — IND (State) — (Zip) — IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE 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: SOLVENT — HAZARD CLASS: FLAMMABLE — 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: 005000 — 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: 4-12-83 — X [signature] (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: 04/12/83

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

[signature] (Authorized Signature) — DATE: 4/12/83

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 125 RT-50 GRM 4.12.83

SITE COPY - PART 3

005480

IL 532-610
UPC 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

TO BE COMPLETED BY WASTE GENERATOR

0795656
Authorization Number 919811

SIMKINS (Company Name) | 5701 W OGDEN (Address) | 317 656-5560 (Phone Number) | 03105100085 (Generator Number)
CICERO (City) | IL (State) | 60650 (Zip) | ILD037037686 (EPA Number)

WASTE HAULER(S)

MR FRANK (Hauler Name) | SO. HOLLAND, IN (Hauler Address) | S.W.H. Registration Number 002901
321-596-3327 (Phone Number) | EPA Number

Hauler Name | Hauler Address | S.W.H. Registration Number ILD069506160
Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) | P.O. BOX 190 (Address) | 9180890Z (Site Number)
GRIFFITH (City) | IN (State) | 46319 (Zip) | 317 768-3400 (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: 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: WASTE SOLVENTS FLAMABLE | HAZARD CLASS: NA1993 (UN or NA Number) | 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: 003500 (40–52) | (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. Lorke (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) J. Wallis (Authorized Signature) | DATE: 08/19/83 (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: 8/19/83 (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 210 KT-50 GRM 8.19.83

005481

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. ILD 037037686 | 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.

GENERATOR

3. Generator's Name and Mailing Address
SIMKINS INDUSTRIES
5701 W. OGDEN AVE., CICERO, IL
4. Generator's Phone (312) 656-5560

A. Illinois Manifest Document Number: IL 1166266

B. Illinois Generator's ID: 0 3 1 0 5 1 5 0 8 5

5. Transporter 1 Company Name: MR. FRANK
6. US EPA ID Number: ILD 069 506 160
C. Illinois Tranporter's ID: 0 1 0 7 9
D. (3 1 2) 5 9 6 - 3 3 7 7 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
420 S. COLFAX
GRIFFITH, IND.
10. US EPA ID Number: IND 016 360 265
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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	WASTE INK & SOLVENT FLAMMABLE LIQUID UN 1993	X	1	TT	030001		EPA HW Number: 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

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: NORBERT LOCKE | Signature | Date: Month 3 Day 27 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE WEBER | Signature | Date: Month 3 Day 27 Year 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: F DUNFEE | Signature | Date: Month 3 Day 27 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

210K T-50

009314

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. 2050-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 037037686 — 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.

GENERATOR

3. Generator's Name and Mailing Address
SIMKINS INDUSTRIES
3201 W OGDEN, CICERO, IL 60650
4. Generator's Phone (312) 656-5560

A. Illinois Manifest Document Number IL 1166267

B. Illinois Generator's ID 0310515085

5. Transporter 1 Company Name MR. FRANK — 6. US EPA ID Number ILD069508160 — C. Illinois Tranporter's ID 0079 — D. (312) 596-3372 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
420 S COLFAX
GRIFFITH, IND
10. US EPA ID Number INDO16360265

G. Illinois Facility's ID

H. Facility's Phone (219) 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	L Waste No.
a.	WASTE INK & SOLVENT FLAMMABLE LIQUID UN 1993	X	1	TT	030006	G	EPA HW Number / Authorization Number D010 D010
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: NORBERT LOCKE — Signature — Date: Month 3 Day 12 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MOE CEBULHOFF — Signature — Date: Month 3 Day 12 Year 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: EDNFEE — Signature — Date: Month 3 Day 12 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

210 R T-50

009313

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. ILD037037686 — 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
SIMKINS INDUSTRIES
5701 W. OGDEN, CICERO, IL 60650

4. Generator's Phone (312) 656-5560

A. Illinois Manifest Document Number IL 1166268

B. Illinois Generator's ID 0 3 1 0 5 1 5 0 8 5

5. Transporter 1 Company Name MR. FRANK

6. US EPA ID Number ILD069506160

C. Illinois Tranporter's ID 0 0 7 9

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
4205 CULFAX
GRIFFITH, IND

10. US EPA ID Number IND016360265

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 INK & SOLVENT, FLAMMABLE LIQUID UN 1993	X	001	TT	02300	G	EPA HW Number / 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: NORBERT LOCKE — Signature: Norbert Locke — Date (Month Day Year): 10 6 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RICK WHITE — Signature: Rick White — Date (Month Day Year): 10 6 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: FUNFEE — Signature: F Dunfee — Date (Month Day Year): 10 6 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 T-50

009315

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.: ILD037037686 — 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: SIMKINS INDUSTRIES, 5701 W. OGDEN, CICERO, IL 60650

4. Generator's Phone (312) 656-5560

A. Illinois Manifest Document Number: IL 1166269

B. Illinois Generator's ID: 0310515085

5. Transporter 1 Company Name: MR. FRANK

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, 420 S COLFAX, GRIFFITH, IND.

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 INK & SOLVENT NOS FLAMMABLE LIQUID UN 1993	001	TT	02650	G	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

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 inplace 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.

11A - F003

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: NORBERT LOCKE — Signature: [signature] — Date: Month 9 Day 11 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE WEBER — Signature: [signature] — Date: Month 9 Day 11 Year 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: [signature] — Date: Month 9 Day 12 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

210K T-50 9900BTU ; 1.3% Cl.

009316

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.: ILD 039037686 — 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
SIMKINS INDUSTRIES
5701 W. OGDEN AVE CICERO, IL 60650

4. Generator's Phone (312) 656-5560

A. Illinois Manifest Document Number: IL 1410991

B. Illinois Generator's ID: 0310515085

5. Transporter 1 Company Name: MR FRANK — 6. US EPA ID Number: ILD 069506160

C. Illinois Tranporter's ID: 00219

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
420 S. COLFAX
GRIFFITH, IND — 10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID: 918089002

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 INK & SOLVENT WASTE FLAMMABLE LIQUID FLAMMABLE LIQUID UN 1993 N.O.S.	X	001	TT	02090	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
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
11A - F005

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: NORBERT LOCKE — Signature — Date (Month Day Year): 12 16 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: RICH WHITE — Signature — Date (Month Day Year): 12 16 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: FDUNFEE — Signature — Date (Month Day Year): 12 16 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

211k T-50
009317

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.: OHD101655848 00001

2. Page 1 of: 7

Information in the shaded areas is not required by Federal law

3. Generator's Name
Sky Reach Corporation
28363 Glenwood Perrysburg, OH 43551

4. Generator's Phone ( ): 419- 666-3300

A. State Manifest Document Number: IN 034155

B. State Generator's ID:

5. Transporter 1 Company Name: A & B Industrial Service, Inc.

6. US EPA ID Number: MID071672222

C. State Transporter's ID:

D. Transporter's Phone: 616-375-9595

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. WASTE PAINTRELATED MATERIAL FLAMMABLE LIQUID NA1263	001	DM	00110165	G	P003
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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Ed Snyder		11	17	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
R. Michael Hern		12	17	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	Signature	Month	Day	Year
HARRold F Schmidt		12	21	87

IN 034155

EPA Form 8700-22A (Rev. 11-85)
3-1262 7-63 12/29/87

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

012401

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.: OHD101653848
Manifest Document No.: 91908

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sky Reach Corp
28363 Glenwood, Perrysburg, OH 43551

4. Generator's Phone (419) 666-3300

A. State Manifest Document Number: IN 091908

B. State Generator's ID:

5. Transporter 1 Company Name: A&B Industrial Services, Inc.

6. US EPA ID Number: MID017167222

C. State Transporter's ID:

D. Transporter's Phone: (616)375-9595

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
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	Waste No.
a. Waste ~~Paint Related Material~~ Flammable Liquid NOS Flammable Liquid ~~NA-1263~~ UN 1993	003	DM	165	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: [illegible] Signature: [illegible] Month Day Year: 7

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: David Kuilema Signature: David Kuilema Month Day Year: 07 07 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: Harold F. Schmidt Month Day Year: 07 14 87

GENERATOR / TRANSPORTER / FACILITY

IN 091908

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY 3-126TL +63 B

012400

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. | 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
Sky Reach Corp
28363 Glenwood Perrysburg, OH 43551
4. Generator's Phone (419) 666-3300

A. State Manifest Document Number: INA 0159756
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone 616-375-9595
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 219-922-4370

5. Transporter 1 Company Name: A & B INDUSTRIAL SERVICES
6. Use EPA ID Number: M I D 0 1 7 1 6 7 2 2 2
7. Transporter 2 Company Name
8. Use EPA ID Number
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

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. 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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
X James L Miller	X	06	30	6X

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Michael F Miller		06	30	6X

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
A Whitaker		7	3	X6

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 0159756

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

126FCT63 7/14

0015317

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.D.0.0.5.0.7.0.6.6.9 | Manifest Document No.: 5.5.5.9.1 | 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
Skyline Corporation
2520 ByPass Rd, Elkhart IN 46514
4. Generator's Phone (219) 294-7457

A. State Manifest Document Number: INA 0355991
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, 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 Oil, N.O.S., Petroleum Combustible Liquid NA1270 (F005)	1	D.N	55	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.

GENERATOR — Printed/Typed Name: KATHY BARB — Signature: Kathy Barb — Date: Month 6 Day 4 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 6 Day 4 Year 90
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: — Date: Month 6 Day 4 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.

INA0355991

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

2044TSD 5/6

0018221

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.	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.
M I D 0 0 6 0 2 5 7 1 2	4 4 7 0 0		

3. Generator's Name and Mailing Address
SLIGH CLOCKS
201 W. Washington, Zeeland, MI 49464

4. Generator's Phone (616) 392-7101

A. State Manifest Document Number INA 0144700

B. State Generator's ID

5. Transporter 1 Company Name	6. Use EPA ID Number	C. State Transporter's ID
VALLEY CITY REFUSE DISPOSAL, INC.	M I D 9 8 1 9 5 6 0 6 3	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	10. Use EPA ID Number	G. State Facility's ID
American Chemical Service 420 S. Colfax, P.O. Box 190 Griffith, IN 46319-0190	I N D 0 1 6 3 6 0 2 6 5	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.	Waste No.
a. WASTE PAINT RELATED MATERIAL (Ignitable) Flammable Liquid NA1263	1	D M	165	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
AREAS IS REQUIRED BY INDIANA STATE LAW

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
William J Dykstra		12	15	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Arnold Dykstra		12	15	87

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 item 19.

Printed/Typed Name	Signature	Month	Day	Year
HAROLD F. Schmidt		12	15	87

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 - 0144700

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 3-1265 T-63 12/1/87

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

012399

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.	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.
M·I·D·0·0·6·0·2·5·7·1·2	5·9·1·4·5		

GENERATOR

3. Generator's Name and Mailing Address
SLIGH CLOCKS
201 W. Washington, Zeeland, MI 49464

A. State Manifest Document Number: INA 0159145

4. Generator's Phone (616) 392-7101

B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. US 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. 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, 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.	Type	13. Total Quantity	14. Unit Wt./Vol.	
a. WASTE PAINT RELATED MATERIAL (Ignitable) Flammable Liquid, NA1263	003	M D	165	G	
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	Month	Day	Year
STAN SLIGH	Stan Sligh	10	27	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jim Reitsma	J. Reitsma	10	27	87

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	Signature	Month	Day	Year
HAROLD F SCHMIDT	Harold F Schmidt	11	02	87

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 0159145

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 3-126R T-63 11/3/87 gm

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

012398

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.: MID006025712
Manifest Document No.: 4·9·4·5·1
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
SLIGH CLOCKS
201 W. Washington, Zeeland, MI. 49464
4. Generator's Phone (616) 3927101

A. State Manifest Document Number: INA 0189451
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. WASTE PAINT RELATED MATERIAL (Ignitable Flammable Liquid NA1263	0.03	DM	165	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: William J. Dykstra
Signature: William J. Dykstra
Month: 03 Day: 1 Year: 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM REITSMA
Signature: Jim Reitsma
Month: 05 Day: 15 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: Harrold F Schmidt
Signature: Harold F. Schmidt
Month: 03 Day: 17 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 0189451

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 3-204 T-50 3/13/88

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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

0015229

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.0.0.6.0.2.5.7.1.2
Manifest Document No.: 3.5.3.7.2
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
SLIGH CLOCKS
201 W. WASHINGTON ZEELAND, MI. 49464
4. Generator's Phone (616) 392-7101

A. State Manifest Document Number: INA 0235372
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. WASTE PAINT RELATED MATERIAL (ignitable) FLAMMABLE LIQUID NA1263	3	DM	165	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: STANLEY LOUWSMA
Signature: Stanley Louwsma
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: John S. MIRDA
Signature: John S. Mirda
Month Day Year: 6 8 9 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 0235372

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

126RT63 6/30/11

0015230

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 0 2 5 7 1 2 | Manifest Document No. 3 5 3 7 2
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
SLIGH CLOCKS
201 W. WASHINGTON AVE. ZEELAND, MI. 49464
4. Generator's Phone (616) 392-7101

A. State Manifest Document Number: INA 0266901
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) 392-1500

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 PAINT RELATED MATERIAL (IGNITABLE) FLAMMABLE LIQUID NA1263	4	D,M	220	G	F005
b.					
c.					
d.					

4 drms 220 gal.

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.

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Printed/Typed Name: William Jay Dykstra | 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: WALKER A | Signature | Month Day Year: 11 14 88

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)

COPY 5. TSD COPY

123TCT63 11/3/30

0015231

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-

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, but items D, F, H and I are required by State law.
M·I·D·0·0·6·0·2·5·7·1·2	3·5·3·7·2		

3. Generator's Name and Mailing Address
SLIGH CLOCKS
201 W. WASHINGTON, ZEELAND, MI 49464

4. Generator's Phone (616) 392-7101

A. State Manifest Document Number: INA 0266904
B. State Generator's ID:

5. Transporter 1 Company Name	6. Use EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
VALLEY CITY REFUSE DISPOSAL, INC.	M·I·D·9·8·1·9·5·6·0·6·3		(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	10. Use EPA ID Number	G. State Facility's ID	H. Facility's Phone
AMERICAN CHEMICAL SERVICE 420 S. Colfax, P.O. Box 190 Griffith, IN 46319-0190	I·N·D·0·1·6·3·6·0·2·6·5		(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 PAINT RELATED MATERIAL (ignitable) FLAMMABLE LIQUID NA1263	4	DM	220	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.

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	Signature	Date Month	Day	Year
William J. Dykstra		01	18	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Kenneth F Wilbur		01	18	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	Signature	Date Month	Day	Year
Whitaker A		01	19	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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

3·123 FT 63/50

COPY 5. TSD COPY 1-204 FT 50/53

0016695

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 0 2 5 7 1 2 | Manifest Document No. 6 6 9 0 3
2. Page 1 of 2 | 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
SLIGH CLOCKS
201 W. WASHINGTON AVE., ZEELAND, MI 49464
4. Generator's Phone (616) 392-7101

A. State Manifest Document Number: INA 0266903
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. COEFAX, 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE PAINT RELATED MATERIAL (IGNITABLE) FLAMMABLE LIQUID NA1263	5	DM	275	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.

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GENERATOR
Printed/Typed Name: WILLIAM J. DYKSTRA
Signature: William J. Dykstra
Date: Month 08 Day 30 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kenneth F Wobma
Signature: Kenneth F Wobma
Date: Month 08 Day 30 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: A Whitaker
Date: Month 8 Day 31 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.

INA 0266903

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

5-126E T63 9/1/89

COPY 5. TSD COPY

00:6696

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. M I G 0 0 0 0 0 1 6 2 8 — Manifest Document No. 3 5 9 0 8

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Sligh Furniture
1201 Industrial Ave., Holland, MI 49423

4. Generator's Phone (616) 392-7101

A. State Manifest Document Number: MI 0535908

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:

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: 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).	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a. Paint Related Material Flammable Liquid NA1263	X	38	DM	2090	G	D001	R
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
This material is to be used as a secon

2,090 gal.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Inform

16. GENERATOR'S CERTIFICATION: I hereby declare that the c ...s consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and l... ...nd are in all respects in proper condition for transport by highway according to applicable international and national gover... ...ental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name	Signature	Date Month Day Year
LESTER WILLIAMS	Lester Williams	12 26 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Butch Rozema	Butch Rozema	12 26 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	Signature	Date Month Day Year
FRANK PRICE	Frank Price	1 3 85

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)

204RT-50 12900BTU 1% CO. ✓

TSDF COPY

PR 5110 Rev 7/84

009312

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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 G 0 0 0 0 0 0 6 3 1 3 | Manifest Document No. 5 9 1 6 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: SLIGH FURNITURE, 201 W. Washington, Zeeland, MI 49464 — MID 006 025 712

A. State Manifest Document Number: INA 0159166

4. Generator's Phone (616) 392-7101

B. State Generator's ID

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC. | 6. US 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. 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.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE PAINT, RELATED MATERIAL (Ignitable) Flammable Liquid NA1263	3	DM	150	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.

GENERATOR — Printed/Typed Name: STAN LOOWISMA | Signature: Stan Loowisma | Date: Month 9 Day 15 Year 87

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date: Month 09 Day 15 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: MILTON RYPA | Signature: Milton Rypa | Date: Month 9 Day 15 Year 87

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.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 3-126Z T-63 9/18/87

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

INA 0159166

012397

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

0332503

Authorization Number 998719

ILD005121033

Sloan Valve Company (Company Name) — 10500 Seymour Avenue (Address)

10500 Seymour Ave. (City) Franklin Park, (State) Illinois 60131 (Zip)

0310960009 G (Generator Number)

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name) — 201 W 155th St (Hauler Address) So Holland, Ill

S.W.H. Registration Number 007900 27

ILD 069506160

Hauler Name — Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chamical Service (Facility Name) — 420 COLFAX (Address) — 91808902 (Site Number)

GRIFFITH (City) — INDIANA (State) — (Zip)

IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ~~Chlorinated Solvent~~ 111 TRI CHLOROETHANE

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: ORm-A

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: 3000

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.

UN2831

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1/27/81 — X Diana Keser (Authorized Signature) — ORM-A

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: 1/27/81

(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: 1/27/81

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED TO 7A - 1/27/81 T-63 Jm 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

002057

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

0276625

Authorization Number 998719

Sloan Valve Company (Company Name) | 10500 Seymour Avenue (Address)
Franklin Park (City) | Illinois (State) | 60131 (Zip)

ILD 005121033
0 3 1 0 9 6 0 0 0 9 G
Generator Number

WASTE HAULER(S)

Mr. Frank Inc (Hauler Name) | 201 W. 155th St So Holland Ill (Hauler Address)
S.W.H. Registration Number 0 0 7 9 0 2 6

Hauler Name | Hauler Address
ILD 069506160
S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 Colfax (Address)
9 1 8 0 8 9 0 2
Site Number

Griffith (City) | Indiana (State) | (Zip)
IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Tri Chlorethane
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: ORM-A | 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: 001500 (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: 7/6/81 (Authorized Signature) ORM-A

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) Donald H Bult (Authorized Signature) DATE: 7 / 6 / 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: 07/06/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO #1 STILL T-63 7/6/81 JCM

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

002056

HAZARDOUS WASTE MANIFEST

P.O. 1500

4

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Smith Victor	
TRANSPORTER # 1			
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		Smith Victor Corp.	6/1/[illegible]
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

ASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EP. HA: WAS: ID #	..., 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)
2										

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

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

204TC T-50

TSDF COPY

006314

HAZARDOUS WASTE MANIFEST

P.O. 4034
CC2
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		SMITH VICTOR CORP. 312-694-6130 LAKE-COOK RD. DEERFIELD IL 60015	
TRANSPORTER # 1	IND. [illegible]	[illegible] 219-464-4270 400 S. CALUMET CITY IN 46319	
TRANSPORTER # 2 (If required)	ILT 046010	CHEM-TRANS INC 219-365-2400 HOBART IN 46342	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 000606574	PHILLIPS PETROLEUM DRIVE 219-464-4370 400 S. CALUMET CITY IN 46319	10/14/82
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)
1 DM		D001	FLAMMABLE LIQUIDS N.O.S.	1993	3575			55 DRMS		

SPECIAL HANDLING INSTRUCTIONS

Smith Victor Corp.

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

PLACARDS TENDERED Yes ☒ No ☐

On "Collect on Delivery" shipment [illegible] nee's name or as otherwise provided in Item 430, Sec. 1

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, [illegible] are required to state specifically in writing the a[illegible] declared value of the property.
The agreed or declared value of the property i[illegible] specifically stated by the shipper to be not excee[illegible]

$ _____ per _____

[illegible] ts by [illegible] the [illegible] it is

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)

_____ Signature

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

Betty Stewart 10/14/82
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.

[illegible] 10/14/82
TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 124K T-63 GRN1 10.14.82

TSDF COPY

002446

HAZARDOUS WASTE MANIFEST

P.O. 8957
C03

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

STRAND TRUCKING
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		SMITH VICTOR CORP. 219-924-6136 LAKE & COLFAX GRIFFITH IL 46319	7/8/83
TRANSPORTER # 1	IND 10 3602 05	AMERICAN CHEMICAL SERVICE 219-924-4370 420 S COLFAX GRIFFITH IL 46319	7/8/83
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 10 3602 05	AMERICAN CHEMICAL CO. 219-924-4370 420 S COLFAX GRIFFITH IL 46319	7/8/83
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)
3	X	D001	FLAMMABLE LIQUID NOS	1993				3 DRUMS		

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

X [signature]
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 7/8/83
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] 7/8/83
TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 12

TSDF COPY

On dock 7-8-83 To 204E T-50 GRM 7-26-83

006097

9370

HAZA

GENERA

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9370

HAZARDOUS WASTE MANIFEST

MANIFEST NUMBER 002023

	NAME	EPA ID NUMBER
GENERATOR	SPM CORP	IND074301268
	ADDRESS: P.O. BOX 1845, 53364 Marina Dr., Elkhart, IN. 46514	PHONE NUMBER: 219-262-4571
FIRST TRANSPORTER	NAME: ASHLAND CHEMICAL	EPA ID NUMBER: IND016621476
	ADDRESS: 1817 W. Indiana Ave., So. Bend, IN 46613	PHONE NUMBER: 219-233-0033
SECOND TRANSPORTER (if applicable)	NAME:	EPA ID. NUMBER:
	ADDRESS:	PHONE NUMBER:
TSD * FACILITY	NAME: AMERICAN CHEMICAL SERVICE, INC.	EPA ID. NUMBER: IND016360265
	ADDRESS: 420 S. Colfax, Griffith, IN 46319	PHONE NUMBER: 219-294-4370
ALTERNATE TSD * FACILITY	NAME:	EPA ID NUMBER:
	ADDRESS:	PHONE NUMBER:

SHIPPING NAME/HAZARD CLASS	HAZARD I.D. NUMBER	QUANTITY	UNIT OF MEASURE	CONTAINER NUMBER	CONTAINER TYPE
FLAMABLE N.O.S. LIQUID	F003	~~900~~ 990	gal.	18	55-gal. drums

EMERGENCY NOTIFICATION: IN THE EVENT OF ACCIDENT OR SPILL, CALL (606) 324-1133, (CHEMTREC (800) 424-9300)

SPECIAL HANDLING INSTRUCTIONS:

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. Environment Protection Agency

	NAME	SIGNATURE	DATE
GENERATOR REPRESENTATIVE	Lloyd A. Miller		1-26-82

This is to certify acceptance of the hazardous waste shipment described above.

	NAME	SIGNATURE	DATE
FIRST TRANSPORTER REPRESENTATIVE			

This is to certify acceptance of the hazardous waste shipment described above.

	NAME	SIGNATURE	DATE
SECOND TRANSPORTER REPRESENTATIVE			

This is to certify acceptance of the hazardous waste described above for ☐ TREATMENT ☐ STORAGE ☐ DISPOSAL

	NAME	SIGNATURE	DATE
TSD * FACILITY REPRESENTATIVE	BOB MAICK		

* TREATMENT, STORAGE, DISPOSAL

TSD * Facility copy On dock 2/8/82 GRM
To 126R T-63 GRM 2/12/82

003170

9370

HAZARDOUS WASTE MANIFEST

MANIFEST NUMBER: 002006

GENERATOR	NAME: SMM CORP	219-262-4571	EPA ID NUMBER: IND074301268
	ADDRESS: P.O. BOX 1845, 53364 MARINA DR., ELKHART, IN. 46514		PHONE NUMBER: 219-262-4571
FIRST TRANSPORTER	NAME: ASH-AND-CHEMICAL		EPA ID NUMBER: [illegible]
	ADDRESS: 1817 W. INDIANA AVE., SO. BEND, IN. 46613	(574)	PHONE NUMBER: [illegible]
SECOND TRANSPORTER (if applicable)	NAME:		EPA ID NUMBER:
	ADDRESS:		PHONE NUMBER:
TSD * FACILITY	NAME: AMERICAN CHEMICAL SERVICE, INC.	219-924-4370	EPA ID NUMBER: IND016360365
	ADDRESS: 420 S. COLFAX, GRIFFITH, IN 46319		PHONE NUMBER: 219-924-4370
ALTERNATE TSD * FACILITY	NAME:		EPA ID NUMBER:
	ADDRESS:		PHONE NUMBER:

SHIPPING NAME/HAZARD CLASS	HAZARD ID NUMBER	QUANTITY	UNIT OF MEASURE	CONTAINER NUMBER	CONTAINER TYPE
FLAMMABLE N.O.S. LIQUID	F003	8 drums	400 lb.		55-gal. drum
UN #1993		440	7600 lbs. total		

EMERGENCY NOTIFICATION	IN THE EVENT OF ACCIDENT OR SPILL, CALL (606) 324–1133, (CHEMTREC (800) 424–9300)
SPECIAL HANDLING INSTRUCTIONS	

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. Environment Protection Agency

	NAME	SIGNATURE	DATE
GENERATOR REPRESENTATIVE	Thomas E. Lowenbar		4-2-92

This is to certify acceptance of the hazardous waste shipment described above.

	NAME	SIGNATURE	DATE
FIRST TRANSPORTER REPRESENTATIVE			4-28-92

This is to certify acceptance of the hazardous waste shipment described above.

	NAME	SIGNATURE	DATE
SECOND TRANSPORTER REPRESENTATIVE			

This is to certify acceptance of the hazardous waste described above for ☒ TREATMENT ☐ STORAGE ☐ DISPOSAL

	NAME	SIGNATURE	DATE
TSD * FACILITY REPRESENTATIVE		T. DUNFEE	4/29/92

* TREATMENT, STORAGE, DISPOSAL

TSD * Facility copy

To 210 RT-50 GRM 53.52

003771

STATE OF ILLINOIS

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

0970300 (1–7)

Authorization Number (8–13)

IOW Mfg. (Company Name) | 435 EAST ELM (Address) | 544-1017 (Phone Number) | 0310150015 (14 Generator Number) G (24)

Bellwood (City) | Ill (State) | 60104 (Zip) | EPA Number

WASTE HAULER(S)

H. Roskin Snow Mfg. (Hauler) | Roosevelt Chg Ill 60656 | S.W.H. Registration Number 1400001 (25–31)

(312) 261-7236 (Phone Number) | ILD045695715 (EPA Number)

Hauler Name | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESIGNATION — DISPOSAL STORAGE OR TREATMENT SITE

American (Facility) | Address | 91808902 (39–46 Site Number)

Griffith (City) | IND (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: 1,1,1 TRI CHLOROETHYLENE | 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: 1,1,1 Trichloroethylene | HAZARD CLASS: ORM-A | 1710 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 9000 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 900 (47–52) | 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS Number 10) 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 Robert W Wiet (Authorized Signature) | DATE: 4-12-84

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) MARK (Authorized Signature) | DATE: 4 17 84 (54–59)

(2) _____ (Authorized Signature) | DATE: / / (54–59)

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:

Frank Price (Authorized Signature) | DATE: 4 25 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

IAT-63

006310

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 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 9 8 4 7 7 9 6 6 0 | Manifest Document No.: 0 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
SNYDER GENERAL CORPORATION
319 18TH ST. MOLINE, IL. 61265
4. Generator's Phone (309) 757-8662

A. State Manifest Document Number: INA 0371558
B. State Generator's ID: I L D 9 8 4 7 7 9 6 6 0

5. Transporter 1 Company Name: WATTS TRUCKING
6. Use EPA ID Number: I L D 0 4 5 3 7 6 1 0 0
C. State Transporter's ID: 0 2 2 5
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 SO. 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. "RQ" HAZARDOUS WASTE FLAMMABLE LIQUID, N.O.S., (CONTAINES TOLUNE) FLAMMABLE LIQUID UN1993 (CHARACTERISTIC OF IGNITABILITY)	0 0 1	D M	0 0 0 5 5	G	D 0 0 1
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: DUANE ADAMS | Signature: Duane Adams | Date Month 1 Day 9 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Paul Mayes | Signature: Paul Mayes | Date Month 1 Day 9 Year 90
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 | Date Month 1 Day 10 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

D044050411

0018220

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 N D 9 8 2 6 2 0 6 6 8 | Manifest Document No.: 04853 | 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
SOLARIUM SYSTEMS
5340 SHORELINE BLVD. - MOUND, MN.
4. Generator's Phone (612) 472-5556 55364

A. State Manifest Document Number: INA 0364853
B. State Generator's ID: N/A

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: #11608
D. Transporter's Phone: (414) 458-6030

7. Transporter 2 Company Name: Pollution Control Ind. of Amer.
8. Use EPA ID Number: I N D 0 0 0 6 4 6 9 4 3
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. COLFAX
GRIFFITH, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 2 0 6 5
G. State Facility's ID: N/A
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, NA1993,(EPA IGNITABILITY,F002)	029	DM	01595	G	F002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a. -ALSO D001
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: Chris L. Angell — Signature: [signature] — Date: Month 10 Day 10 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Peter D. Thiel — Signature: [signature] — Date: Month 10 Day 10 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: Dale WARD — Signature: [signature] — Date: Month 10 Day 09 Year 89

FACILITY
19. Discrepancy Indication Space: REJECT 29 DR. - MAT'L DOES NOT MATCH PRESHIPMENT SAMPLE. ALTERNATE FACILITY, POLLUTION CONTROL INDUSTRIES OF AMERICA
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] — Month 10 Day 10 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.

INA0364853

0016689

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.: ILD029411469
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
SOLO PAK LABORATORIES
3727 Mt. Prospect, Franklin Park, IL. 60131-1059
ATTN: DEAN PALMATZER

4. Generator's Phone ( )

A. State Manifest Document Number: INA 0223393
B. State Generator's ID:

5. Transporter 1 Company Name: PRECISION ENERGY SYSTEMS, INC.
6. Use EPA ID Number: ILD982208084
C. State Transporter's ID: 14505
D. Transporter's Phone: (312)916-1661

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 CHEMCIAL SERVICES
420 S. Colfax
Griffith, IN 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID: 9180890002
H. Facility's Phone: 219- 928-4370

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 CRM-A, N.O.S. CRM-A NA 1693 F001	002	DM	00110	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: TRICHLOROTRIFLUOROETHANE

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: Dean Palmateer
Signature: Dean Palmateer
Date: Month 07 Day 11 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE WILK
Signature: Mike Wilk
Date: Month 07 Day 11 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 Wh Haker
Signature: Alvin Whitaker
Date: Month 7 Day 15 Year 88

GENERATOR

TRANSPORTER

FACILITY

In case of 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 0223393

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

204 TC TSD 7/1/88

0015225

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 0 2 9 4 1 1 4 6 9 | Manifest Document No. 3 7 3 1 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
Solo Pak Laboratories
3727 Mt. Prospect
Franklin Park, IL 60131

A. State Manifest Document Number: INA 0437310

B. State Generator's ID:

4. Generator's Phone (708) 806-0080 Attn: Dean Palmateer

5. Transporter 1 Company Name: Precision Energy Systems, Inc.

6. Use EPA ID Number: I L D 9 8 2 2 0 8 0 5 4

C. State Transporter's ID: 1505

D. Transporter's Phone: 708-916-1661

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
520 S. Colfax
Griffith, IN 46319-0190

10. Use EPA ID Number: I N D 0 1 8 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. HAZARDOUS WASTE LIQUID, n.o.s. ORM-E NA9189 (TRICHLOROTRIFLUOROETEANE)	012	DM	00660	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PES Job #90-0165

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT MIKE WILK (708) 916-1661

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: ARNOLD ZURITH | Signature: Arnold Zurith (mw) | Date: Month 04 Day 18 Year 90

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE WILK | Signature: Mike Wilk | Date: Month 04 Day 18 Year 90

TRANSPORTER — 18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

FACILITY — 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: STEVE KULAUICK | Signature: Steve Kulauick | Date: Month 04 Day 25 Year 90

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-89)

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 0437310

0018216

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in shaded area not required by Federal law. Minnesota rules require items H. and I.
MND 0 0 0 6 8 5 9 4 1	0 0 0 0 1		

3. Generator's Name and Mailing Address: Solv-Oil Service & Supply, 6401 Industrial Drive, Eden Prairie, MN 55343

4. Generator's Phone (612) 937-8086

A. State Manifest Document Number: MN 0037958 ASSIGNED

B. State Generator's ID:

5. Transporter 1 Company Name: DeLaria Transport, Inc.

6. US EPA ID Number: MND 0 7 0 7 3 5 0 4 8

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: American Chemical Service, 420 So. Colfax, Griffith, Indiana 46319

10. U.S 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)	HM	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Flammable Liquid, n.o.s., UN1993	X	001	TT	06500	G	D001 F003-F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above: A mixture of non-chlorinated waste solvents such as; xylene, acetone, alchols, toluene, methyl ethyl ketone, mineral spirits.

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	Date (Month Day Year)
David L. Tollefson		

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	Signature	Date (Month Day Year)
FDUNFEE	FDunfee	5 27 86

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/779-6800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PO-00371-01(10 84)

COPY 4: TSDF RETAIN

122 R T63
011719

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND000685941
Manifest Document No.: 00002
2. Page 1 of 1

Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: Solv-Oil Service & Supply, 6401 Industrial Drive, Eden Prairie, MN 55343

4. Generator's Phone (612) 937-8086

A. State Manifest Document Number: MN 0038978

B. State Generator's ID:

5. Transporter 1 Company Name: DeLaria Transport, Inc.

6. US EPA ID Number: MND070735048

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: American Chemical Service, 420 So. Colfax, Griffith, Indiana 46319

10. U.S 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.	X	Waste Flammable Liquid, n.o.s., UN1993	001	TT		G	D001 F003-F005
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: A mixture of non-chlorinated waste solvents such as; xylene, acetone, alchols, toluene, methyl ethyl ketone, mineral spirits.

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: David L. Tollefson
Signature: [signature]
Date: Month 05 Day 21 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Edward [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: FDUNFEE
Signature: FDunfee
Date: Month 5 Day 2 Year 86

GENERATOR

TRANSPORTER

FACILITY

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

122ET63

COPY 4: TSDF RETAIN

011720

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.: MND000685941 Manifest Document No.: 00006

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Solv-Oil Service & Supply, 6401 Industrial Drive, Eden Prairie, MN 55343

4. Generator's Phone: (612) 937-8086

A. State Manifest Document Number: IN 034077

B. State Generator's ID:

5. Transporter 1 Company Name: DeLaria Transport, Inc.

6. US EPA ID Number: MND070735048

C. State Transporter's ID: 612-633-1569

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 So. Colfax, Griffith, Indiana 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. Waste Flammable Liquid, n.o.s., UN1993	001	TT		G	D001 F005 F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: A mixture of non-chlorinated solvents such as: xylene, acetone, alcohols, toluene, methyl ethyl ketone, mineral spirits.

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 L. Tollefson | Signature: [signature] | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: [signature] | Signature: | Month Day Year

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: FDUNFEE | Signature: FDunfee | Month Day Year: 10 27 86

GENERATOR

TRANSPORTER

FACILITY

IN 034077

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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116 FT 63

011721

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.: ILD005166626
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: SOMMER & MACA INDUSTRIES, 5501 W. OGDEN AVE, CICERO IL 60650
4. Generator's Phone: (312) 724-7891

A. State Manifest Document Number: INA 0117781
B. State Generator's ID: 0310515099
C. State Transporter's ID: 0079
D. Transporter's Phone: 312 598-3377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180840002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: MR FRANK INC
6. Use EPA ID Number: ILD064506160
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S ~~[illegible]~~ COLFAX AVE, GRIFFITH IN 46319-0140
10. Use EPA ID Number: INDG66366365

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	001	TT	500	1	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE SOLVENTS & OILS
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: PAUL RING
Signature: Paul Ring
Date: Month 4 Day 13 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICH WHITE
Signature: [signature]
Date: Month 04 Day 13 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: F DUNFEE
Signature: F Dunfee
Month 04 Day 13 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 0117781

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

212TCF50 4/13/88

0015224

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

0884085
1 7

Authorization Number 8 13

SONICRAFT INC (Company Name) | 1401 E. 95TH ST (Address) | 3129339200 (Phone Number) | 0316440001 G (Generator Number) 14 24

CHICAGO (City) | IL (State) | 60619 (Zip) | EPA Number

WASTE HAULER(S)

LANDGREBE MOTOR TRANSIT (Hauler Name) | VALPARAISO IN. (Hauler Address) | S.W.H. Registration Number 1CC2980 25 31

2194624181 (Phone Number) | IND009842824 (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 S COLFAX AVE (Address) | 918089DV (Site Number) 39 46

GRIFFITH (City) | IN (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: 1,1,1-TRICHLOROETHANE 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: UN2831 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 2,797.6 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 52 G PER DRUM 47 52 | 1 GALLONS (Circle One) 2 CU. YDS. 1 53

METHOD OF SHIPMENT (Circle One) (DRUMS 5 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 X [signature] (Authorized Signature) X DATE: 7-12-84

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) LMT Jim Marrs (Authorized Signature) DATE 07/12/84 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:

K. Rushak (Authorized Signature) DATE: 7/13/84 60 66

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 Ontoelcfor Circle

006309

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND980793319 | Manifest Document No. 40526 | 2. Page 1 of

Information in shaded area not required by Federal law. Minnesota rules require items H. and I.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVE., NE, MINNEAPOLIS, MN 55418
4. Generator's Phone (612) 782-4759

A. State Manifest Document Number MN 0040526 (RETAIN)
B. State Generator's ID
C. State Transporter's ID
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 SERVICES, INC.
6. US EPA ID Number: WID076159839
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE
420 SOUTH COLFAX, GRIFFITH, IN 46319
10. U.S EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. FLAMMABLE LIQUID NOS UN1993	X	04	DM	200	G	D001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above: A - 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: J.M. FIELD | Signature | Date: Month 06 Day 24 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson | Signature | Date: Month 06 Day 24 Year 86

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 6 Day 30 Year 86

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0600; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

GENERATOR

Minnesota Form PQ-00371-01(10 84)

123E163

COPY 4: TSDF RETAIN

011989

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND980793319 | Manifest Document No. 43418 | 2. Page 1 of | Information in shaded area not required by Federal law. Minnesota rules require items H. and I.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD
28th & CENTRAL AVENUE, MINNEAPOLIS, MN 55418

A. State Manifest Document Number MN 0043418

4. Generator's Phone (612) 782-4759

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. U.S 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. FLAMMABLE LIQUID NOS UN1993	X	1	DM	55 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.

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GENERATOR — Printed/Typed Name: C.N Buckley | Signature | Date: Month 9 Day 26 Year 86

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Kip Nelson | Signature | Date: Month 9 Day 26 Year 86
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: F Dunfee | Date: Month 10 Day 2 Year 86

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

125F163

011990

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. MND980793319 — Manifest Document No. 095363

2. Page 1 of

Information in the shaded areas is not required by Federal law

3. Generator's Name
SOO LINE RAILROAD
28TH & CENTRAL AVENUE, MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number IN 095363

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID 9908-0050-11

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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. FLAMMABLE LIQUID NOS UN1993	19	DM	14915	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. 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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
J M FIELD		1	1	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
LENNY BANUELOS	Lenny Banuelos	1	16	86

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	Signature	Month	Day	Year
[illegible]	[illegible]	1	21	86

IN 095363

EPA Form 8700-22A (Rev. 11-85)

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9-20YL UHWM 2/LP2 TSO

011765

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.: MND980793319
Manifest Document No.: 95380
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: SOO LINE RAILROAD
28TH & CENTRAL, MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: IN 095380
B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
C. State Transporter's ID: 0784
D. Transporter's Phone: (414)657-6222

7. Transporter 2 Company Name: MR. FRANK, INC.
8. US EPA ID Number: ILD069506160
E. State Transporter's ID: 0079
F. Transporter's Phone: (312)596-3377

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)92404370

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. UN1993	024	DM	01320	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.

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Printed/Typed Name | Signature | Month Day Year: 8 18 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: TIM NORMAN | Signature | Month Day Year: 8 18 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Dave Voss | Signature | Month Day Year: 03 25 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 | Signature | Month Day Year

GENERATOR / TRANSPORTER / FACILITY

IN 095380

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

TRANSPORTER NO. 2 DETACH AND RETAIN THIS COPY

MRK 24-204R T50 B

012391

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. MND980793319 Manifest Document No. 95391

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
SOO LINE RAILROAD
28TH & CENTRAL AVENUE, MINNEAPOLIS, MN 55418

A. State Manifest Document Number IN 095391

4. Generator's Phone (612) 782-4502

B. State Generator's ID

5. Transporter 1 Company Name: MR. FRANK

6. US EPA ID Number: ILD069506160

C. State Transporter's ID

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
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.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	009	DM	00495	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

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Printed/Typed Name: C.N. Burney | Signature: [signature] | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: CARL E MILBURN | Signature: [signature] | Month Day Year: 07 22 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: HARRILD F. Schmidt | Signature: [signature] | Month Day Year: 07 23 87

IN 095391

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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8 123K T63 13

012392

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.: MND980793319 — Manifest Document No.: 95384
2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name: SOO LINE RAILROAD, 28TH & CENTRAL, MINNEAPOLIS, MN 55418
4. Generator's Phone (612) 782-4502
A. State Manifest Document Number: IN 095384
B. State Generator's ID:
5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
C. State Transporter's ID: 0784
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.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	009	DM	450	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: J. M. FIELD — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: Kip Nelson — Signature: Kip Nelson — Month Day Year: 11 30 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 F. Schmidt — Signature: [signature] — Month Day Year: 12 09 87

GENERATOR — TRANSPORTER — FACILITY

IN 095384

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

7-123R T-63 12/10/87
1-204Z T-50 12/10/87
1 HOLD.

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Division of Land Pollution Control - Manifest
Indiana State Board of Health
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Indianapolis, IN 46207-7035

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND980793319 — Manifest Document No. 95385
2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name
SOO LINE RAILROAD
28TH & CENTRAL, MINNEAPOLIS, MN 55418
4. Generator's Phone (612 782-4502

A. State Manifest Document Number: IN 095385
B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
C. State Transporter's ID: 0784
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.
GENERATOR a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	04	D M	1 220	G	DC01
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] | Signature: | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson | Signature: Kip Nelson | Date: Month 03 Day 04 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: ALVIN WHITAKER | Signature: Alvin Whitaker | Month 04 Day 11 Year 88

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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3-1235 7-63 3/-23 V
1-2047 7-30 5/17/88

IN 095385

0015222

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.: MND 9 8 0 7 9 3 3 1 9
Manifest Document No.: 6 4 6 2 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
SOO LINE RAILROAD
23TH & CENTRAL, MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: INA 0164624
B. State Generator's ID:
C. State Transporter's ID: IN 8908-0050-11
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 SERVICES, INC.
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 SOUTH COLFAX, 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.	1. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	004	D-M	00200	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: * J.M. [illegible] | Signature: [illegible] | Date: Month 05 Day 25 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson | Signature: Kip Nelson | Date: Month 05 Day 25 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 06 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 0164624

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

3-203 TSD 6/6
1-204 TSD 6/6

0015207

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.: MND980793319
Manifest Document No.: 30238

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
SOO LINE RAILROAD
28TH & CENTRAL, MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: IN 095396

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID: IN9908-0050-11

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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	37	DM	1800	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: C. N. Buzicky
Signature: [signature]
Month Day Year: 08 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: Kip Nelson
Date: 08 29 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space
35-204 TC TSO 9/7
2-204 TC TSO 9/7 (Turn 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: 9 6 88

GENERATOR

TRANSPORTER

FACILITY

IN 095396

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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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND980793319 — Manifest Document No.: 95400

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: SOO LINE RAILROAD, 28TH & CENTRAL, MINNEAPOLIS, MINNESOTA 55418

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: IN 095400

B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID: 0784

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, INDIANA 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. WASTE FLAMMABLE LIQUID N.O.S. UN1993	000	DM	01500	G	D001
b. WASTE 1,1,1, Trichloroethane ORMA UN2831	002	DM	00100	G	F002
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: HUBERT SMITH — Signature: [signature] — Month 11 Day 27 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Kip Nelson — Signature: Kip Nelson — Month 11 Day 27 Year 88

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: A WHITAKER — Signature: [signature] — Month 12 Day 1 Year 88

GENERATOR / TRANSPORTER / FACILITY

IN 095400

EPA Form 8700-22A (Rev. 11-85) — UHWM 2/LP2

30-204 CT 50 — 1-204 CT 50 12/6

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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. / Manifest Document No.: HND980793319 95402

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: SOO LINE RAILROAD
28TH & CENTRAL, MINNEAPOLIS, MN 55418

A. State Manifest Document Number: IN 095402

B. State Generator's ID:

4. Generator's Phone (612) 782-4502

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID: 0784

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: INDD016360255

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. UN1993	023	DM	001550	G	D001
~~WASTE, Hth. Haz. Flam~~ ~~Cherokee CHMS UN 3257~~	~~021~~	~~DM~~	~~22050~~	~~G~~	~~F002~~
c. WASTE Flammable Liquid NOS Cherokee UN1993 001 PM 00050 G F002					

J. Additional Descriptions for Materials Listed Above: Item #3 See attached safety data sheet Flash PT 94°

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: ~~K.P. Nelson~~ HUBERT SMITH | Signature: Hubert Smith | Month 02 Day 16 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: K.P. Nelson | Signature: K.P. Nelson | Month 02 Day 16 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jerry L Bagley | Signature: Jerry L Bagley | Month 02 Day 17 Year 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 A | Signature: A Whitaker | Month 03 Day 17 Year 89

IN 095402

EPA Form 8700-22A (Rev. 11-85)

1A(35 CAL) 20TK T50 3/3/89

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A
1. F120TCT63 3/2/35
1C 204TCT50 3/3

3A - MARINE STAGE 3/17/89 UNWM 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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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND980793319 — Manifest Document No.: 95408

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: SOO LINE RAILROAD, 28TH & CENTRAL, P. O. BOX 530, MINNEAPOLIS, MINNESOTA 55418

4. Generator's Phone: 612 -782-4502

A. State Manifest Document Number: IN 095408

B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076155839

C. State Transporter's ID: 0784

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, INDIANA 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. WASTE FLAMMABLE LIQUID N.O.S. UN1993	021	DM	01050	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.

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Printed/Typed Name: X [illegible] — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Kip Nelson — Signature: Kip Nelson — Month Day Year: 05 24 89

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space: 9-204TC T50 9/31; 7-204TC T50 9/31 (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: [illegible] — Month Day Year: 5 26 89

GENERATOR / TRANSPORTER / FACILITY

IN 095408

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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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.: M N D 9 8 0 7 9 3 3 1 9 | Manifest Document No.: 6 7 2 0 2
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
Soo Line Railroad
28th & Central, P.O.Box 530
Minneapolis, Minnesota 55418
4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: INA 0367202
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. Use EPA ID Number: W I D 0 7 6 1 5 9 8 3 9
C. State Transporter's ID: 0784
D. Transporter's Phone: 414/657-6222

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, 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: 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. UN1993	029	D.M	.1450	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:

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GENERATOR — Printed/Typed Name: * Hubert Smith | Signature: HUBERT S SMITH | Date: Month 08 Day 22 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Kip Nelson | Signature: Kip Nelson | Date: Month 08 Day 22 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: A WHITAKER | Signature: A Whitaker | Date: Month 8 Day 30 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.

INA0367202

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

29-204 T50 8/30/89

COPY 5. TSD COPY

0016687

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.: MND980793319 — Manifest Document No.: 67225
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
Soo Line Railroad
28th & Central, P.O.Box 530
Minneapolis, Minnesota 55440
4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: INA 0367225
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services, Inc.
6. Use EPA ID Number: WID076159839
C. State Transporter's ID: IN9908-0050-11
D. Transporter's Phone: (414)657-6222

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, Griffith, Indiana
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 FLAMMABLE LIQUID N.O.S. UN1993	039	DM	01950	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: [illegible] Signature: [illegible] Date: Month 11 Day 20 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson Signature: Kip Nelson Date: Month 11 Day 20 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: WHITAKER A Signature: [illegible] Date: Month 11 Day 28 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 0367225

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

10-204RT50 12/19
29-204RT50 11/29

0016688

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. H·N·D·9·8·0·7·9·3·3·1·9 | Manifest Document No. 9·0·0·0·1 | 2. Page 1 of 1 | Information in the shaded areas not required by Federal law. Items D, F, H and I are required State law.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD
28TH & CENTRAL, P.O. BOX 530, MINNEAPOLIS, MINNESOTA 55440

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: INA 0367247

B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. Use EPA ID Number: W·I·D·0·7·6·1·5·9·3·3·9

C. State Transporter's ID: IR9908-0050-1

D. Transporter's Phone: 414-657-6222

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, 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: 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. UN1993	029	D·M	0·1·4·5·0	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

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: C.M. BUZICKY — Signature: [signature] — Date: Month 0·2 Day 20 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Kip Nelson — Signature: [signature] — Date: Month 0·2 Day 2·7 Year 9·0

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 KULWICK — Signature: [signature] — Date: Month 02 Day 27 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 2047CT50 3/5

0018214

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M N D 9 8 0 7 9 3 3 1 9
Manifest Document No.: 9 0 0 0 2
2. Page 1 of 1
Information in the shaded areas not required by Federal law. Items D, F, H and I are required State law.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD
28TH & CENTRAL, P.O. BOX 530, MINNEAPOLIS, MINNESOTA 55440

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: INA 0367255
B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. Use EPA ID Number: W I D 0 7 6 1 5 9 8 3 9
C. State Transporter's ID: IN9908-0050-
D. Transporter's Phone: 414-657-6222

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, 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: 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. UN1993	037	DM	01850	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: X C. N. BUZICKY
Signature: X [signature]
Date: Month 05 Day 15 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: Kip Nelson
Date: Month 05 Day 15 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 KULAVICK
Signature: Steve Kulavick
Month 05 Day 18 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

36 (1795 GAL) 2.11 FC T50 5/24
5 GAL 20YR T50 6/11/90
50 GAL MARINE SHALE 6/12/90 9037

COPY 5. TSD COPY

0018215

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. MND980793319 | Manifest Document No. WIQ1856
2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVENUE NE, MINNEAPOLIS, MN 55418
4. Generator's Phone (612) 782-4759

A. State Manifest Document Number WI 01856
B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WIPO76159839
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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. FLAMMABLE LIQUID NOS UN1993	22	DM	1100	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	Date (Month Day Year)
T M FIELD	[signature]	4 2 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BILL BOUTELL	Bill Boutell	4 28 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 in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
MURPHY	[signature]	04 11 88

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.

125 FT 63

COPY 4

011987

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.: WID080490980953 83 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: SOO LINE RAILROAD, HARRISON STREET, FOND DU LAC, WI 54935
4. Generator's Phone (414) 922-0345 or 923-4141
5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 SOUTH COLFAX, GRIFFITH, IN 46319
10. US EPA ID Number: IND016360265

A. State Manifest Document Number: IN 095383
B. State Generator's ID:
C. State Transporter's ID: 0784
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

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. UN1993	001	TT	21000	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: 11 19 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Kip Nelson | Signature: Kip Nelson | Month Day Year: 11 19 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: FDUNFEE | Signature: FDunfee | Month Day Year: 11 24 87

GENERATOR — TRANSPORTER — FACILITY

IN 095383

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

210 TC 750M

T.S.D. DETACH AND RETAIN THIS COPY

012393

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 36673

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: SOO LINE RAILROAD/SHOREHAM SHOPS
2. EPA IDENTIFICATION NO.: MND980793319
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 28th & CENTRAL AVE. NE
5. CITY, STATE, ZIP CODE: MINNEAPOLIS, MN 55418
6. TELEPHONE NUMBER: (612) 332-1261

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 barrels		Paint thinner Flammable liquids NOS	Flammable Liquids	1993	1. Solid 2. Liquid 3. Mixture [2]	D001	1200
					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: [signature]
16. NAME (Print): Neil W. Schelle
17. DATE SHIPPED M D Y: 9/19/83

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: 440

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): K.P. Nelson
26. Date Accepted: 9/19/83

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 SERVICE
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 SOUTH COLFAX
35. CITY, STATE, ZIP CODE: GRIFFITH, INDIANA
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): R.F. Rushwak
40. Date Accepted M / D / Y: 9/19/83

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

Dir back 4.7.83
To 125 F T-63 GRM 4.20.83

HAZARDOUS WASTE FACILITY

006098

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 36644

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: SOO LINE RAILROAD/SHOREHAM SHOPS
2. EPA IDENTIFICATION NO.: MND980793319
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 28th & CENTRAL AVENUE NE
5. CITY, STATE, ZIP CODE: MINNEAPOLIS, MN. 55418
6. TELEPHONE NUMBER: (612) 332-1261

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)
19 ~~29~~ Barrels	200	Paint Thinner Flammable Liquids NOS	Flammable Liquid	1993	1. Solid 3. Mixture 2. Liquid [ ]	D001	6400
					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: K A Nelson
16. NAME (Print): Bruce A. Nelson
17. DATE SHIPPED: M D Y 2 23 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) 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: K A Nelson
25. NAME (Print): K A Nelson
26. Date Accepted: M 2 D 23 Y 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 SERVICE
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 SOUTH COLFAX
35. CITY, STATE, ZIP CODE: GRIFFITH, INDIANA
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: Raymond Grabarek
39. NAME (Print):
40. Date Accepted: M 3 D 3 Y 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

660099

HAZARDOUS WASTE FACILITY

To 204 KT-50 GRN
3.3.83

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 36679

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: SOO LINE RAILROAD/SHOREHAM SHOPS
2. EPA IDENTIFICATION NO.: MND980793319
3. COMMENTS/SPECIAL INSTRUCTIONS: ~~Shell~~ Paint Thinner
4. P.O. BOX OR STREET ADDRESS: 28th & CENTRAL AVENUE NE
5. CITY, STATE, ZIP CODE: MINNEAPOLIS, MN 55418
6. TELEPHONE NUMBER: (612)332-1261

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)
24 drums	1,050	Flammable Liquid N.O.S	Flammable	1993	1. Solid 3. Mixture 2. Liquid [2]	D001	6300
					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: H. S. Smith
16. NAME (Print): H. S. SMITH
17. DATE SHIPPED: M D Y 4 11 84

TRANSPORTER SECTION

18. COMPANY NAME: ABC SERVICES, INC.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5910 - 49th STREET
21. CITY, STATE, ZIP CODE: KENOSHA, WI
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: Kip Nelson
25. NAME (Print): Kip Nelson
26. Date Accepted: M 4 D 18 Y 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 SERVICE
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 SOUTH COLFAX
35. CITY, STATE, ZIP CODE: GRIFFITH, INDIANA
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: R Ruschak
39. NAME (Print): R RUSCHAK
40. Date Accepted: M 4 D 19 Y 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: [redacted]
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

To 204RT-50 6124

HAZARDOUS WASTE FACILITY

003900

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 36678

006306

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: SOO LINE RAILROAD/SHOREHAM SHOPS
2. EPA IDENTIFICATION NO.: MND980793319
3. COMMENTS/SPECIAL INSTRUCTIONS: Cherokee
4. P.O. BOX OR STREET ADDRESS: 28th & CENTRAL AVENUE NE
5. CITY, STATE, ZIP CODE: MINNEAPOLIS, MN 55418
6. TELEPHONE NUMBER: (612)332-1261

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)
14 drums	700 gal	Flammable Liquid N.O.S.	Flammable	1993	1. Solid 3. Mixture [2] 2. Liquid	0001	7000 lb
					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: H. S. Smith
16. NAME (Print): H. S. SMITH
17. DATE SHIPPED: M / D / Y: / /

TRANSPORTER SECTION

18. COMPANY NAME: ABC SERVICES, INC.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5910 - 49th STREET
21. CITY, STATE, ZIP CODE: KENOSHA, WI 53140
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: K.P. Nelson
25. NAME (Print): K.P. Nelson
26. Date Accepted: M / D / Y: 4 / 18 / 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:

To 204 RT-50 GAL

HAZARDOUS WASTE FACILITY

HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME: AMERICAN CHEMICAL SERVICE
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 SOUTH COLFAX
35. CITY, STATE, ZIP CODE: GRIFFITH, INDIANA
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: R Rinehart
39. NAME (Print): R Rinehart
40. Date Accepted: M / D / Y: 4 / 25 / 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: WASTE RESEARCH & RECLAMATION
42. EPA IDENTIFICATION NO.: WID990829475
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

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

See r erse side, Copy 6, for instructions.
Plea 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 36693

006307

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: SOO LINE RAILROAD/SHOREHAM SHOPS
2. EPA IDENTIFICATION NO.: MND980793319
3. COMMENTS/SPECIAL INSTRUCTIONS: PAINT THINNER
4. P.O. BOX OR STREET ADDRESS: 28th & CENTRAL AVENUE NE
5. CITY, STATE, ZIP CODE: MINNEAPOLIS, MN 55418
6. TELEPHONE NUMBER: (612) 332-1261

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)
18 Drums	900	Paint Thinner Flammable liquid N.O.S.	Flammable	1993	1. Solid 3. Mixture 2. Liquid [2]	D001	12,200
4 drums	200	Cherokee Flammable Liquid NOS	Flammable	1993	1. Solid 3. Mixture 2. Liquid [2]	D001	1,600
					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: [signature]
16. NAME (Print): HUBERT S SMITH
17. DATE SHIPPED: M D Y 8/23/84

TRANSPORTER SECTION

18. COMPANY NAME: ABC SERVICES, INC.
19. EPA IDENTIFICATION NO.: WID076159839
20. P.O. BOX OR STREET ADDRESS: 5910 - 49th STREET
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): KIP NELSON
26. Date Accepted: 8/23/84

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 SERVICE
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 SOUTH COLFAX
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): GRIMURPHY
40. Date Accepted: 8/27/84

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

4 10500 BTU 5.0% CL. 124 204 K T-50 18-126 K

HAZARDOUS WASTE FACILITY

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. N.N.D.9.8.0.7.9.3.3.1.9 — Manifest Document No. 0.1.8.0.3

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVENUE NE
MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 332-1261

A. State Manifest Document Number: WI 01808

B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: W.I.D.0.7.6.1.5.9.8.3.9

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 SERVICE
420 SOUTH COLFAX
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:

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 1993	11.	DM	605 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 governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

GENERATOR

Printed/Typed Name: Hubert S. Smith — Signature: Hubert S. Smith — Date: Month 1 Day 1 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: KIP NELSON — Signature: Kip Nelson — Date: Month 1 Day 1 Year 84

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: — Signature: — Date: 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 in Item 19.

Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date: Month 1 Day 30 Year 84

FACILITY

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.

204RT-50

COPY 5

006308

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. ~~P.O. Box 7921~~ ~~Madison, Wisconsin 53707~~

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. MND 980793319	Manifest Document No. 01822	2. Page 1 of	Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVENUE NE
MINNEAPOLIS, MN 55418
4. Generator's Phone ( )

A. State Manifest Document Number: WI 01822
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:

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 NOS UN1993	8	DM	8	400 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 governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name	Signature	Date (Month Day Year)
H. S. SMITH	H. S. Smith	2 14 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name: KIP NELSON	Signature: Kip Nelson	Date: 2 14 85
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date: . . .

FACILITY

19. Discrepancy Indication Space
1 DRUM SOLID MATERIAL

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)
GR MURPHY	GR Murphy	3 20 85

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

009307

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND980793319
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
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVENUE NE
MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 332-1261

A. State Manifest Document Number: WI 01839
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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. FLAMMABLE LIQUID NOS 1993	12	DM	600	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 governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BILL BOUTELL
Signature: [illegible]
Date: Month Day Year: 9 19 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: MURPHY
Signature: [illegible]
Date: Month Day Year: 10 08 85

GENERATOR

TRANSPORTER

FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

125R T-67

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

009305

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND980793319
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
SOO LINE RR/SHOREHAM SHOPS
28th & CENTRAL AVE.
MINNEAPOLIS, MN 55418
4. Generator's Phone (812) 3321261

A. State Manifest Document Number: WI 01842
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 SO. 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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. FLAMMABLE LIQUID NOS 1993	5	DM	250	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 governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: T.M. FIELD
Signature: [signature]
Date: Month 7 Day 1 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bill Boutell
Signature: Bill Boutell
Date: Month 9 Day 1 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space
3 Drums solid material [signature] C A

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: MUPDAY
Signature: [signature]
Date: Month 10 Day 0 Year 85

GENERATOR

TRANSPORTER

FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

125 FT-63

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

009304

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.: MND980793319 | 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
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVENUE NE
MINNEAPOLIS, MN 55418
4. Generator's Phone (612) 332-1261

A. State Manifest Document Number: WI 01848
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

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 NOS 1993	14	DM	700	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 governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: J.M. FIELD | Signature: J.M. Field | Date: Month 1 Day 3 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CARL AMBROSE | Signature: C. L Ambrose | Date: Month 1 Day 3 Year 86

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: WHITAKER | Signature: A Whitaker | Date: Month 1 Day 23 Year 86

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

125E-T-63 ✓

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

011966

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.: MND980793319
Manifest Document No.: 01858
2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOO LINE RAILROAD/SHOREHAM SHOPS
28th & CENTRAL AVE.NE, MINNEAPOLIS, MN 55418

4. Generator's Phone (612) 782-4502

A. State Manifest Document Number: WI 01858
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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. FLAMMABLE LIQUID NOS UN1993	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	Signature	Date Month Day Year
T M Field	[signature]	6 4 24 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Kip Nelson	Kip Nelson	4 21 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	Signature	Date Month Day Year
GR Murphy	[signature]	0 6 23 86

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

123ET63

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4

011988

>66 Rev. 7-84
144, Wis. Stats.

Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND980793319. . . .
Manifest Document No.: . . . . .
2. Page 1 of
Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: WI 01824

3. Generator's Name and Mailing Address
SOO LINE RAILROAD
28th & CENTRAL AVENUE NE
MINNEAPOLIS, MN 55418

B. State Generator's ID

4. Generator's Phone (612) 332-1261

5. Transporter 1 Company Name
ABC SERVICES, INC.

6. US EPA ID Number: WIDQ76159839. . . .

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. FLAMMABLE LIQUID NOS 1993	16	DM	880	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 governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: X HUBERT S SMITH
Signature: Hubert S Smith
Date: Month 05 Day 29 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X TIM NORMAN
Signature: Tim Norman
Date: Month 05 Day 29 Year 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: FRANK PRICE
Signature: Frank Price
Date: Month 05 Day 31 Year 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.

COPY 2

HAZARDOUS WASTE MANIFEST

Sorini Mfg

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		2959 W. 47th 60632 Sorini Mfg Chicago	
TRANSPORTER # 1	ILD045695715	H. Roskin Chicago 312-[illegible]	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND0[illegible]260265	American Chemical Service [illegible] 312 [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)
4		F001	[illegible]	1[illegible]		[illegible]	[illegible]	[illegible]		

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 60626

TSDF COPY

To 118K T-63 6[illegible] 3-10-83

[illegible]5900

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
SORINI MANUFACTURING Co.
2959 W. 47th Street, Chgo, IL 60632

4. Generator's Phone (312) 247-5858

A. Illinois Manifest Document Number: IL 1166721

B. Illinois Generator's ID: 0311658 5003

5. Transporter 1 Company Name: H. Roskin

6. US EPA ID Number

C. Illinois Tranporter's ID

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
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID

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. Perchlor - ORM-A - 1897		3	DR	165	G	EPA HW Number: F001 / 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: Sorini MFG Co by Peter May | Signature: Peter May | Date: Month 5 Day 28 Year 83

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: H. ROSKIN CLARENCE NEAL | Signature: H. Roskin Clarence Neal | 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: F DUNFEE | Signature: F Dunfee | Date: Month 6 Day 3 Year 83

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

120 K T-63 009302

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.

GENERATOR

3. Generator's Name and Mailing Address
SORINI MANUFACTURING Company
2959 W. 47th Street
Chgo, IL 60632
4. Generator's Phone (312) 247-5858

A. Illinois Manifest Document Number: IL 1166722

B. Illinois Generator's ID: 0316585003

C. Illinois Tranporter's ID

D. ( ) Transporter's Phone

5. Transporter 1 Company Name | 6. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

9. Designated Facility Name and Site Address | 10. US EPA ID Number
AMERICAN CHEMICAL SERVICE
GRIFFITH, INDIANA 46319
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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	PERCHLOR - ORM-A - 1897		8				EPA HW Number: F001 / 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: SORINI Mfg. Co. PETER M. MAY | Signature: Peter M May | Date (Month Day Year): 9 17 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL | Signature: Clarence Neal | Date (Month Day Year): 9 17 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: FRANK PRICE | Signature: Frank Price | Date (Month Day Year): 9 23 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

IAK 1-69

009303

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
SORINI MFG. COMPANY
2959 W. 47th Street, CHICAGO, IL 60632

4. Generator's Phone (312) 247-5858

5. Transporter 1 Company Name | 6. US EPA ID Number

7. Transporter 2 Company Name | 8. US EPA ID Number

9. Designated Facility Name and Site Address | 10. US EPA ID Number
AMERICAN Chemical Service
GRIFFITH, INDIANA 46319
IND016360265

A. Illinois Manifest Document Number: IL 1166723
B. Illinois Generator's ID: 0311651850103
C. Illinois Tranporter's ID
D. ( ) Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
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.

GENERATOR

	HM		No.	Type	Quantity	Wt/Vol	Waste No.
a.		Perchlor - ORM-A - 1897	5				EPA HW Number: F001 / 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: PETE MAY SORINI Mfg. Co. | Signature: Pete May | Date: Month 6 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL | Signature: Clarence Neal | Date: Month 6 Day 19 Year 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: F DUNFEE | Signature: F Dunfee | Date: Month 6 Day 24 Year 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

120 TC T63
011715

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[illegible]1

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.

GENERATOR

3. Generator's Name and Mailing Address
SORINI MANUFACTURING COMPANY
2959 W. 47th Street, Chicago, IL 60632

4. Generator's Phone (312) 247-5858

A. Illinois Manifest Document Number: IL 1166724

B. Illinois Generator's ID: 0311658503

5. Transporter 1 Company Name: H ROSKIN | 6. US EPA ID Number: ILD045695715 | C. Illinois Tranporter's ID: 1400

D. (312)761-7236 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
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID

H. Facility's Phone (512) 768-3400

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	12. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	PERCHLOR-ORM-A-1897		5	DM	250	1	EPA HW Number: F101 / 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: PABLO SALAZAR | Signature: Pablo Salazar | Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL | Signature: Clarence Neal | 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: HARROLD F. SCHMIDT | Signature: Harold F. Schmidt | Date: Month Day Year: 10 22 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

120 FT63

011716

HAZARDOUS WASTE MANIFEST

2

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Sorini Mfg 2524 Blue Island Chgo IL 60608 247 5858	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 Roosevelt Chgo Il 60650 261 7236	
TRANSPORTER # 2 (If required)	IND016360265	Amer Chem Serv Griffith In 46319 312 768 3400	11/7/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
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)
5 Adr		F001	Perchlor ORM-A	1897		none	55g	200g		

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

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO IART-63 GRM 11-30-83

TSDF COPY

035101

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
217/782-6762
SPECIAL WASTE HAULING MANIFEST

1040951

Authorization Number

COMPLETED BY WASTE GENERATOR

Sorini Mfg Co. (Company Name) | 2524 S. Blue Island (Address) | 3122475858 (Phone Number) | 0316585003 (Generator Number)
Chicago (City) | IL (State) | 60608 (Zip) | EPA Number

WASTE HAULER(S)

H. Roskin (Hauler Name) | 4710 W. Roosevelt (Hauler Address) | S.W.H. Registration Number 1400001
3122617236 (Phone Number) | ILD045695715 (EPA Number)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Amer. Chem. Service (Facility Name) | Address | 9180890 2 (Site Number)
Griffith (City) | Indiana (State) | 46319 (Zip) | 3127683400 (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: PERCHLOR | 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
PERCHLOR	ORM-A	1897	F001

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: 165 — 1 GALLONS / 2 CU. YDS. (Circle One) — 1

METHOD OF SHIPMENT (Circle One) DRUMS 3 (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 Peter May (Authorized Signature) DATE: 9/18/84

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) H Roskin (Authorized Signature) DATE: 9/19/84

(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

H Dunbee (Authorized Signature) DATE 9/19/84

COMMENTS OR SPECIAL INSTRUCTIONS: _____

1040951

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

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additional civil penalty up to $1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

122 R T-63

006304

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.1.8.0.0.1.0.4.6.4 | 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
Sorini Mfg. 2524 S Blue Island Chicago Il 60608

A. State Manifest Document Number INA 0249462

B. State Generator's ID

4. Generator's Phone (312) 2475858

5. Transporter 1 Company Name: H Roskin Motor Service | 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 3123769343

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 3127683400

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. Perchlor ORM-A UN 1897	002	DM	450	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.

program in place to reduce the volume and toxicity of waste generated to the degree I have ed the practicable method of treatment, storage, or disposal currently available to me and the environment; OR, if I am a small quantity generator, I have made a good faith management method that is available to me and that I can afford.

Signature	Month	Day	Year
Signature	Month	Day	Year
Signature	Month	Day	Year

aterials covered by this manifest except as noted item 19.

Signature	Month	Day	Year
	10	20	88

white) TSD MAIL TO GENERATOR
oldenrod) GENERATOR MAIL TO GENERATOR STATE
ight green) TSD MAIL TO TSD STATE
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

GENERATOR

ronmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the
02 or 202/426-2675.

INA 0249462

0015219

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·1·8·0·0·1·0·4·6·4
Manifest Document No.: 0·8·0·7·9
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
Sorini Mfg. 2524 S Blue Island
Chicago IL 60608
4. Generator's Phone (312) 927 1571

A. State Manifest Document Number: INA 0322655
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
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: 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. Perchlor ORM-A UN 1897	3	DM	150	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: [illegible] Signature: [illegible] Date: Month [illegible] Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL Signature: [illegible] 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 P. [illegible] Signature: [illegible] Date: Month [illegible] Day [illegible] Year [illegible]

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.

INA0322655

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

1A TCT 63 8/53

0016684

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

NAME OF CARRIER (SCAC)

SHIPPER NUMBER

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND 064702889	South Bend Medical Foundation 530 North Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	State Road 130 W Landgrebe Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	1/20/82
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)
2 Drums		D001	Solvent N.O.S./Flammable Liquid				55 g	110 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

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 1-22-82 DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

On dock 1/20/82 EPM
To 124 TR, T-6361 EPM 1/21/82

002447

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	3/10/82
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)
2 drums		D001	Solvent N.O.S./Flammable Liquid				55 g	110 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 collected

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

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

On dock 3/10/82 EKM
To 124 T-63 EKM 3/16/82

002448

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	State Road 130 W Landgrebe Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	5/13/82
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)
2 drums		D001	Solvent N.O.S./Flammable Liquid	1993			55 g	110 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.

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 60626

On dock 5-13-82 GRM

TSDF COPY TO 210 ET-50 GRM 5-26-82

002449

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	8/27/87
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	8/28/87
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	8/31/87
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)
2 drums		D001	Solvent N.O.S./Flammable Liquid				55 g	110 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.

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 8-3-87 DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

002450

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation, 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	3/4/93
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)
2 drums		D001	Solvent N.O.S./Flammable Liquid				55 g	110 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 collected

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 3-5-93

5

STYLE F 50 © LABELMASTER CHICAGO, IL 60626

TC200FT-50 6/91 3.9.93

TSDF COPY

006107

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	5/31/83
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)
2 drums		D001	Solvent N.O.S./Flammable Liquid				55 gal	110 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

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required) 5-31-83

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

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STYLE F-50 Ⓒ LABELMASTER CHICAGO, IL 60626

To 204ET-50 6/84 5-31-83 TSDF COPY

006106

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842324	Landgrebe State Road 130 W Valparaiso, IL 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 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)
2 drums		D001	Solvent N.O.S./Flammable Liquid				55 gal	110 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.

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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To 2C4 RT-50 EPA 7-21-83

TSDF COPY

006105

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	9-27-83
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)
2 Drums		D001	Solvent N.O.S./Flammable Liquid				55 gal	110 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.

_____ _____
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 To204 rc T-50 EPM 9.22 83

006104

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	11/12/83
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)
3 drums		D001	Solvent N.O.S./Flammable Liquid				55 g	165 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

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 1-12-83

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TSDF COPY

To 204KT-50 GPM 1.12.83

006108

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	State Road 130 W Landgrebe Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	11/9/83
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)
2 Drums		D001	Solvent N.O.S./Flammable Liquid				55 gal	110 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.

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 11/9/83 DATE

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TSDF COPY TO204RT-50 GEN1 11.9.83

006103

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 924-4370	12/22/83
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)
2 Drums		D001	Solvent N.O.S./Flammable Liquid				55 Gal.	110 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

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TSDF COPY TO204 ET-50 G1204 12 2283

006102

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR'S & SHIPPER	IND 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 46319 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)
2 Drums		D001	Solvent N.O.S./Flammable Liquid				55 gal.	110 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.

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 2-11-84 DATE

5

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TSDF COPY To204K T-50 6RM 2.16.84

006300

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 924-4370	11-1-84
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)
3 Drums		D001	Solvent N.O.S./ Flammable Liquid				55 gal	165 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.

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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T0204 E T-50
6/84 4.6.84 TSDF COPY

006301

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Lafayette Blvd. South Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130W Valparaiso, IN 46282	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 South Colfax Griffith, IN 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)
3 Drums		D001	Solvent N.O.S./Flammable Liquid				55 gal.	165 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.

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 60626

TSDF COPY 20YE F-50

006302

...RDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

RE... UNRECOVERED DIS-CHA...AL TO OR IN EXCESS OF EACH HAZ...DOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	( ) PLACARDS PROVIDED

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 064702889 — Manifest Document No. TD274 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
The South Bend Medical Foundation, Inc.
530 N. Lafayette Blvd.
South Bend, Indiana 46601

4. Generator's Phone (219) 234-4176 Ext. 210

A. State Manifest Document Number
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 2265
H. Facility's Phone

5. Transporter 1 Company Name: Landgrebe — 6. US EPA ID Number: IND 009842824

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax
Griffith, IN 924-4370

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. Waste Solvent N.O.S. Flammable Liquid UN1307	3	DM	165 gals.	G	
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.

Printed/Typed Name	Signature	Date (Month Day Year)
AL H. HEET	Al H. Heet	11 27 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Landgrebe Motor Transport	Carl Cowell	11 29 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	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	11 30 84

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY 204 RT-50 ✓

006303

PRINTED BY: HAZARDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300; EPA HOTLINE = 800-424-9346; CDC POISON CENTER = 404-635-5313; DOT = 202-426-1830	PLACARDS PROVIDED

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. I N D 0 6 4 7 0 2 8 8 9 — Manifest Document No. 010175 — 2. Page 1 of — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
The South Bend Medical Foundation, Inc.
530 North Lafayette Boulevard
South Bend, Indiana 46601
4. Generator's Phone (219) 234-4176

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe — 6. US EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
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
American Chemical Services
420 South Colfax
Griffith, IN 924-4370
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

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.
GENERATOR a. Waste Solvent N.O.S. Flammable Liquid UN1307	2	DM	11 0gals	G	
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.

Printed/Typed Name	Signature	Date (Month Day Year)
Al H. Heet	Al H Heet	1 10 85

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	Signature	Date (Month Day Year)
	LAMT W	1 10 85

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY — 204 R T-SDV

009296

PRINTED BY: HAZARDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300; EPA HOTLINE = 800-424-9346; CDC POISON CENTER = 404-635-5313; DOT = 202-426-1830	PLACARDS PROVIDED

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. I N D 0 6 4 7 0 2 8 8 9 — Manifest Document No. 0 2 2 5 5
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
The South Bend Medical Foundation, Inc.
530 North Lafayette Boulevard
South Bend, Indiana 46601
4. Generator's Phone ( ) (219) 234-4176

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe
6. US EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
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
American Chemical Services
420 South Colfax
Griffith, IN 924-4370
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

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 Solvent N.O.S. Flammable Liquid UN1307	2	DM	1 1 Ogals	6	
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.

Printed/Typed Name: Al H. Heet | 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 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: R Rushbrook | Signature: R Rushbrook | Date: Month Day Year: 3 1 85

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY

204 F-T-SOV

009297

RDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

ECOVERED DIS- OR IN EXCESS OF WASTE ASSIGNED NATIONAL RESPONSE	REPORTABLE QUANTITY VALUE		PLACARDS PROVIDED
800-424-8802	1 = 5000 LBS. 4 = 10 LBS. 2 = 1000 LBS. 5 = 1 LB. 3 = 100 LBS.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	

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.: IND064702889 — Manifest Document No.: 14055
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
THE SOUTH BEND MEDICAL FOUNDATION, INC.
530 North Lafayette Boulevard
South Bend, Indiana 46601
4. Generator's Phone ( ) (219) 234-4176

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe
6. US EPA ID Number: IND009842824
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
AMERICAN CHEMICAL SERVICES
420 South Colfax
Griffith, Indiana 924-4370
10. US EPA ID Number: IND016366026 5
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 Solvent N.O.S. Flammable Liquid UN1307	1	DM	55 Gallons	6	
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.

Printed/Typed Name: Al H. Heet — 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 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: 5 22 85

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY

204F 009298

PRINTED BY: HAZARDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 4 = 10 LBS. 2 = 1000 LBS. 5 = 1 LB. 3 = 100 LBS.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	PLACARDS PROVIDED

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. I N D 0 6 4 7 0 2 8 8 9 — Manifest Document No. 0 8 0 7 5 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
THE SOUTH BEND MEDICAL FOUNDATION, SNC.
1530 North Lafayette Boulevard
South Bend, IN 46601
4. Generator's Phone ( ) 219-234-4176

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe — 6. US EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
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
AMERICAN CHEMICAL SERVICES
420 South Colfax
Griffith, IN 924-4370
10. US EPA ID Number: I N D 0 1 5 3 6 0 2 6 5
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 Solvent N.O.S. Flammable Liquid UN1307	1	D M	5 5 GALS	6	
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.

Printed/Typed Name	Signature	Date (Month Day Year)
Al H. Heet	Al H Heet	07 08 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Landgrebe	Gene D 7-10-85	

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	7 11 85

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY 204KT-5009299

STATE OF ILLINOIS — ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/84

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2050-0039 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I N D 0 6 4 7 0 2 8 8 9 — Manifest Document No. 0 9 2 6 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
THE SOUTH BEND MEDICAL FOUNDATION, INC.
530 North Lafayette Boulevard
South Bend, Indiana 46601 (219) 234-4176
4. Generator's Phone ( )

A. Illinois Manifest Document Number: IL 1400972
B. Illinois Generator's ID:

5. Transporter 1 Company Name: Landgrebe
6. US EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
C. Illinois Tranporter's ID:
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 SERVICES
420 South Colfax
Griffith, IN 924-4370
10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. Illinois Facility's ID: IND016360265
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. / EPA HW Number / Authorization Number
a. Waste Solvent N.O.S. Flammable Liquid UN1307		1	DM	55 GALS.	6	
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 Illinois regulations.

Printed/Typed Name: Al H. Heet — Signature — Date: Month 9 Day 26 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature: LJ Cole — Date: Month 9 Day 30 Year 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: FRANK PRICE — Signature: Frank Price — Date: Month 10 Day 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

204FT-50
009300

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED RQ VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	PLACARDS PROVIDED

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 064702889 — Manifest Document No. 10285
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOUTH BEND MEDICAL FOUNDATION, INC.
530 North Lafayette Blvd.
South Bend, Indiana 46601 (219) 234-4176, Ext. 2109

4. Generator's Phone ( )

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe — 6. US EPA ID Number: IND 009842824
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
AMERICAN CHEMICAL SERVICES
420 South Colfax
Griffith, IN 924-4370
10. US EPA ID Number: IND 016360265
G. State Facility's ID
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	I. Waste No.
a. Waste Solvent N.O.S. Flammable Liquid UN1307	1	DM	55 Gallons	6	
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.

Printed/Typed Name: Al H. Heet — Signature: Al H. Heet — Date: Month 10 Day 21 Year 85

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: STEVE KULBICK — Signature: Steve Kulbick — Date: Month 11 Day 1 Year 85

EPA Form 8700-22 (3-84)

[redacted] Y

204 E T-50

009301

PRINTED BY: HAZARDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300; EPA HOTLINE = 800-424-9346; CDC POISON CENTER = 404-635-5313; DOT = 202-426-1830	PLACARDS PROVIDED

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. I N D 0 6 4 7 0 2 8 8 9 Manifest Document No. 0527 6

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
THE SOUTH BEND MEDICAL FOUNDATION, INC.
530 N. Lafayette Blvd.
South Bend, IN 46601

4. Generator's Phone ( ) (219) 234-4176; Ext. 210

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe

6. US EPA ID Number: I N D 0 0 9 8 4 2 8 2 4

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
American Chemical Service
420 South Colfax
Griffith, IN 924-4370

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 7

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 Solvent N.O.S. Flammable Liquid UN1307	4	DM	55 Gals	6	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and 220 gal.

16. GENERATOR'S CERTIFICATIO ...onsignment are fully and accurately described above by proper shipping name an... and are in all respects in proper condition for transport by highway according to ...vernmental regulations.

Printed/Typed Name: Al H. Heet — Signature: Al H. Heet — Date: Month 10 Day 07 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LANDGREBE — Signature: Roberta J. Thompson — Date: Month 10 Day 8 Year 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: HARRILD F SCHMIDT — Signature — Date: Month 10 Day 09 Year 86

8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY

125RT63

011713

PRINTED BY: HAZARDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	PLACARDS PROVIDED

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.: IND064702889 — Manifest Document No.: 09046
2. Page 1 of 7 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
SOUTH BEND MEDICAL FOUNDATION, INC.
530 North Lafayette Boulevard
South Bend, IN 46601

4. Generator's Phone ( ) (219) 234-4176 Ext. 210

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe
6. US EPA ID Number: IND009842824
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
AMERICAN CHEMICAL SERVICES
420 South Colfax
Griffith, IN 46319 (219)924-4370
10. US EPA ID Number: IND016360265
G. State Facility's ID: 10 C 17
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 Xylol, Flammable Liquid UN1307	2	DM	110	Gal	
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.

Printed/Typed Name: Al H. Heet — Signature: Al H Heet — Date: Month 12 Day 04 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Frederick Jr. — Signature: Jim Frederick — Date: Month 12 Day 9 Year 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: Harold F Schmidt — Signature: Harold F Schmidt — Date: Month 12 Day 10 Year 86

GENERATOR — TRANSPORTER — FACILITY

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY

2-204R T50

011714

J BY: HAZARDOUS MATERIALS PUBLISHING CO., KUTZTOWN, PA. 19530, 215-683-6721

1945

PORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 2 = 1000 LBS. 3 = 100 LBS. 4 = 10 LBS. 5 = 1 LB.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	18 PLACARDS PROVIDED

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. I N D 0 6 4 7 0 2 8 8 9 Manifest Document No. 0 1 1 7 1 2
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
THE SOUTH BEND MEDICAL FOUNDATION, INC.
530 North Lafayette Boulevard
South Bend, Indiana 46601
4. Generator's Phone ( ) (219) 234-4176; Ext. 210

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe
6. US EPA ID Number: I N D 0 0 9 8 4 2 8 2 4 9
C. State Transporter's ID
D. Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number: 1000
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
820 South Colfax
Griffith, Indiana 924-4370
10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID: 780
H. Facility's Phone: GCSC

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.
GENERATOR a. Waste Solvent N.O.S. Flammable Liquid UN1307	2	DM	110 Gals	6	
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.

Printed/Typed Name	Signature	Date (Month Day Year)
Al H. Heet	Al H Heet	03 13 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
R GARWICK	R Garwick	03 19 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)
FRANK PRICE	Frank Price	3 20 86

EPA Form 8700-22 (3-84)

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY 204KT50

011712

Ashland Chem.

9370

HAZARDOUS WASTE MANIFEST

MANIFEST NUMBER **002001**

GENERATOR	NAME: SOUTH BEND MEDICAL FOUNDATION	EPA ID NUMBER: IND 064702889
	ADDRESS: 531 NORTH MAIN STREET SOUTH BEND IND	PHONE NUMBER: 219-234-4176
FIRST TRANSPORTER	NAME: ASHLAND CHEMICAL COMPANY	EPA ID NUMBER: IND 016621476
	ADDRESS: 1817 WEST INDIANA AVE SOUTH BEND IND 46613	PHONE NUMBER: 219 2330035
SECOND TRANSPORTER (if applicable)	NAME:	EPA ID NUMBER:
	ADDRESS:	PHONE NUMBER:
TSD * FACILITY	NAME: [illegible]	EPA ID NUMBER: [illegible]
	ADDRESS: [illegible]	PHONE NUMBER: [illegible]
ALTERNATE TSD * FACILITY	NAME:	EPA ID NUMBER:
	ADDRESS:	PHONE NUMBER:

SHIPPING NAME/HAZARD CLASS	HAZARD I.D. NUMBER	QUANTITY	UNIT OF MEASURE	NUMBER	CONTAINER TYPE
SOLVENT NOS / FLAMMABLE LIQUID	D001	2 X 55	GAL	2	DRUM

EMERGENCY NOTIFICATION	IN THE EVENT OF ACCIDENT OR SPILL, CALL (606) 324–1133, (CHEMTREC (800) 424–9300)
SPECIAL HANDLING INSTRUCTIONS	

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. Environment Protection Agency.

	NAME	SIGNATURE	DATE
GENERATOR REPRESENTATIVE	A L H HEET	[illegible]	1-28-84

This is to certify acceptance of the hazardous waste shipment described above.

	NAME	SIGNATURE	DATE
FIRST TRANSPORTER REPRESENTATIVE	[illegible]	[illegible]	

This is to certify acceptance of the hazardous waste shipment described above.

	NAME	SIGNATURE	DATE
SECOND TRANSPORTER REPRESENTATIVE			

This is to certify acceptance of the hazardous waste described above for ☐ TREATMENT ☐ STORAGE ☐ DISPOSAL

	NAME	SIGNATURE	DATE
TSD * FACILITY REPRESENTATIVE	F. DUNFEE	F. Dunfee	2/13/8[illegible]

* TREATMENT, STORAGE, DISPOSAL PUMPED TO 124 TK 2/13/81 T-63 Jim Murf

TSD * Facility copy

001727

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 531 N. Main St. So. Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 016621476	Ashland Chemical Co. 1817 W. Indiana Ave. So. Bend, IN 46319 233-0033	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 So. Colfax Griffith, IN 46319 924-4370	
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)
Drum 9		D001	Solvent N.O.S./Flammable Liquid				gal.	45 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

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 3-9-81 DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

UNLOADED 3/9/81

TSDF COPY

001728

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 531 N. Main Street So. Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 So. Colfax Griffith, IN 46319 924-4320	5/27
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)
Drum		D001	Solvent N.O.S./Flammable Liquid				55 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
UNLOADED AT DOCK 5/26/81

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 5/29/81

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO 142K T-63 5/29/81 JTM

TSDF COPY

002049

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 531 N. Main Street So. Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND009842824	LANDGREBE STATE RD 130W VALPARAISO IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 S. Colfax Griffith, IN 46319 924-4390	4/7/81
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)
Drum		D001	Solvent N.O.S./Flammable Liquid				55 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

UNLOADED AT DOCK 4/7/81

TSDF SIGNATURE DATE 4/7/81

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO 124TC T-63 4/14/81 JTM

TSDF COPY

002050

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 531 N. Main Street So. Bend, IN 46601 234-4176	5/1
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 So. Colfax Griffith, IN 46319 924-4370	6/26/81
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)
1 drum		D001	Solvent N.O.S./Flammable Liquid				55 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.

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

UNLOADED AT DOCK 6/26/81 TO 126R T-63 6/30/81 9PM

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TSDF COPY

002051

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 531 N. Main Street So. Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 So. Colfax Griffith, IN 46319 924-4370	8/13
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 drum-		D001	Solvent N.O.S./Flammable Liquid				55 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 8-13-81 TSDF SIGNATURE DATE 8-13-81

TO 124R T-63 8/13/81 JTM

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TSDF COPY

002052

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 531 N. Main Street So. Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	Landgrebe State Road 130 W Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Services 420 So. Colfax Griffith, IN 46319 924-4370	10/16
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)
2 drums		D001	Solvent N.O.S./Flammable Liquid				55 gal			

110 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 ... ie 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 ... two ports by a carrier by water, the la... 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

UNLOADED GT DOCK 10/16/81 TO 12 4/TL T-63 10/21/81 JPM

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TSDF COPY

002053

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

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 064702889	South Bend Medical Foundation 530 N. Main Street So. Bend, IN 46601 234-4176	
TRANSPORTER # 1	IND 009842824	State Road 130 W Langebbe Valparaiso, IN 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	420 S. Colfax American Chemical Services Griffith, IN 46319 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)
1 drum		D001	Solvent N.O.S./Flammable Liquid				55 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.

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 11/10/81 DATE

5

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To 126 K T-63 EPW 11/10/81

TSDF COPY

002054

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

SB 12-1
MANIFEST DOCUMENT NUMBER

PO 3292.7
SHIPPER NUMBER

MR FRANK, INC
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 005070750	South Bend Toy Mfg. Co. Inc PO Box 3675, S.B. IN 46619 219/289-9275	12/9/81
TRANSPORTER # 1	ILD069506160	MR. FRANK, INC. 201 W 155th St S. Holland Ill 60473 312/596-3377	12/9/81
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	AMERICAN CHEMICAL SERVICE, INC PO Box 190, GRIFFITH, IN 46319 219/924-4370	12/9/81
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)
26 DRUMS	X	F017	WASTE FLAMMABLE LIQUID N.O.S.	UN 1993	FLAMMABLE	LESS THAN 60°C	55 gal	1430 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 X No ☐

REMIT
C.O.D. TO:
ADDRESS

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

COD Amt: $

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)

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ $

TOTAL CHARGES $

FREIGHT CHARGES

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this B/L 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 terms of 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 terms and conditions of 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

Barney Lubelski
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

12-9-81
TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

12-9-81
TSDF SIGNATURE DATE

1

STYLE F 50 © LABELMASTER CHICAGO, IL 60626 ORIGINAL - RETURN TO GENERATOR

002048

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

SB 12-1
MANIFEST DOCUMENT NUMBER

PO 32927
SHIPPER NUMBER

MR FRANK, INC
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 005070750	South Bend Toy Mfg. Co. Inc PO Box 3625, S.B. IN 46619	219/289-9275	12/9/81
TRANSPORTER # 1	ILD069506160	MR. FRANK, INC. 201 W 155th St S Holland Ill 60473	312/596-3377	12/9/81
TRANSPORTER # 2 (if required)				
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360263	AMERICAN CHEMICAL SERVICE INC PO Box 190, GRIFFITH IN 46319	219/924-4370	12/9/81
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)
26 DRUMS	X	F017	WASTE FLAMMABLE LIQUID N.O.S.	UN 1993	FLAMMABLE LESS THAN 60°C		55 gal	1430 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

Barney Turbelski
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 12-7-81
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]
TSDF SIGNATURE 12-9-81
DATE

3

STYLE F-50 (C) LABELMASTER CHICAGO, IL 60626 TRANSPORTER #2

003007

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

3SBT-5-1
MANIFEST DOCUMENT NUMBER

PO 531
SHIPPER NUMBER

LAND GREBE
NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005070750	South BEND TOY, INC PO Box 3675, S.B. IN 46619 219/289-9275	5/17/8
TRANSPORTER # 1	IND009842824	LAND GREBE PO Box 32, VALPARAISO, IN 46383 219/462-4181	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	AMERICAN CHEMICAL SERVICE PO Box 190, Griffith, IN 46319 219/924-4370	
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)
10 DRUMS	X	F017	WASTE FLAMMABLE LIQUID N.O.S	UN 1993	FLAMMABLE	LESS THAN 60°C	55 gal	550 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 Chemtre 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 [illegible] ☐

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] 5/17
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 5/17
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] 5-18-83
TSDF SIGNATURE DATE

2

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TRANSPORTER #1 ON DOCK
To 124 E T-63 Gary 5-23-83

005990

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

South Bend Toy, Inc.

[illegible]

NAME OF CARRIER (SCAC)

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHO[illegible]	[illegible]IPPED [illegible]EIVED
GENERATOR/ SHIPPER	[illegible]	South Bend Toy, Inc [illegible]	[illegible]
TRANSPORTER # 1	[illegible]	[illegible]	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	[illegible]	[illegible]	1/12/83
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)
7 Drums	X	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

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

OR "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 collected

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

[signature] [illegible]

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] [illegible]

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To 125T-63 GPM 1.12.83

J05406

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Land Gale

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]	[illegible]	
TRANSPORTER # 1	[illegible]	Land Gale [illegible]	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		American Chemical Service Inc. [illegible]	10/31/[illegible]
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	[illegible]	ALTERNATE [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).
5	x	[illegible]	Waste [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

illegible amt.

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 appea[illegible] [illegible]herwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

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 mov[illegible] a carrier by water, the [illegible] bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

[illegible]on 7 of the conditions, if this shipment is to be delivered to [illegible]out recourse on the consignor, the consignor shall sign the [illegible]nt.
[illegible]ll not make delivery of this shipment without payment of freight and [illegible]er lawful charges.

_____ (Signature of Consignor)

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collected

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.

[illegible] 10-31-[illegible]

GENERATOR'S SIGNATURE DATE TSDF SIGNATURE DATE

5

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TSDF COPY

204 KT-50

009295

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

South Bend Toy, Inc.

NAME OF CARRIER (SCAC)

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE	ED ED
GENERATOR/ SHIPPER		[illegible]	
TRANSPORTER # 1	[illegible]	[illegible]	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	[illegible]	[illegible]	7/17/8
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]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

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

5

STYLE F-50 © LABELMASTER CHICAGO IL 60626

TSDF COPY

On deck 3 17 83 To 126 h T-63 EKM 3.1

CJ5409

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

TO: T/S/D FACILITY	FROM: Generator South Bend Toy, Inc.
E.P.A. ID Code No.	E.P.A. ID Code
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. I.D.			REQUIRED (mption No.)
	Gallon					

PLACARDS REQUIRED

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.

HAZARDOUS WASTE

HAZARDOUS WASTE

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY ____

E.P.A. ID Code No. ____

Address ____

Destination ____

EMERGENCY RESPONSE INFORMATION

CONTACT Name ____

Phone ____

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 E.P.A.

Generator Signature ____ Date 6-15-83

TRANSPORTER #1 ____ E.P.A. ID No. ____

Address ____

City ____ State ____ Zip ____ Phone ____

Transporter No. 1 Signature Tom Stand — This is to certify acceptance of the hazardous waste shipment. Date 6-15-83

TRANSPORTER #2 ____ E.P.A. ID No. ____

Address ____

City ____ State ____ Zip ____ Phone ____

Transporter No. 2 Signature ____ This is to certify acceptance of the hazardous waste shipment. Date ____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature ____ This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. Date ____

T/S/D F COPY

006113

S WASTE MANIFEST

.AL – NOT NEGOTIABLE

3SB10-1
MANIFEST DOCUMENT NUMBER

PO 592
SHIPPER NUMBER

LAND GREBE
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005070750	SOUTH BEND TOY, INC 219-289-9275 P.O. BOX 3675 SO. BEND IND 46619	10/21/8
TRANSPORTER # 1	IND009842824	LAND GREBE 219-462-4181 P.O. BOX 32, VALPARAISO, IND 46383	
TRANSPORTER # 2 (if required)		357	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	AMERICAN CHEMICAL SERVICE, INC. P.O. BOX 190 GRIFFITH IND 46319	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE 219-924-4370	

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)
10 DRUMS	X	F017	WASTE FLAMMABLE Liquid N.O.S.	UN1993	FLAMMABLE	Less Than 60°C	55gal.	550gal.		

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.

[signature] 10/21/83
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.

[signature] LMT 10-21-83
TSDF SIGNATURE DATE

2

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TRANSPORTER #1 To 204 TCT-50 GRM 10.24.83

005991

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

4SB-B-1
MANIFEST DOCUMENT NUMBER

PO 01884
SHIPPER NUMBER

LAND GREBE
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005070750	South BEND Toy, INC 219-289-9275 PO BOX 3675 South BEND, IND 46619	8/10/84
TRANSPORTER # 1	IND009842824	LANDGREBE 219-462-4181 P.O. BOX 32, VALPARAISO, IND 46383	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACIL.	IND 016360265	AMERICAN CHEMICAL SERVICE, INC. 219-924-4520 P.O. BOX 190 GRIFFITH, IND 46319	8/10/84
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)
10	X	F017	WASTE FLAMMABLE Liquid, N.O.S.	UN 1993	FLAMMABLE	LESS THAN 60°C	55 GAL	550 GALS		

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 8/10/84 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

3

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TRANSPORTER #2

006297

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

WSS-8-1
MANIFEST DOCUMENT NUMBER

PU-01884
SHIPPER NUMBER

LAND GREBE
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005070750	South BEND TOY, INC 219-287-9275 PO BOX 3675 SOUTH BEND IND 46614	3/10/84
TRANSPORTER # 1	IND009842824	LANDGREBE 219-462-4151 PO BOX 32, VALPARAISO, IND	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	AMERICAN CHEMICAL SERVICE, INC 219-924-1320 PO BOX 190 GRIFFITH, IND 46319	8/13/84
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)
10	X	F017	WASTE FLAMMABLE LIQUID, N.O.S.	UN 1993	FLAMMABLE	LESS THAN 60°C	55 GAL	550 GAL		

NG 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.

PLACARDS TENDERED
Yes ☒ No ☐

ery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

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

...e rate is dependent on value, shippers ...ate specifically in writing the agreed or ...ed 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

8/10/84
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.

8-13-84
TSDF SIGNATURE DATE

5

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TSDF COPY

T6126K T-63

006298

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

-15 - 1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		SOUTH BEND IND	
TRANSPORTER # 1			
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			2/23/84
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)
8		F017	WASTE FLAMMABLE LIQUID NOS	UN1993				440gal		

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 1-22-84 DATE 2/23/84

5

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TSDF COPY To 204F T-50 GRM 2-27-84

006299

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

5SB-7-1

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

LAND GREBE

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 980999544	South Bend Toy, Inc PO Box 3675 S.B. IN 46619 219/289-9275	
TRANSPORTER # 1	IND 009842824	LANDGREBE PO Box 32 Valparaiso, IN 46383 219/462-4181	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND 016360265	American Chemical Service, Inc PO Box 190 Griffith IN 46319 219/924-4370	7/30/85
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)
7	X	D001	WASTE FLAMMABLE LIQUID, N.O.S.	UN 1993	FLAMMABLE	less than 60°C	55 gal	385		

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 202-425-2675 (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.

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] 7/29/85 [signature] 7/29 [signature]

GENERATOR'S SIGNATURE DATE TSDF SIGNATURE DATE

Frank Price 7/31/85

STYLE F-50 © LABELMASTER CHICAGO, IL 60626 ORIGINAL - RETURN TO GENERATOR

204 TC T-50

009294

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

SSB-3-1
MANIFEST DOCUMENT NUMBER

[illegible]
SHIPPER NUMBER

LAND GREBE
NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND980999344	[illegible] PO BOX 767 [illegible] IND [illegible]	
TRANSPORTER # 1	IND009542124	LANDGREBE [illegible] BOX 32 VALPARAISO, IN 46383	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND[illegible]	AMERICAN CHEMICAL SERVICE INC [illegible] PO BOX 190 GRIFFITH, IND. 46319	
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)
12 Drums	X	D001	WASTE FLAMMABLE Liquid N.O.S.	1993	FLAMMABLE	[illegible] TAG 60°C	[illegible] gal	660 gals		

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.

[signature] 3/12/85 [signature] LMT (12) 3/12/85
GENERATOR'S SIGNATURE DATE TSDF SIGNATURE DATE

Trash Price

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

123 K T-63 ✓

009292

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

5SB-6-1
MANIFEST DOCUMENT NUMBER

P.O. 1628
SHIPPER NUMBER

LANDGREBE
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND980999544	South Bend Toy P.O. Bx 3675 S.B. IN 46619 219-289-9275	6/4/85
TRANSPORTER # 1	IND009842824	Landgrebe P.O. Bx 32 Valparaiso IN 46383 219-462 4181	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical Service P.O. Bx 190 Griffith IN 9244370	6/5/85
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)
9 Drs	X	D001	Waste Flammable Liquids	UN1993	Flammable		55	4959		

SPECIAL HANDLING INSTRUCTIONS

If an RO 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 collected

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.

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

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TSDF COPY

204R T-50

009293

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 ID o 05 2 25 6 85 | 093216

2. Page 1 of

Information in the shaded areas is not required by Federal law

3. Generator's Name
South Haven Rubber Co
400 Aylworth Ave, South Haven Michigan 49090
4. Generator's Phone (616) 637 2116

A. State Manifest Document Number: IN 093216

B. State Generator's ID

5. Transporter 1 Company Name: Haviland Products Co,
6. US EPA ID Number: M I D0 06 0 2 84 92

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
American Chemical Co
420 So. Colfax
Griffith Indiana 46319
10. US EPA ID Number: I N D0 16 3 60 2 6 5

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	Waste No.
a. Waste Solvent 111 Trichlorethana Halogenated Solvent 005L ORM A UN 2831	1 3	D M	165	Gal	F001H
b.					
c.					
d.					

GENERATOR

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 governmnent 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
DALE ESTES		4	14	8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[redacted] Max Hoaglin		4	14	8 7

18. [redacted] 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	Signature	Month	Day	Year
Harold F. Schmidt		04	24	87

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

MAIL T.S.D. DETACH AND RETAIN THIS COPY 3-131-T63B

IN 093216

012389

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND023077530
Manifest Document No.: 42195
2. Page 1 of
Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: Southview Chev, Hy 52 110, So. St. Paul
4. Generator's Phone (612) 451-2211

A. State Manifest Document Number: MN 0042195
B. State Generator's ID:
C. State Transporter's ID:
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 SERVICES, IND.
6. US EPA ID Number: WID076159839
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 SOUTH COLFAX, GRIFFITH, IN 46319
10. U.S EPA ID Number: IND016360265

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 NOS UN1993	7	DM	385	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.

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Printed/Typed Name: PETER A. DEMMA
Signature: [signature]
Date: Month 9 Day 4 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: [signature]
Date: Month 9 Day 4 Year 86

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: [illegible]
Signature: [signature]
Date: Month Day Year

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

125 K T67
011711

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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.: SMALL QNTY. GENERATOR | Manifest Document No.: 21388M

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Southwick AMC Jeep Renault, Inc.
1850 South Reynolds Rd., Toledo, OH 43614

4. Generator's Phone (419) 865-0211

A. State Manifest Document Number:

B. State Generator's ID:

5. Transporter 1 Company Name: ADCO Express1 | 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 South Colfax Aveue
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)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ WASTE PAINT REALTED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	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.

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Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	2	15	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	2	15	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	Signature	Month	Day	Year
[illegible]	[signature]	2	20	89

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

12 OCT 03 2/21

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0016683

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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.: OHD 008 081 595
Manifest Document No.: 071189T
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Southwyck Jeep/Eagle
1850 S. Reynolds, Toledo, OH 43614
4. Generator's Phone (419) 865-0211

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 Ave
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	X	5	DM	265	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 | Signature | Month | Day | Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEN GORSKI
Signature | Month: 7 | 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: STAN LIPNICK
Signature | Month: 07 | Day: 14 | Year: 89

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 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. OHD008081595 Manifest Document No. 92584

2. Page 1 of 6

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Southwyck Jeep/Eagle
1850 South Reynolds, Toledo, OH 43614

4. Generator's Phone (419) 865-0211

A. State Manifest Document Number

B. State Generator's ID

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

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	X	003	dm	00147	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: Mike Farber
Signature: [signature]
Month Day Year: 11 04 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEN WARSIANY
Signature: [signature]
Month Day Year: 09 26 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 Day Year: 10 02 89

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

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0016681

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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.: SALQNTYGENER
Manifest Document No.: 3069K

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Southwyck Jeep/Eagle
4850 South Reynolds, Toledo, OH 43614

4. Generator's Phone (419) 865-0211

A. State Manifest Document Number

B. State Generator's ID

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 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

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.	HM X RQ WASTEPAINT RELATED MATERIAL (F003 & F005) FLAMMABLE LIQUID NA 1263	004	dm	00200	G	F003 F005
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: [illegible] Signature: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEN WAKSIANY Signature: [signature] Month Day Year: 03 06 90

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: MIRROID T [illegible] Signature: [signature] Month Day Year: 03 09 90

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

126TCT63 3/12

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0018212

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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.: UTD 047 639 000
Manifest Document No.: 060689U
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Spartan Jeep-Eagle
4355 South State Street, Murray, UT 84107
4. Generator's Phone (801) 262-5456

A. State Manifest Document Number:
B. State Generator's ID:

5. Transporter 1 Company Name: Ray-Tech Express, Inc.
6. US EPA ID Number: ILD 980 904 304
C. State Transporter's ID: 1846
D. Transporter's Phone: 312-429-9888

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)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT REALTED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	4	dm	220	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: [illegible]
Signature: [signature]
Month Day Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: TERRY WRZESINSKI
Signature: [signature]
Month Day Year: 10 14 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: DONALD F SCHMIDT
Signature: [signature]
Month Day Year: 10 14 89

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EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

11 7 1 6 3 6/5 1

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0016630

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.: M1D0601788111 Manifest Document No.: 94044
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Spartan Motors, Inc.
1000 Reynolds Rd.
Charlotte, MI 48813

4. Generator's Phone

A. State Manifest Document Number: MI 0494044
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID: H830514
F. Transporter's Phone: (616) 538-8499
G. State Facility's ID
H. Facility's Phone

5. Transporter 1 Company Name: Thomas Solvent Co. of Muskegon Inc.
6. US EPA ID Number: M1D017274093
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 Services
10. US EPA ID Number: IND016360265

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 Thinner N.O.S. UN1993 07 Flamable Liquid	8	DR	440		F003	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: David L. Price
Signature: [signature]
Date: Month 08 Day 19 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Neale Helsel
Signature: [signature]
Date: Month 08 Day 19 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: Ronald L. Cheyne
Signature: [signature]
Date: Month 08 Day 19 Year 85

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: ER MURPHY
Signature: [signature]
Date: Month 8 Day 21 Year 85

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)

PR 5110 Rev. 7/84

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204K 7-50

009291

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.: MIG000003345 — Manifest Document No.: 35781
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Spartan Stores
850 76th Street, S.W., Grand Rapids, MI 49508

4. Generator's Phone (616) 878-2316

A. State Manifest Document Number: MI 0535781
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: (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. US EPA ID Number: MID055855373

7. Transporter 2 Company Name:
8. US EPA ID Number:

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

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 Solvent, N.O.S. Combustible Liquid NA 1993	1	DM	55	G	007L	N
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Flash Point above 140° F.

K. Handling Codes for Wastes Listed Above: a. S

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: DAVE BOCKHEIM — Signature: Dave Bockheim — Date: Month Day Year: 10 9 84

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma — Signature: Jim Reitsma — Date: Month Day Year: 10 09 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: R Rushnak — Signature: R Rushnak — Date: Month Day Year: 10 12 84

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)

PR 5110 Rev. 7/84

TSDF COPY 204 Tc 7-50

006296

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·O·D·0·5·6·9·5·5·2·8·9
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
SPARTLET DEVICES ATTN: JOHN TRUE
4400 GUSTINE AVE
ST. LOUIS, MO. 63114
4. Generator's Phone (314) 353-0400

A. State Manifest Document Number: INA 0223399
B. State Generator's ID: MO.-04812
C. State Transporter's ID: MO. H-1644
D. Transporter's Phone: 314-689-2876
E. State Transporter's ID: 1505
F. Transporter's Phone: 312-916-1661
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: BUNKER RESOURCES
6. Use EPA ID Number: M O D 9 8 1 7 2 1 1 3 7

7. Transporter 2 Company Name: PRECISION ENERGY SYSTEMS
8. Use EPA ID Number: I L D 9 8 2 2 0 8 0 8 4

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. COLFAX
GRIFFITH, IND 46319
10. Use EPA ID Number: I N R 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 1,1,1-TRICHLOROETHANE, ORM-A, UN2811 F001	01.1	DM	00665	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
LADED AREAS IS REQUIRED BY INDIANA STATE LAW

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	Signature	Month	Day	Year
[illegible]	[signature]	07	21	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	07	21	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
PETER L. Whittington	[signature]	07	26	88

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	Signature	Month	Day	Year
FRANK PRICE	Frank Price	7	26	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 0223399

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

12.07x762 7/27

0015218

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.	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.
MID006009310	7174		

3. Generator's Name and Mailing Address
Spearflex Flexible Controls
241 E. Kalamazoo, N Kalamazoo, MI 49007
4. Generator's Phone (616) 382-2010

A. State Manifest Document Number: INA 0117174
B. State Generator's ID:

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
A&B Industrial Services, Inc.	MID071672222	D. Transporter's Phone (616) 375-9595
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
American Chemical Services 420 S. Calfax Griffith, IN 46319	IND016350265		

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 Paint Related Material, Flammable Liquid, NA1263	002	DM	110	G	D001 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	Signature	Month	Day	Year
Mark D McConnell	Mark D McConnell	10	12	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Merlin J Crowder	Merlin J Crowder	10	12	87

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
HAROLD F Schmidt	Harold F Schmidt	10	12	87

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 2-204R-T-50 10/12/87 gm

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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

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 0117174

012388

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. H I D 0 0 6 0 0 9 3 1 0 — Manifest Document No. 7 1 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
Speareflex Flexible Controls
241 E. Kalamazoo, P.O. Box Kalamazoo, MI 49007
4. Generator's Phone (616) 382-2010

A. State Manifest Document Number INA 0117101
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (616) 375-9595
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: A&B Industrial Services
6. US EPA ID Number: I D 0 1 7 1 6 7 2 2 2
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax
Griffith, IN 46319
10. US EPA ID Number: I N D 0 1 6 3 5 0 2 3 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 Paint Related Material, Flammable Liquid, NA1263	05	DM		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.

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GENERATOR — Printed/Typed Name: ROBERT H. TAWSON — Signature — Date: Month 4 Day 12 Year 87

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: DANIEL J. ELLIS — Signature — Date: Month 4 Day 28 Year 87
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: DAVE SIMPSON — 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 — Date: Month 4 Day 6 Year 87

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 0117101

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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- PAGE 8 (white) TRANSPORTER 2 COPY

MRR
5-204R T50 B

012387

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.: MID006009317 — Manifest Document No.: 72235
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
Speareflex Controls
241 E. Kalamazoo
Kalamazoo, MI 49007

4. Generator's Phone (616) 382-2010

A. State Manifest Document Number: INA 0172235
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (217) 924-4370

5. Transporter 1 Company Name: A&B Industrial Services
6. Use EPA ID Number: MID017167222
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax, Griffith, IN 46319
10. Use EPA ID Number: IND016350265

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 Related Material Flammable Liquid NA1863	1	DM	55	G	F005, 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

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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: Wayne Nicolen — Signature: Wayne Nicolen — Date: Month 05 Day 3 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Daniel Ellis — Signature: Daniel Ellis — Date: Month 05 Day 30 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: Harrold F Schmidt — Signature: Harrold F Schmidt — Date: Month 05 Day 24 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 0172235

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

204 TCT 50 5/25 R

0015217

TO BE COMPLETED BY WASTE GENERATOR

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

0116003

WASTE GENERATOR

Authorization Number 997110

Specialty Coatings Co. (Company Name) | 2500 Delta Lane (Address)

Elk Grove Village, (City) | Illinois (State) | 60007 (Zip)

0314400029 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank (Hauler Name) | 201 W 155th St. So. Holland, IL (Hauler Address) | S.W.H. Registration Number 0079009

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

DESTINATION – DISPOSAL, STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Griffith, IN 46319 (Address) | 91808902 (Site Number)

(City) | (State) | (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint 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: Solvent, N.O.S.

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: 3/25/80

Lucille Savickas (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 (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) Gary Owen (Authorized Signature) DATE 03/25/80

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

T. Dunbee (Authorized Signature) DATE: 3/25/80

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

0000054

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

Authorization Number 9 9 7 1 1 0 (8–13)

Specialty Coatings Company (Company Name) | 2500 Delta Lane (Address)
Elk Grove Village (City) | Illinois (State) | 60007 (Zip)

U.S. EPA No. ILD005140103
0 3 1 4 4 0 0 0 2 9 (14–24) Generator Number

WASTE HAULER(S)

Mr. Frank (Hauler Name) | 201 W. 155th St. South Holland, IL (Hauler Address)
S.W.H. Registration Number 0 0 7 9 0 1 8 (25–31)
US EPA No. ILD 069506160

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical 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)
US EPA No. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint 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:	WEIGHT FOR D.O.T. USE
Solvent N.O.S.	Flammable Liquid	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: 0 0 5 0 0 0 (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.

UN1993

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: Feb 24 1981 — Lucille Babbitt (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: 02 / 24 / 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 02 / 24 / 81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: To 725E 2/24/81 T-63 Jim Mundy

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

002045

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

0333679

SPECIAL WASTE HAULING MANIFEST

Authorization Number 9 9 7 1 1 0
U.S.EPA No. ILD005140108

Specialty Coatings Co. (Company Name) | 2500 Delta Lane (Address)
Elk Grove Village, (City) | Illinois (State) | 60007 (Zip)

0 3 1 4 4 0 0 0 2 9 G
Generator Number

WASTE HAULER(S)

Mr. Frank (Hauler Name) | 201 W. 155th St. (Hauler Address)
South Holland, IL

S.W.H. Registration Number 0 0 7 9 / 0 2 8
U.S.EPA No. ILD 069506160

(Hauler Name) | (Hauler Address)

S.W.H. Registration 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)

U.S.EPA No. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent UN 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
Solvent, N.O.S.	Flammable Liquid (UN 1993)	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: 0 0 5 0 0 0

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: 10/16/81 Lucille Bobbitt (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) Robert Perkins (Authorized Signature) DATE 10/16/81

(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: / /

COMMENTS OR SPECIAL INSTRUCTIONS: To 125R T-C3 10/16/81 JPM

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

002046

TO BE COMPLETED BY WASTE GENERATOR

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

0116007

WASTE GENERATOR

Authorization Number 997110

US EPA No. ILD005140108

Specialty Coatings Co. (Company Name) | 2500 Delta Lane (Address)

Elk Grove Village, (City) | Illinois (State) | 60007 (Zip)

03144000029 Generator Number

WASTE HAULER(S)

(1) Mr. Frank (Hauler Name) | 201 W. 155th St. South Holland, IL (Hauler Address)

S.W.H. Registration Number 0079/021

US EPA No. ILD 069506160

(2) _____ (Hauler Name) | _____ (Hauler Address)

S.W.H. Registration Number _____

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax (Address)

91808902 Site Number

Griffith (City) | Indiana (State) | 46319 (Zip)

US EPA No. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent UN 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: Solvent, N.O.S.

HAZARD CLASS: Flammable Liquid UN 1993

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: Nov. 23, 1981 Lucille Goddard (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005500 (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) Donald H Burt (Authorized Signature) DATE: 11/23/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

_____ (Authorized Signature) DATE: 11/23/81

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 211K T-50 GPM 11/23/81

002047

TO BE COMPLETED BY WASTE GENERATOR

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

0116008

WASTE GENERATOR

Authorization Number 9 9 7 1 1 0

US EPA No. ILD005140108

Specialty Coatings Co. (Company Name) | 2500 Delta Lane (Address) | 0 3 1 4 4 0 0 0 2 9 G (Generator Number)

Elk Grove Village, IL (City) | Illinois (State) | 60007 (Zip)

WASTE HAULER(S)

(1) Mr. Frank (Hauler Name) | 201 W. 155th St. South Holland, IL (Hauler Address) | S.W.H. Registration Number 0 0 7 9/0 0 9

US EPA No. ILD 069506160

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

US EPA No. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent UN 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: Solvent, N.O.S.

HAZARD CLASS: Flammable Liquid UN 1993

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: Nov. 25, 1981 (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 0 0 5 0 0 0 0 (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) Michael Mueller (Authorized Signature) DATE 11 / 25 / 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:

_____ (Authorized Signature) DATE 11/25/81

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 126F T-63 GRM 11/25/81

TO BE COMPLETED BY WASTE GENERATOR

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

0116009

WASTE GENERATOR

Authorization Number 9 9 7 1 1 0

Specialty Coatings Co. (Company Name) | 2500 Delta Lane (Address)

US EPA No. ILD005140108

Elk Grove Village, (City) | Illinois (State) | 60007 (Zip)

0 3 1 4 4 0 0 0 2 9 G (Generator Number)

WASTE HAULER(S) 312-596-3377

(1) Mr. Frank (Hauler Name) | 201 W. 155th St. South Holland Dr. (Hauler Address)

S.W.H. Registration Number 0 0 7 9/0 2 1

US EPA No. ILD 069506160

(2) (Hauler Name) | (Hauler Address)

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax 312-768-3400 (Address)

9 1 8 0 8 9 0 2 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip)

US EPA No. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent UN 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: Solvent, N.O.S. F005

HAZARD CLASS: Flammable Liquid UN 1993

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: May 25, 1982 Lucille Bobbitt (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 0 0 5 5 0 0 (47–52)

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

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK (circled) 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 0 5 / 2 5 / 8 2 (54–59)

(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: 5/25/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 | 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-88(

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

SITE COPY - PART 3

TO 125RT-63 6RM 5-25-82.

003782

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

0333680

SPECIAL WASTE HAULING MANIFEST

Authorization Number 99710

Specialty Coatings Co. (Company Name) | 2500 Delta Lane (Address) | ILD 005140108

Elk Grove Village, (City) | Illinois (State) | 60007 (Zip) | 0314000029 (Generator Number)

WASTE HAULER(S)

Mr. Frank (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0079/009

(Hauler Name) | South Holland, IL (Hauler Address) | S.W.H. Registration Number ILD 069506160

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Lake Griffith (City) | Indiana (State) | 46319 (Zip) | IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvents N.O.S. UN 1993 K-078

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 Solvents, N.O.S.

HAZARD CLASS: Flammable Liquid

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: 004600

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: 12/10/82 Lucille Babbitt (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) Robert Redeker (Authorized Signature) DATE: 12/10/82

(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:

(Authorized Signature) DATE: 12/10/82

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 117 FT-63 EPM 12-10-82

SITE COPY - PART 3

003087

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.: Exempt, very small quanity generator
Manifest Document No.: 95407
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: SPECIALTY TAPES DIV. OF RSW, INC.
1405 - 16TH STREET, RACINE, WI 53403
4. Generator's Phone (414) 634-6688

A. State Manifest Document Number: IN 095407
B. State Generator's ID:

5. Transporter 1 Company Name: ABC SERVICES, INC.
6. US EPA ID Number: WID076159839
C. State Transporter's ID: IN9908-0050-11
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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	003		00015	G	F005 XXXXX
b.					
c.					
d.					

NOTE THIS IS FOR 3-5's OR 15 GAL FOLDER

J. Additional Descriptions for:
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 W Hasbach
Signature: John W Hasbach
Month Day Year: 04 06 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson
Signature: Kip Nelson
Month Day Year: 04 06 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 Item 19.
Printed/Typed Name: STEVE KULNICK
Signature: Steve Kulnick
Month Day Year: 4 11 89

GENERATOR / TRANSPORTER / FACILITY

IN 095407

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

204 TCTSD 4/7 T.S.D. DETACH AND RETAIN THIS COPY

0016679

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.: IN·D0·6·480·08·16
Manifest Document No.: 0001
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
Spectra, Inc.
1910 N. West Ave.
Mishawaka, In. 46545
4. Generator's Phone (219) 256-0265

A. State Manifest Document Number: INA 0247908
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 317 920-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 918890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: Bob Mr. Frank, Inc.
6. Use EPA ID Number: IN·D069504688
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical, 420 S. Colfax, Griffith, In.
10. Use EPA ID Number: IN·D0·16·62·178·76

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 RELATED MATERIAL Hazardous Waste Flammable Liquid UN 1263	006	DM	0·0·3·3·0	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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Robert Flegel		7	26	XX

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
DAVE VOSS		07	26	88

18. Transporter 2 Acknowledgement of Receipt of Materials

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
FRANK PRICE		7	27	88

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 0247908

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

5-123 ET63 7/27
1204 ET50 7/27

00015215

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.: IND064800916 — Manifest Document No.: 0001
2. Page 1 of 8 — Information in the shaded ar not required by Federal lav items D, F, H and I are requi State law.

3. Generator's Name and Mailing Address: Spectra, Inc 1910 N. Went ave. 46545
4. Generator's Phone: 219 256-0286 Mishawaka, In
A. State Manifest Document Number: INA 0267940
B. State Generator's ID:
5. Transporter 1 Company Name: Mr. Frank, Inc.
6. Use EPA ID Number: IL00695061 60
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-07
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.
10. Use EPA ID Number: IND016621476
G. State Facility's ID: 918089000
H. Facility's Phone: 219-924-437

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 N
a. Waste paint related material Flammable liquid UN 1263	001	DM	00055	1	F00 F00
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 determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available 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 goo 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: Robert Flood — Signature: Robert Flood — Month: 11 Day: 01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Van Vlymen — Signature: John Van Vlymen — Month: 11 Day: 01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month: Day:

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: A Whitaker — Month: 11 Day: 2

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)

COPY 5. TSD COPY 123 TCF 63 11/3

0015216

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 D . . . . . Manifest Document No. 06000
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
Spectra, Inc.
1910 n, West Ave.
Mishawaka, IN 46545
06480081600000

4. Generator's Phone (219) 256-0286

A. State Manifest Document Number: INA 0370264
B. State Generator's ID:

5. Transporter 1 Company Name: Fr. Frank, Inc.
6. Use EPA ID Number: FL D 9847 7 5049
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
420 S. Colfax
Griffith, IN 46319
10. Use EPA ID Number: IND 016 3 6 0 265
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. Waste paint related material Flammable liquid UN 1263	0 06	DM	0.0 33.0	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.

GENERATOR

Printed/Typed Name: Carol Flood — Signature — Date: Month 10 Day 05 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JON Porter — Signature — Date: Month 10 Day 05 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 — Date: Month 10 Day 16 Year 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 123TC63 95

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 0370264

001667S

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.: IND 064800816[redacted]
Manifest Document No.: 00000
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
SPECTRA, INC.
1910 N. WENT AVENUE
4. MISHAWAKA, IN 46545 (219) 256-0286

A. State Manifest Document Number: INA 0370265
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK, INC.
6. Use EPA ID Number: ILD 9847 7 5049
C. State Transporter's ID: 0079
D. Transporter's Phone: 708 ~~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
AMERICAL CHEMICAL
420 S. COLFAX
GRIFFITH, IN 46319
10. Use EPA ID Number: IND 016 3 6 0 265
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. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID ~~UN~~ NA 1263	9	DM	~~55~~ 00495	G	F0083 F0053
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: CAROL FLOOD
Signature: [signature]
Date: Month 06 Day 11 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN
Signature: [signature]
Date: Month 06 Day 11 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: [signature]
Signature: [signature]
Date: Month 6 Day 12 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 0370265

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

7-122TCT63 6/14
2-204TCT50 6/14

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0018211

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. ILD981095151 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
SPECTRUM MOTION PICTURE LAB
399 GUNDERSEN DR. CAROL STREAM, IL 60188

4. Generator's Phone (312) 665-4242

A. Illinois Manifest Document Number IL 1170345

B. Illinois Generator's ID 0430205022

5. Transporter 1 Company Name: Jayar Hoag Chemical Co. 6. US EPA ID Number: ILD002988384

C. Illinois Tranporter's ID 0247

D. (312) 540-5811 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 Colfax
Griffith, IND 46319

10. US EPA ID Number: IND063602765

G. Illinois 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.
GENERATOR a.	Waste 1,1,1-Trichloroethane Hazardous Waste Liquid NOS, ORM-A UN 2831	X	003	DM	00165	1	EPA HW Number F001 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: John S. Hancock Signature: John S. Hancock Date: Month 11 Day 26 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TOM HOLIAN Signature: Tom Holian Date: Month 12 Day 5 Year 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: ARMURPHY Signature: Date: Month 12 Day 11 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

Hold T-63

009290

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. ILD981095151 Manifest Document No. 0002

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: Spectrum Motion Picture Lab, 399 Gundersen Dr. Carol Stream, IL 60188

4. Generator's Phone (312) 665-4242

A. Illinois Manifest Document Number: IL 1170346

B. Illinois Generator's ID: 0430205022

5. Transporter 1 Company Name: Jayar Hoag Chemical Co.

6. US EPA ID Number: ILD002988384

C. Illinois Tranporter's ID: 02147

D. (312) 540-5811 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 Colfax, Griffith, IND 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. Waste 1,1,1-Trichloroethane Hazardous Waste Liquid Nos, ORM-A UN2831	X	001	DM	000050	1	EPA HW Number: F001; 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	Signature	Date (Month Day Year)
Eric Seelye	Eric Seelye	03 04 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JAYAR-HOAG CHEM.	Thomas Tolian	3 10 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)
FRANK PRICE	Frank Price	03 14 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

Hold T-63 - 011107

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.: ILD981095151 10003

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: Spectrum Motion Picture Lab, 349 Gundersen Dr., Carol Stream IL 60188

4. Generator's Phone: (312) 665-4242

A. Illinois Manifest Document Number: IL 1170349

B. Illinois Generator's ID: 0430205022

5. Transporter 1 Company Name: Jayar Hoag Chemical Co.

6. US EPA ID Number: ILD002988384

C. Illinois Tranporter's ID: 0247

D. (312) 540-5811 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 Colfax, Griffith, IND 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (219) 924-4370

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 1,1,1-Trichloroethane ORM-A Hazardous Waste Liquid Nos. UN 2831	001	DM	00055	1	EPA HW Number: F001; Authorization Number
b.		[illegible]					EPA HW Number; Authorization Number
c.		[illegible]					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)
Eric Seelye	Eric Seelye	08 12 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Tom Holian	Thomas J. Holian	8 26 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)
T R MURPHY	[signature]	09 02 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 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

T-63

011710

E 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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD981095151 Manifest Document No. 0004
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
Spectrum Motion Picture Lab
399 Gundersen Dr. Carol Stream, IL 60188
4. Generator's Phone (312) 665-4242

A. Illinois Manifest Document Number IL 1747094
B. Illinois Generator ID 0450205022
C. Illinois Transporter's ID 01227
D. Transporter's Phone 312 [illegible]
E. Illinois Transporter's ID
F. Transporter's Phone
G. Illinois Facility ID [illegible]
H. Facility's Phone [illegible]

5. Transporter 1 Company Name Jayar Hoag Chemical Co.
6. US EPA ID Number ILD002988384
7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
420 Colfax
Griffith, IN 46319
10. US 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	Waste No.
a. X	Waste 1,1,1-Trichloroethane Hazardous Waste Liquid Nos. ORM-A UN2831	001	DM	000055	1	XX
b.						XX
c.						XX
d.						XX

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 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
Eric Seelye	Eric Seelye	07 17 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
	[signature]	7 17 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	Signature	Date Month Day Year
Harrold F. Schmidt	[signature]	07 23 87

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

1-120F JGZ B-B

012386

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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD981095151 — Manifest Document No.: 0005

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: Spectrum Motion Picture Lab, 379 Gundersen Dr., Carol Stream, IL 60188

4. Generator's Phone (312) 665-4242

A. Illinois Manifest Document Number: IL 1747096

B. Illinois Generator's ID: 0430205022

5. Transporter 1 Company Name: Jayar Hoag Chemical Co.

6. US EPA ID Number: ILD002988384

C. Illinois Tranporter's ID: 02247

D. (312) 540-5811 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 Colfax, Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. Illinois 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	Waste No.
a.	HM X Waste 1,1,1-Trichloroethane Hazardous Waste Liquid No's ORM-A UN2831	001	DM	00055	1	EPA HW Number: XXF001 Authorization Number:
b.						EPA HW Number: XX Authorization Number:
c.						EPA HW Number: XX Authorization Number:
d.						EPA HW Number: XX 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 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: Eric Seelye — Signature: Eric Seelye — Date (Month Day Year): 04 15 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: THOMAS HOLIAN — Signature: Thomas Holian — Date (Month Day Year): 4 20 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 in Item 19.

Printed/Typed Name: Harold F Schmidt — Signature: Harold F Schmidt — Date (Month Day Year): 04 28 88

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.

1 ATC 7635/13M FACILITY COPY - PART 3

0015214

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IL D 9 8 1 6 5 5 1 5 4 | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas not required by Federal law. b Items D, F, H and I are required t State law.

3. Generator's Name and Mailing Address: SPECTRUM MOTION PICTURE, 359 Gundersen Dr. Lis

A. State Manifest Document Number: INA 0317969

4. Generator's Phone (312) 665 4242 Carol Stream IL 60188

B. State Generator's ID: IL R 20205-622

5. Transporter 1 Company Name: Japan Hoag Chem Co

6. Use EPA ID Number: T L D 0 0 0 9 5 8 3 9 4

C. State Transporter's ID: 0247

D. Transporter's Phone: (312) 440-5511

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: Aimer Chem. Service, 420 S. Calhoun Ave, Gulf Port, MS 39

10. Use EPA ID Number: M S D 0 0 7 2 4 0 5 5

G. State Facility's ID: 9 1 8 0 5 6 0 0 2

H. Facility's Phone: 215 - 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. Hazardous waste, liquid, NOS UN 2931 (WASTE III - TOXICITY CRITERIA)	001	DM	00055	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: HARRY DEFLANTE | Signature | Date: Month 3 Day 17 Year 89

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: [illegible] Schmidt | Signature | Date: Month 3 Day 21 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

1-ATF T&S 8/25/89

COPY 5. TSD COPY

0016677

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

21. Generator's US EPA ID No. IND121760738 — Manifest Document No. 04945 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address: SEACER PLASTIC PRODUCTS CO. P.O. BOX 449 DALE IN 47523

4. Generator's Phone: (812) 937-4561

A. State Manifest Document Number:

B. State Generator's ID:

5. Transporter 1 Company Name: MR FRANK INC. — 6. US EPA ID Number: ILD049506160 — C. State Transporter's ID: 0079 — D. Transporter's Phone: 312-646-3377

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 420 S. COLFAX AVE GRIFFITH IN 46319 — US EPA ID Number: IND063360265 — 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. FLAMMABLE LIQUID N.O.S. IGNITABLE UN1993 FLAMMABLE	X	001	TT	03500	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: PARVIN SMITH JR. — Signature: Parvin Smith Jr — Month Day Year: 10 16 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert Perkins — Signature: Robert Perkins — Month Day Year: 10 16 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: PARVIN SMITH JR — Signature: Parvin — 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: F Dunfee — Month Day Year: 10 16 86

Style F15R-6 Labelmaster, Div of American Labelmark Co. Inc. 60646

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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.: SMALL QTY. GENERATOR
Manifest Document No.: 00135

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Spivey's Body Shop
455 N. Claredon Ave., Scottdale, GA. 30079

4. Generator's Phone (404) 299-0841

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Adcom Express

6. US EPA ID Number: ILD 047 267 364

C. State Transporter's ID: 0367

D. Transporter's Phone: 312-429-3013

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 So. Colfax Ave.,
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	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA 1263 (F003)	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.

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Printed/Typed Name: Jackie L. Spivey
Signature: Jackie L Spivey
Month Day Year: 9 28 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Donald B. Horn Jr.
Signature: Donald B Horn Jr
Month Day Year: 9 28 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space
Generator Address #3
447 N. Claredon

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. Whitaker
Signature: Alan Whitaker
Month Day Year: 10 4 88

GENERATOR

TRANSPORTER

FACILITY

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126TCT63 10/5M

TSD

~~TRANSPORTER~~ #1

0015213

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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. | Manifest Document No.: SM QTY GENERATOR 00001

2. Page 1 of 7

Information in the shaded areas is not required by Federal law

3. Generator's Name
Sports & Classics Cars
3341 N. Holland-Sylvania Avenue Toledo, OH 43615

A. State Manifest Document Number: IN 034165

4. Generator's Phone (419) 841-2689

B. State Generator's ID

5. Transporter 1 Company Name
A & B Industrial service, Inc.

6. US EPA ID Number: MID017167222

C. State Transporter's ID

D. Transporter's Phone 616-375-9595

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.
GENERATOR a. WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID NA1263	012	DM	01110	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	Signature	Month	Day	Year
[illegible]				

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Harold F. Schmidt	[signature]	12	22	87

IN 034165

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.: Small Qty Generator | 21488A

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Sports & Classic Collision
3341 Holland-Sylvania Toledo, OH 43615

4. Generator's Phone (419) 841-2689

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: ILD 047 267 364

C. State Transporter's ID: 0367

D. Transporter's Phone: 312-429-3013

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
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)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL Flammable liquid NA 1263 (F003)	X	1	DM	50	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

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Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | 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: WHITAKER A | Signature | Month Day Year: 2 20 XX

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126T63 2/21

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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. / Manifest Document No.: OHD095341178 X 0393

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford Hts., Ohio 44146

4. Generator's Phone (216) 292-7400

A. State Manifest Document Number: IN 085867

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
420 South Colfax Ave.
Griffith, IN 46319
312 768-3400

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone:

GENERATOR

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 compound, cleaning liquid, flammable liquid, UN1993,F005, Class "D"	1	T T	5,500	G	D001
b. NOS.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: Large spills call Nat'l GTR Coast Guard (800) 424-8802. All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TWL-100.

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Printed/Typed Name	Signature	Month	Day	Year
Leo Tranchito		10	28	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
F. DAY DRIVER		11	17	

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	Signature	Month	Day	Year
FDUNFEE	FDunfee	12	29	86

IN 085867

EPA Form 8700-22A (Rev 11-85)

UHWM 2/LP2

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Indiana State Board of Health
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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. / Manifest Document No.: OHDO 9534117 8 X 03 9 4

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford Hts., Ohio 44146

A. State Manifest Document Number: IN 085866

4. Generator's Phone ( ): 216-29-27400

B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD 069 506 160

C. State Transporter's ID: 0014

D. Transporter's Phone: 312-646-2411

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: IND 016 360 265

G. State Facility's ID:

H. Facility's Phone: 312-768-3400

GENERATOR

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.~~ Waste compound, cleaning liquid, flammable liquid, F005, UN1993, Class "D"	001 ~~020~~	TT ~~G~~	37,450	P	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: Large spills call Nat'l GTR Coast Guard (800) 424-8802. All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TVL-100

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Printed/Typed Name	Signature	Month	Day	Year
Leo Tranchito		11	6	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
CARL F MURPHY		11	26	86

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	Signature	Month	Day	Year
EDUNTEE	EDuntee	11	7	86

IN 085866

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UHWM 2/LP2

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12/E 043 705

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: OHD095341178 x 0396

2. Page 1 of: 1 x

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford hts., Ohio 44146

A. State Manifest Document Number: IN 093156

4. Generator's Phone (216) 292 - 7400

B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: IL0079

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
420 S Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: 312-768-3800

	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.
GENERATOR a.	Waste compound, cleaning liquid, flammable liquid, UN1993, Class "B"	001	TT	5000	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: Large spills call Nat'l GR Coast Guard (800) 424-8802
All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distellates. Harmful or fatal if swallowed. Vapor harmful. TVL-100.

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	Printed/Typed Name	Signature	Month	Day	Year
GENERATOR	Leo Tranchito		12	3	86

TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
	Printed/Typed Name	Signature	Month	Day	Year
			12	04	86
	18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
	Printed/Typed Name	Signature	Month	Day	Year

IN 093156

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: FUNFEE	Signature: Dunfee	Month: 12	Day: 04	Year: 86

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UHWM 2/LP2

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Division of Land Pollution Control - Manifest
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: OHD095341178 — Manifest Document No.: X0397

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford Hts., Ohio 44146

4. Generator's Phone (216) 292-7400

A. State Manifest Document Number: IN 093157

B. State Generator's ID:

5. Transporter 1 Company Name: Mr.Frank Inc.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: IL0079

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
420 S Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number: IN D016360265

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste compound, cleaning liquid, Flammable liquid, NA1993	001	TT	5500	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: Large spills call Nat'l GTR Coast Guard (800) 424-8802. All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TVL-100.

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Printed/Typed Name: Leo Tranchito — Signature: [signature] — Month Day Year: 12 09 86

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Gary [illegible] — Signature: [signature] — Month Day Year: [illegible]

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: F DUNFEE — Signature: F Dunfee — Month Day Year: 12 1986

IN 093157

GENERATOR — TRANSPORTER — FACILITY

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: OHD095341178 — Manifest Document No.: X0413
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford Hts., Ohio 44146
4. Generator's Phone (216) 292-7400

A. State Manifest Document Number: IN 093160
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.
6. US EPA ID Number: ILD069506160
C. State Transporter's ID: 1L0079
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
420 S Colfax Ave.
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: 918089000 2
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 compounds, cleaning liquid, Flammable liquid, NA1993	001	TT	05200	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: Large spills call Nat'l GTR Coast Guard (800) 424-88(All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TVL-100.

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Printed/Typed Name: Leo Tranchito — Signature: Leo Tranchito — Month Day Year: 03 10 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: DWAYNE SHAW — Signature: Dwayne Shaw — Month Day Year: 03 10 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: R Rushnel — Signature: R Rushnel — Month Day Year: 03 12 87

IN 093160

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

206 TC T50 E

012384

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.: OHD095341178 — Manifest Document No.: X0415

2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford Hts., Ohio 44146

4. Generator's Phone (216) 292-7400

A. State Manifest Document Number: IN 093161

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD069506160

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: American Chemical
420 S Colfax Ave.
Griffith, IN 46319

10. US 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	Waste No.
a. Waste, compound, cleaning liquid, Flammable liquid, NA1993	001	TT	5500	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: Large spills call Nat'l GTR Coast Guard (800) 424-880
All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TVL-100.

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: Leo Tranchito — Signature: Leo Tranchito — Month Day Year: 04 07 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 — 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: FDUNFEE — Signature: FDunfee — Month Day Year: 04 09 87

IN 093161

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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012383

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.: OHD095341178 — Manifest Document No.: X0412
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon Prod.
26300 Fargo Ave.
Bedford Hts., Ohio 44146

4. Generator's Phone (216) 292-7400

A. State Manifest Document Number: IN 093159
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.
6. US EPA ID Number: ILD069506160
C. State Transporter's ID: IL0079
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
420 S Colfax Ave.
Griffith, IN 46319
10. US EPA ID Number: IND016360265
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. Waste, compounds, cleaning liquid, flammable liquid, NA1993	001	TT	4800	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: Large spills call Nat'l GTR Coast Guard (800) 424-880
All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TVL-100.

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: Leo Tranchito — Signature: [signature] — Month 03 Day 04 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [signature] — Signature: [signature] — Month 03 Day 04 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: [signature] — Signature: [signature] — Month 05 Day Year

IN 093159

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

1300-206TC T50 B
1000-210TC-T50 B
1500-211TC T50 B
1000-212 T50 B

012382

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.: OHDD953411787 / XD4D4

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sprayon prod.
26300 Fargo Ave.
Bedford Hts, Ohio 44146

A. State Manifest Document Number: IN 093158

4. Generator's Phone (216) 292-7400

B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank Inc.

6. US EPA ID Number: ILD069506160

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: American Chemical
420 S Colfax St.
Griffith, IN 46319

10. US EPA ID Number: INDO16360265

G. State Facility's ID: IN 1180-90062

H. Facility's Phone: 219-972-7833

GENERATOR

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	15. Waste No.
a. Waste compound, cleaning liquid, flammable liquid, NA 1993,	001	TT	5500	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: Large spills call Nat'l GTR Coast Guard (800) 424-880
All containers may not be completely full. Drums to be kept in upright position except when unloading. Flammable & contents under pressure. Do not store above 120F. Contains petroleum distallates. Harmful or fatal if swallowed. Vapor harmful. TVL-100.

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
Leo Tranchito		1	09	88

IN 093158

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	Signature	Month	Day	Year
PDUNFEE		01	12	87

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

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all 121K T50 B

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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.: M·I·D·0·9·6·9·6·3·9·1·3
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
ST. CLAIR METAL PROD.
1721 DOVE ST.,
PORT HURON, MI. 48060

4. Generator's Phone ( )

A. State Manifest Document Number: INA 0157781
B. State Generator's ID:

5. Transporter 1 Company Name: HAVILAND PRODUCTS CO.
6. Use EPA ID Number: M·I·D·0·0·6·0·2·8·4·9·2
C. State Transporter's ID:
D. Transporter's Phone: (616)361-6691

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 SERV., INC.
420 S. GOLFAX ST.,
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: (219) 924-4370

GENERATOR

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 RECLAIMABLE METHYL ETHYL KEYTONE FLAMMABLE LIQUID UN-1039	12.	DM	060	GAL	F-005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PAINT RELATED MATERIALS

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
AVOID SPARKS AND HEAT.
CLEAN UP ANY SPILLS

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	Signature	Month	Day	Year
JOHN R. MOORHEAD		07	13	88

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
JOHN S. MERDA		07	13	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 0157781

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

12,3K T63 7/19/88

0017288

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 9 6 9 6 3 9 1 3
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
St. Clair Metal Products
1721 Dove Street
Port Huron, Michigan 48060

4. Generator's Phone

A. State Manifest Document Number: INA 0157782
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone: (616) 361-6891
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: Haviland Products
6. Use EPA ID Number: MID006028492
7. Transporter 2 Company Name
8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Serv., Inc.
420 S. Golfax Street
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.	I. Waste No.
a. Waste reclaimable methly ethyl keytone flamable liquid un-1039	6 XXXX	DM	330 [redacted]	Gal.	F-005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Paint related materials

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Avoid sparks and heat.
Clean up any spills.

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: DEAN CUNNINGHAM
Signature: Dean Cunningham
Month 10 Day 31 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHRISTOPHER L. MOORHEAD
Signature: Christopher L. Moorhead
Month 11 Day 02 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bill Pierantoni
Signature: Bill Pierantoni
Month 11 Day 02 Year 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: WHITAKER A
Signature: Whitaker A
Month 11 Day 7 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 0157782

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
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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

ATCT63 11/8

0015270

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.	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.
M·I·D·0·9·6·9·6·3·9·1·3	5 27 83		

3. Generator's Name and Mailing Address
St. Clair Metal Products
1721 Dove Street
Port Huron, Michigan 48060
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0157783
B. State Generator's ID:

5. Transporter 1 Company Name: Haviland Products
6. Use EPA ID Number: M·I·D·9·8·0·6·0·2·8·4·3·2
C. State Transporter's ID:
D. Transporter's Phone: (616) 361-6891

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 Serv., Inc.
420 S. Golfax Street
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: ACS-0016
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 reclaimable methly ethyl Ketone flamable liquid un-1039	6	DM	330	Gal.	F-005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Paint related materials.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Avoid sparks and heat.
Clean up any spills.

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	Signature	Month	Day	Year
DEAN CUNNINGHAM	Dean Cunningham	2	8	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
CHRISTOPHER L. MOORHEAD	Christopher L. Moorhead	02	08	89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Bill Pierantoni	Bill Pierantoni	02	10	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	Signature	Month	Day	Year
Whitaker Ahuiw	Whitaker A	02	10	89

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 0157783

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

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0016738

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 T 1 8 0 0 1 0 4 7 2 — Manifest Document No. 0 0 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
ST. CLAIR PAKWELL
120 25th AVENUE. BELLWOOD, IL 60104

4. Generator's Phone (312) 547-7500

A. Illinois Manifest Document Number IL 1125944

B. Illinois Generator's ID 1 0 3 1 0 1 5 5 0 1 4

5. Transporter 1 Company Name MR. FRANK INC.

6. US EPA ID Number I L D 0 6 9 5 0 6 1 6 0

C. Illinois Tranporter's ID 1 0 1 0 7 1 9

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 CHEMICALS
420 S. COLFAX, GRIFFITH, IND 46319

10. US EPA ID Number I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID 1 9 1 8 1 0 8 9 0 1 0 1 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. FLAMMABLE LIQUID UN-1993	X	0 0 1	TT	0 4 1 0 0	G	EPA HW Number F 0 0 5; 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
WASTE SOLVENTS + INK

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 JAMES FERGUSON — Signature James Ferguson — Date Month Day Year 0 4 | 2 5 | 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name ROBERT PERKINS — Signature Robert Perkins — Date Month Day Year 0 4 | 2 5 | 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 F DUNFEE — Signature F Dunfee — Date Month Day Year 0 4 | 2 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 R 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.: I L T 1 8 0 0 1 0 4 7 2 — Manifest Document No.: 0 0 0 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: ST. CLAIR PAKWELL, 120 25th AVENUE, BELLWOOD, IL 60104

4. Generator's Phone (312) 547-7500

A. Illinois Manifest Document Number: IL 1125945

B. Illinois Generator's ID: 0 3 1 0 1 5 5 0 0 4

5. Transporter 1 Company Name: MR FRANK INC

6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

C. Illinois Tranporter's ID: 0 0 7 9

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 CHEMICALS, 420 COLFAX, GRIFFITH IND 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

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. FLAMMABLE LIQUID UN 1993	1	TT	0 4 0 0 0	1	EPA HW Number: F 0 0 5 / 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: WASTE SOLVENTS + INK

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
JAMES FERGUSON	James Ferguson	05 03 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
MIGUEL GARCIA	Miguel Garcia	05 03 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
F DUNFEE	F Dunfee	05 03 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

211 E T-50

038617

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 T I 8 0 0 1 0 4 7 2 | Manifest Document No. 0 0 0 1 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
ST. CLAIR PAKWELL, BELLWOOD, IL 60104
120 25TH AVENUE
4. Generator's Phone (312) 5477500

A. Illinois Manifest Document Number: IL 1189048
B. Illinois Generator's ID: 0 3 1 0 1 5 5 0 0 4
C. Illinois Tranporter's ID: 0 0 7 9
D. (312) 5963377 Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone

5. Transporter 1 Company Name: MR FRANK INC
6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
AMERICAN CHEMICALS
420 CULFAX
GRIFFITH, IND 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: (219) 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	L. Waste No.
a.	WASTE FLAMMABLE LIQUID, N.O.S. FLAMMABLE LIQUID UN 1993	X	001	TT	04200	1	EPA HW Number: F005; 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: WASTE SOLVENTS AND INK
K. Handling Codes for Wastes Listed Above:

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

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: JAMES FERGUSON — Signature: James Ferguson — Date: Month 09 Day 06 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN VAN VLYMEN — Signature: John Van Vlymen — Date: Month 09 Day 06 Year 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: F DUNFEE — Signature: F Dunfee — Date: Month Day Year 9 6 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

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

T-50 212E 10700 DN 08.5 X
UJ00010

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. 1LT180010472 Manifest Document No. 00014

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
ST. CLAIR PAKWELL
120 S. 25th AVENUE, BELLWOOD, IL. 60104

4. Generator's Phone (312) 5477500

A. Illinois Manifest Document Number: IL 1189050

B. Illinois Generator's ID: 0310155004

5. Transporter 1 Company Name: MR FRANK INC

6. US EPA ID Number: ILD069506160

C. Illinois Tranporter's ID: 0079

D. (312) 5963377 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 CHEMICALS
420 COLFAX,
GRIFFITH, IND 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 7683400

	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. FLAMMABLE LIQUID UN 1993	001	TT	030001		EPA HW Number: F005 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
WASTE SOLVENTS AND INK

K. Handling Codes for Wastes Listed Above

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

15. Special Handling Instructions and Additional Information
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.

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
JAMES FERGUSON	James Ferguson	10 02 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Ron Bridgewater	Ron Bridgewater	10 02 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	F Dunfee	10 2 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

212 ET-50

008617

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

0247992

Authorization Number 997988

St Clair Mfg Corp (Company Name) 120 25th Ave (Address)

Bellwood (City) IL (State) 60104 (Zip)

0310150004 G (Generator Number)

WASTE HAULER(S)

Mr Frank Inc (Hauler Name) 201 W 155th St (Hauler Address) S.W.H. Registration Number 0079021

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Waste (Facility Name) 420 S. Colfax (Address) 91808902 (Site Number)

Griffith (City) Ind (State) Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Ink 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: Tank Truck HAZARD CLASS: Flamable

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: 4500 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. (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: 7/1/80 William Kaehler (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: 07/01/80 (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:

Richard C Kongiaski (Authorized Signature) DATE: 7/2/80 (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

0000011

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

0247995

Authorization Number 997988

ST CLAIR (Company Name) | 120 S 25TH AVE (Address)
BELLWOOD (City) | ILL (State) | 60104 (Zip)
031805000004 (Generator Number)

WASTE HAULER(S)

MR FRANK INC (Hauler Name) | 20141 165TH ST (Hauler Address) | S.W.H. Registration Number 0079/001
SO. HOLLAND ILL 312-596-3377
ILD 069506160

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE 312-765-1400

AMERICAN CHEMICAL (Facility Name) | 420 So. COLFAX (Address) | 9 1808902 (Site Number)
GRIFFITH (City) | IND (State) | 46319 (Zip) | IND 016360265

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. F005

SHIPPING DESCRIPTION:	HAZARD CLASS:	WEIGHT FOR D.O.T. USE
	FLAMMABLE	LBS / TONS (circle one)
	NA 1993	

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

QUANTITY OF WASTE DELIVERED: 003000 (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: 6-9-82 | Steven Parish (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) Mike Pfeifer (Authorized Signature) DATE: 6 9 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature) DATE 6 9 82 (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

TO 112 RT-63 GRM 6-9-82

SITE COPY - PART 3

003541

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

0247996

SPECIAL WASTE HAULING MANIFEST

Authorization Number _____

ST CLAIR PACKWEEL (Company Name) | 120 S. 25TH AVE (Address) | 312-547-7500

BELLWOOD (City) | ILL (State) | 60104 (Zip)

02105000 04 G (Generator Number)

WASTE HAULER(S)

MR FRANK INC (Hauler Name) | 2016 W 155TH ST SOUTH HOLLAND ILL (Hauler Address) | 312-596-3377

S.W.H. Registration Number 0079001

Hauler Name | Hauler Address

IL 0069506160

S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) | 420 So. COLFAX (Address) | 312-765-3400

GRIFFITH (City) | IND (State) | Zip

91808902 (Site Number)

IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE SOLVENTS RECLAIM | 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: FLAMMABLE N.O.S. NA1993

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: 03,000

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: 8-30-82 X Owen Faith (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) Mike Pfeifer (Authorized Signature) DATE: 8/30/82

(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

J Dwipple (Authorized Signature) DATE: 8/30/82

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 117 E T-63 Cfm 8-30-82

SITE COPY - PART 3

00923

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

0247997

Authorization Number

ST. CLAIR PAKWELL (Company Name) — 120 S. 25th AVE (Address)

BELLWOOD (City) — ILL. (State) — 60104 (Zip)

0310150004 G (Generator Number)

WASTE HAULER(S)

MR. FRANK INC (Hauler Name) — 201 W. 155th ST (Hauler Address) — SOUTH HOLLAND ILL.

S.W.H. Registration Number 0079003

ILD069506160

Hauler Name — Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) — 120 SO. COLFAX (Address) — 91808902 (Site Number)

GRIFFITH (City) — IND (State) — Zip

IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE SOLVENTS TO BE RECLAIM

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: FLAMMABLE N.O.S. NA1993

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: 003000

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: 11-29-82 — Deven Parikh (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: 11/29/82

(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:

[signature] (Authorized Signature) DATE: 11/29/82

COMMENTS OR SPECIAL INSTRUCTIONS: [illegible]

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

T02107-56 EFW 11-29-82

SITE COPY - PART 3

002922

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.: ILT180010472 — Manifest Document No.: 00001

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: ST. CLAIR PAKWELL, 120 25th AVENUE, BELLWOOD, IL 60104

4. Generator's Phone (312) 547-7500

A. Illinois Manifest Document Number: IL 1125941

B. Illinois Generator's ID: 0310155004

5. Transporter 1 Company Name: MR. FRANK, INC.

6. US EPA ID Number: ILD069506160

C. Illinois Tranporter's ID: 00719

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 CHEMICALS, 420 S. COLFAX, GRIFFITH, IND. 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9118089 0002

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.	X	[redacted]					EPA HW Number: [redacted] Authorization Number:
b.	X	WASTE FLAMMABLE LIQUID, N.O.S. FLAMMABLE LIQUID UN-1993	001	TT	05000	G	EPA HW Number: F005 Authorization Number:
c.							EPA HW Number: Authorization Number:
d.							EPA HW Number: Authorization Number:

J. Additional Descriptions for Materials Listed Above: WASTE SOLVENTS & INK

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
JAMES FERGUSON	James Ferguson	10 08 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
MICHAEL A. PFEIFER	Michael A. Pfeifer	10 08 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	Signature	Date Month Day Year
F DUNFEE	F Dunfee	10 08 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

212K T-50 11,000 BTU/LB; [illegible]

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 LT1 8 0 0 1 0 4 7 2 — Manifest Document No.: 0 0 0 0 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
ST. CLAIR PAKWELL
120 25th AVENUE, BELLWOOD, IL 60104

4. Generator's Phone (312) 547-7500

A. Illinois Manifest Document Number: IL 1125942

B. Illinois Generator's ID: 0 3 1 0 1 5 5 0 0 4

5. Transporter 1 Company Name: MR. FRANK INC.

6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

C. Illinois Tranporter's ID: 0 0 7 9

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 CHEMICALS
420 S. COLFAX, GRIFFITH, IND. 46319

10. US EPA ID Number: IND 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

	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. FLAMMABLE LIQUID UN-1993	001	TT	04500	G	EPA HW Number: F005; 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: WASTE SOLVENTS INK

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: JAMES FERGUSON — Signature: James Ferguson — Date: Month 11 Day 2 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John Van Vlymen — Signature: John Van Vlymen — Date: Month 11 Day 02 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: FDUNFEE — Signature: FDunfee — Date: Month 11 Day 2 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 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

205RT-50 10700 BTU ... 007204

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

0970261

Authorization Number

St. Clair Pakwell (Company Name) | 120 25th Ave. (Address) | 312 547 7500 (Phone Number) | 0310150004 (Generator Number)

Bellwood (City) | Illinois (State) | 60104 (Zip) | ILT180010472 (EPA Number)

WASTE HAULER(S)

Mr. Frank (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0079004

South Holland, IL 60473 | 3125963377 (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 (Facility Name) | 420 S. Colfax (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | Zip | 1683400 (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: Flammable Liquids WASTE PHASE: Ink Solvents(Liquid) (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Flammable Waste HAZARD CLASS: Solvents N.O.S. NA1993 (UN or NA Number) 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: 003000 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 James Ferguson (Authorized Signature) DATE: 4/16/84

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) Gabriel Garcia (Authorized Signature) DATE: 04/16/84

(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: 4/16/84

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

TO210KT-50GPM 4.16.84

007200

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

TO BE COMPLETED BY WASTE GENERATOR

0970263 (1–7)

Authorization Number (8–13)

ST. CLAIR PAKWELL (Company Name) | 120 25th AVE. (Address) | 3125477500 (Phone Number) | 0 3 1 0 1 5 0 0 0 4 G (14–24 Generator Number)

BELLWOOD (City) | ILLINOIS (State) | 60104 (Zip) | I L T 1 8 0 0 1 0 4 7 2 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. SOUTH HOLLAND, IL 60473 (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 0 1 (25–31)

m 3125963377 (Phone Number) | I LD0 695 061 60 (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 (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (39–46 Site Number)

GRIFFITH (City) | INDIANA (State) | (Zip) | 1683400 (Phone Number) | IND0 16 36 0265 (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: FLAMMABLE LIQUIDS | WASTE PHASE: INK SOLVENTS(LIQUID) (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: FLAMMABLE WASTE SOLVENTS N.O.S. | HAZARD CLASS: NA1993 (UN or NA Number) | (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: 003000 (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 James Ferguson (Authorized Signature) DATE: 4-26-84

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) Joe Wilkes (Authorized Signature) DATE: 04 26 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 26 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

To211RT-50 CKM

017201

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

0970[illegible]

Authorization Number out of State

ST. CLAIR PAKWELL (Company Name) | 120 25th. AVE. (Address) | 312 54 77 500 (Phone Number) | 0 3 1 0 1 5 0 0 0 4 (Generator Number)

BELLWOOD (City) | ILLINOIS (State) | 60104 (Zip) | ILT 1 8 0 0 1 0 4 7 2 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) SOUTH HOLLAND, IL 60473 | S.W.H. Registration Number 0 0 7 9 0 0 4

31 25 963 3 77 (Phone Number) | ILD 0 6 9 5 0 6 1 6 0 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) | 420 S. COLFAX (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) | INDIANA (State) | Zip | 1 6 8 3 4 0 0 (Phone Number) | IND 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: FLAMMABLE LIQUIDS | WASTE PHASE: INK SOLVENTS(LIQUID) (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: FLAMMABLE WASTE | HAZARD CLASS: SOLVENTS N.O.S. | N A 1 9 9 3 (UN or NA Number) | 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: 0 0 3 0 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 James Ferguson (Authorized Signature) DATE: 4-26-84

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) Gabriel Garcia (Authorized Signature) DATE: 04/26/84

(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) [signature] DATE: 4/26/84

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

To 211K T-50 GRM 4.26.84

0 0 7 9 0 0 2

POLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 089725

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

TYPE OF WASTE ▶ [X] LIQUID [ ] SLUDGE [ ] SOLID
TYPE OF CONTAINER ▶ [ ] BULK (TANK TRUCK) [ ] DRUMS [ ] OTHER (SPECIFY)
VOLUME 5,000 GALS / CU. YDS / LBS.

WASTE CONTAINS:
[ ] FATS, OILS OR GREASE [ ] ACID [ ] ALKALI
[ ] CYANIDE [ ] ZINC [ ] CADMIUM
[ ] COPPER [ ] CHROME [ ] IRON
[ ] NICKEL [ ] LEAD [ ] SELENIUM
[ ] MERCURY [ ] OTHER (SPECIFY) Plate Solutions

DISPOSAL METHOD ▶ [ ] LANDFILL [ ] DESTRUCTION (SPECIFY) [ ] OTHER (SPECIFY)

NAME OF COMPANY [illegible] — FEDERAL TAX I. D. NUMBER
LOCATION [illegible]
TYPE OF INDUSTRY — DATE REMOVED — TIME REMOVED

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 — PHONE

NAME [illegible] — FEDERAL TAX I. D. NUMBER
ADDRESS [illegible] — DATE RECEIVED — TIME RECEIVED
WASTE HAULER'S REGISTRATION NO. [illegible] — STATE [illegible] — 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] — FEDERAL TAX I. D. NUMBER 350961783
ADDRESS [illegible] — DATE RECEIVED 5-4-83 — 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 — PERMIT NO. — PHONE 219 874 4370

DISPOSAL SITE'S COPY

005478

TO BE COMPLE...
WASTE GENERATOR

STATE OF ILLINOIS

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

0247998

SPECIAL WASTE HAULING MANIFEST

Authorization Number

ST CLAIR PACKWELL (Company Name) 120 So 25TH AVE (Address)

BELLWOOD (City) ILL (State) 60104 (Zip) 312-457-7500

0310150004 G (Generator Number)

WASTE HAULER(S)

MR FRANK INC. (Hauler Name) 201 W 155TH ST (Hauler Address) So. HOLLAND ILL

312-596-3377

ILD 069506160

S.W.H. Registration Number 0079009

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) 420 So. COLFAX (Address)

GRIFFITH (City) IND (State) (Zip)

IND 016360265

91808902 (Site 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:

HAZARD CLASS: FLAMMABLE NOS NA 1993

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: 005,000

~~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: 5-4-83

James Ferguson (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: 5 4 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

[signature] (Authorized Signature) DATE: 5 4 83

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 117 R-T-50 GRUY 5.4.83

SITE COPY - PART 3

005477

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

0248000 (1–7)

OUT of STATE 1

Authorization Number DISPOSAL (8–13)

X St. Clair Pakwell (Company Name)	I20 S. 25th Ave. (Address)		ILT I800I0472
Bellwood (City)	Illinois (State)	60I04 (Zip)	(3I2) 547-500

03 I0I 5 0004 G (14–24) Generator Number

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name)	20I W. I55th St. (Hauler Address)	ILD 069506I60 S.W.H. Registration Number 0 0 7 9 0 0 9 (25–31)
(3I2) 596-3377	South Holland, Il 60473	
(Hauler Name)	(Hauler Address)	S.W.H. Registration Number (32–38)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name)	420 S. Colfax (Address)	IND 0I6360265 9 I 8 0 8 9 0 2 (39–46) Site Number
Griffith (City)	Ind. (State) 468-4370 (Zip)	

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:	HAZARD CLASS:	WEIGHT FOR D.O.T. USE
FLAMMABLE LIQUID WASTE SOLVENTS	FLAMMABLE NOS NA 1993	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 (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: 5/19/83 James Ferguson (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) Michael Mont (Authorized Signature) DATE: 05 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

_____ (Authorized Signature) DATE: 05 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

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

To 210 ET-50 GRM 5.2083

SITE COPY - PART 3

005478

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

0804336
Authorization Number OUT OF State Disposal

TO BE COMPLETED BY WASTE GENERATOR

ST. CLAIR PAKWELL	120 S. 25th. AVE.	3125477500	03101500004 G
(Company Name)	Address	Phone Number	Generator Number
BELLWOOD	ILLINOIS 60104		ILT180010472
City	State Zip		EPA Number

WASTE HAULER(S)

MR. FRANK	201 W. 155th ST. SOUTH HOLLAND, IL. 60473	S.W.H. Registration Number -0079018
Hauler Name	Hauler Address	
	3125963377 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	420 S. COLFAX	91808902
(Facility Name)	Address	Site Number
GRIFFITH	IND. Zip	7733400 INDO16360265
City	State	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: FLAMMABLE LIQUIDS WASTE PHASE: INK Solvents (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Flammable Waste Solvents N.O.S

HAZARD CLASS: NA 1993 (UN or NA Number)

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: 025000 (47–52) 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 x James Ferguson (Authorized Signature) DATE: 11/11/83

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) John Van Thymen (Authorized Signature) DATE: 11/11/83 (54–59)

(2) ____ (Authorized Signature) DATE: ____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO V

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

(Authorized Signature) DATE: 11/11/83 (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 211 E T-50 6PM 11.11.83

005479

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 G 0 0 0 0 0 1 8 2 7 | Manifest Document No.: 5 5 3 5 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
St. Lawrence Hospital Pathology
1210 N Saginaw St, Lansing MI 48915
4. Generator's Phone (517) 377-0500 Liz Zakas

A. State Manifest Document Number: INA 0355853
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, 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. RQ Waste Xylene Flammable Liquid UN1307 (F003)	1	DM	55	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.

GENERATOR — Printed/Typed Name: ELIZABETH ZAKAS | Signature: Elizabeth Zakas | Date: Month 8 Day 26 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date: Month 8 Day 26 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: A Whitaker | Signature: A Whitaker | Month 8 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.

INA 0355853

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12,377,563 2/31

COPY 5. TSD COPY

0016736

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 G 0 0 0 0 0 1 8 2 7 | Manifest Document No. 5 5 8 9 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
St. Lawrence Hospital Pathology
1210 W Saginaw St, Lansing MI 48915
4. Generator's Phone (517) 377-0500 Liz Zakas

A. State Manifest Document Number: INA 0355891
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 PO Box 190
Griffith IN 46319-0190
10. Use EPA ID Number: I N D 9 8 1 6 3 6 8 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 Xylene Flammable Liquid UN1307 (F003)	1	DM	1.4	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

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GENERATOR — Printed/Typed Name: ARC MAZUREK | Signature: Carl Mazurek | Date: Month 10 Day 11 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Arnold Dykstra | Signature: Arnold Dykstra | Date: Month 10 Day 11 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: | Signature: | Date: Month Day Year

FACILITY
19. Discrepancy Indication Space
123ECT63 15 L
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 | Date: Month 10 Day 13 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.

INA0355891

0016737

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·C·0·0·0·0·0·1·8·2·7
Manifest Document No.: 5·5·9·4·1
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
St. Lawrence Hospital Pathology
1210 W Saginaw St, Lansing MI 48915
4. Generator's Phone (517) 377-0500

A. State Manifest Document Number: INA 0355941
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, 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ Waste Xylene, Flammable Liquid UN1307 (F003)	1	DM	55G		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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GENERATOR
Printed/Typed Name: CARL MAZURER
Signature: Carl Mazurek
Date: Month 12 Day 15 Year 91

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 12 Day 15 Year 91

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: WHITAKER A
Signature:
Date: Month 12 Day 16 Year 91

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

2047CT50 3/20

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.

INA0355941

0018242

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.G.0.0.0.0.0.1.8.2.7 | Manifest Document No.: 5.5.9.8.3
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
St. Lawrence Hospital Pathology
1210 W Saginaw St, Lansing MI 48915
4. Generator's Phone (517) 377-0500

A. State Manifest Document Number: INA 0355983
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, 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. RQ Waste Xylene Flammable Liquid UN1307 (F003)	1	D,M	55	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

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GENERATOR — Printed/Typed Name: CARL MAZURCK | Signature: [signature] | Date: Month 5 Day 3 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: MEL HEINSMA | Signature: [signature] | Date: Month 5 Day 3 Year 90
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 KULIUKE | Signature: [signature] | Date: Month 05 Day 04 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.

INA0355983

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

123 TONS 5/4

0010243

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 G 0 0 0 0 0 1 8 2 7 | Manifest Document No.: 3 7 5 7 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
St. Lawrence Hospital Pathology
1210 W Saginaw St, Lansing MI 48915
4. Generator's Phone (517) 377-0500

A. State Manifest Document Number: INA 0437977
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, 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ Waste Xylene Flammable Liquid UN1307 (F003)	1	DM	55	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

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GENERATOR — Printed/Typed Name: CARL MAZUREK — Signature: Carl Mazurek — Date: Month 08 Day 13 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Fred Kozema Jr. — Signature: Fred Kozema — Date: Month 08 Day 13 Year 90
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: Whitaker A — Signature: A Whitaker — Month Day Year 8 17 90

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-89)

COPY 5. TSD COPY

0018244

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 0437977

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. [illegible] Manifest Document No. [illegible]

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
ST Luke's Hospital
[illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document Number
INA 0162777

B. State Generator's ID

5. Transporter 1 Company Name
[illegible]

6. Use EPA ID Number
[illegible]

C. State Transporter's ID 0079

D. Transporter's Phone [illegible]

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
[illegible]
[illegible]

10. Use EPA ID Number
[illegible]

G. State Facility's ID
[illegible]

H. Facility's Phone
[illegible]

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. [illegible]	[illegible]	[illegible]	[illegible]	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

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Printed/Typed Name: [illegible] Signature: [illegible] Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 03 Day 03 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: Harrold F Schmidt Signature: [illegible] Date: Month 03 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 0162777

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 1-204RT-50 3/1/86

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

0015268

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.0.5.4.1.0.3.7.4.2 — Manifest Document No.: 4.6.4.1.8
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
ST. LUKES HOSPITAL
2900 WEST OKLAHOMA AVENUE., MILWAUKEE, WI 53215

4. Generator's Phone (414) 282-2141

A. State Manifest Document Number: INA 0346418
B. State Generator's ID:

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
C. State Transporter's ID: WI # 10747
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: 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 FLAMMABLE LIQUID., N.O.S. FLAMMABLE LIQUID UN 1993 (D001)	0.0.2	D.M	0.0.1.1.0	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:

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: HRALEE SCARDINA — Signature: [signature] — Date: Month 03 Day 24 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH L. KOOINGA — Signature: Joseph L. Kooinga — Date: Month 03 Day 29 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: STEVE KULAVICK — Signature: Steve Kulavick — Date: Month 03 Day 31 Year 87

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)

204 FCT 50 3/31/89

COPY 5. TSD COPY

0016735

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 0 7 1 1 6 1 1 2 9
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
St. Mary's Hospital
2320 N. Lake Dr., Milwaukee, WI 53211

A. State Manifest Document Number: INA 0248943

B. State Generator's ID

4. Generator's Phone (414) 225-8066

5. Transporter 1 Company Name: E&K Hazardous Waste Service
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: 414/784-76030

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ,Waste Xylene, Flammable Liquid, UN1307, (F003, EPA ignitability)	001	DM	00055	G	D001 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
Please contact CBC Tranppert 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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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Monica A. Surbida		11	10	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
D. Hall		11	10	88

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
FRANK PRICE	Frank Price	11	15	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 0248943

Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
EPA 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

12476763 11/15

0015267

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·0·7·1·1·6·1·1·2·9
Manifest Document No.: 07642
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
ST. MARY'S HOSPITAL
2320 NORTH LAKE DRIVE
MILWAUKEE, WI 53211
4. Generator's Phone ( ) 414/225-8066

A. State Manifest Document Number: INA 0309642
B. State Generator's ID:

5. Transporter 1 Company Name: E&K HAZARDOUS WASTE SERVICES
6. Use EPA ID Number: W·I·D·9·8·2·2·1·9·5·2·9
C. State Transporter's ID: ~~[illegible]~~
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 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 Xylene, Flammable Liquid, UN 1307, (EPA Ignitability & F003)	001	DM	00055	G	D 0 0 1
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Also F003.

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: NANCY A. SLOOBODA
Signature: [signature]
Date: Month 6 Day 14 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEVEN M HOLSCHBACH
Signature: Steven M Holschbach
Date: Month 06 Day 14 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: WHITAKER A
Signature: Alan Whitaker
Date: Month 6 Day 15 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.

INA0309642

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 123TCT63 6/19

0016733

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.0.7.1.1.6.1.1.2.9
Manifest Document No.: [illegible]
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
ST.MARY'S HOSPITAL
2320 N. LAKE DRIVE
MILWAUKEE, WI 53211
4. Generator's Phone (414) 225-8066

A. State Manifest Document Number: INA 0309618
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: 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 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 FLAMMABLE LIQUID, N.O.S., FLAMMABLE LIQUID, EPA IGNITABILITY, UN1993 (D001)	001	DM	00055	G	F003 D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11A) ALSO F003
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: LYNN SCHUSTER - NANCY SWEREDA
Signature: [illegible]
Date: Month 1 Day 1 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEVEN M HOLSCHBACH
Signature: Steven M Holschbach
Date: Month 1 Day 1 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: WHITAKER A
Signature: A Whitaker
Month 12 Day 29 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12-35CJ63 1/3/90

COPY 5. TSD COPY

0016734

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 7 1 1 6 1 1 2 9 | Manifest Document No. 9 7 7 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
ST. MARY'S HOSPITAL
2320 N. LAKE DRIVE
MILWAUKEE, WI 53211

4. Generator's Phone ( ) 414/225-8066

A. State Manifest Document Number: INA 0399897
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: 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 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 FLAMMABLE LIQUID, N.O.S., FLAMMABLE LIQUID, (EPA IGNITABILITY), UN1993	00	DM	00055	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. ALSO WASTE NO. F003

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
PLEASE NOTIFY CBC TRANSPORT ~~4167~~ 414/764-7005
WITH ANY LOAD DISCREPENCIES OR 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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GENERATOR
Printed/Typed Name: LYNN SCHUSTER NANCY SCHUSTER | Signature | Date: Month 03 Day 27 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: P.L. Williams | Signature | Date: Month 03 Day 28 Year 90
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ellsworth Jaeger | Signature | Date: Month 03 Day 29 Year 90

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 KULNICK | Signature | Date: Month 03 Day 30 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.

INA 0399897

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 204 of 500 3/3

0018241

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND023055155 — Manifest Document No. — 2. Page 1 of — Information in shaded area not required by Federal law. Minnesota rules require items H. and I.

3. Generator's Name and Mailing Address: ST Paul Auto Service, 337 W. 7th St., St. Paul, MN 55102
A. State Manifest Document Number: MN 0042192
B. State Generator's ID:
4. Generator's Phone (612) 224-7571
5. Transporter 1 Company Name: ABC SERVICES, INC. — 6. US EPA ID Number: WID076159639
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. U.S EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-1370

	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.	FLAMMABLE LIQUID, NOS, UN1993	X	2	DM	100	G	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: A-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: X CARL KRATZKE — Signature: Carl Kratzke — Date: Month 9 Day 4 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson — Signature: Kip Nelson — Date: Month 9 Day 4 Year 86
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: [illegible] — Signature — Date: Month Day Year

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-6300; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

GENERATOR

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

125 E 163

0011997

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use on:

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MN0095285219
Manifest Document No.:
2. Page 1 of

Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: ST. PAUL VOCATIONAL 235 MARSHALL AVE
4. Generator's Phone: (612) 221-1392 ST PAUL MN. 55102
A. State Manifest Document Number: MN 0042155
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 612-788-9616
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 414-657-6222
H. Facility's Phone:

5. Transporter 1 Company Name: AUTOBODY SUPPLY, INC
6. US EPA ID Number: MND023023377
7. Transporter 2 Company Name: ~~STRAND TRUCKING~~ ABC SERVICES
8. US EPA ID Number: ~~ILD000646870~~ WID070159839
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE 420 S. COLFAX GRIFFITH, INDIANA 46319
10. U.S EPA ID Number: IND016360265

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 PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263 - F-003	1	DM	55	400	F-003
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: Richard L. Erickson
Signature: [signature]
Date: Month 6 Day 16 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DOUGLAS A. WEIMER
Signature: Douglas A Weimer
Date: Month 06 Day 16 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK KLEES
Signature: Frank Klees
Date: Month 06 Day 20 Year 86

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: [signature]
Date: Month 06 Day 23 Year 86

GENERATOR

TRANSPORTER

FACILITY

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

011996

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0226336

Rev. 8/81

003567

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Staal Buick, Inc.	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
1010 28th Street Grand Rapids, MI 49508	2650 Thornwood Wyoming, MI 49509	420 S. Colfax Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 452-5101	(616) 538-8499	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID 017102039	MID 055 855 373	IND 016 360 265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Paint Thinning Compound	Flammable	1142	07	1	dr		X			55	Gal	D001
2.			383									~~[illegible]~~	F003
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep Away From Sparks of Flames.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① [signature] — Date Shipped MO. DAY YEAR 7 08 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 1283 1047

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received 07 08 82

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number IND 016 360 265

[X] Accepted [ ] Rejected — Date Received 7 9 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY TO 210 K T-50 GRM 7.9.82

STATE OF MICHIGAN

Rev. 3/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0048782

003563

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Staal Buick Inc.	Valley City Refuse Disp.	American Chemical Serv.
Site Address	**Transporter's Address**	**Facility Address**
1010 28th St. S.E. Grand Rapids, Mi 49508	2640 Thornwood S.W. Wyoming, Mi 49509	420 S. Colfax Ave. Griffith, IND. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 452-5101	(616) 538-8499	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID017102039	MID055855373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Paint Thinning Compound	Flamable Liquid —	NA1142	07	3	DR.		X			165	Gals.	P101
2.													F003
3.													
4.													
5.													
6.													

COMMENTS — Include Safety precautions and special handling instructions.

Keep from Sparks or Fire

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① X [signature] — Date Shipped MO. DAY YEAR: 06 02 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. — No. 1: H 213-1

Subsequent Transporter Vehicle I.D. No's: 218-6

Transporter Signature: ② [signature] — Date(s) Received: 06 02 82

Subsequent transporter(s) signature(s): ③ [signature] — 06 03 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 6 4 82

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY — TO 210 RT-50 GRM 6.4.82

STATE OF MICHIGAN

Rev. 3/81

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste (OTHER)

MI 0003171

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Staal Buick, Inc.	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address: 1010 28th Street, Grand Rapids, MI 49508	Transporters Address: 2650 Thornwood, S.W., Wyoming, MI 49509	Facility Address: 420 S. Colfax, Griffith, IN 46319
Phone Number: (616) 452-5101	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID 017 102 039	Transporter's EPA I.D. Number: MID 055 855 373	Facility Site EPA I.D. Number: IND 016 360 265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Paint Thinning Compound	Flammable	1142	07	4	Dr.		X			200	Gal	D001
2.													F003
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① [signature] — Date Shipped MO. DAY YEAR: 4 1 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 640

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 4 1 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number: IND 016 360 265

[X] Accepted [ ] Rejected

Date Received: 4 5 83

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

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

21. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Stan Olsen Pontiac
908 N. 102nd Omaha, NE 68114
4. Generator's Phone (402) 397-8300

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD000646810
C. State Transporter's ID: IL SWH 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 S. Colfax Ave.
Griffith, Ind. 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: IL SITE # 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	PLAMMABLE LIQUID NOS IGNITABLE UN1993	x	16 ~~17~~	DM	880 935	1	D0001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

GENERATOR WILL DELIVER TO: J.D. CASEY WAREHOUSE - 10828 'J' ST. - OMAHA, NE.
FOR PICKUP BY STRAND TRUCKING.

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: PATRICK E MORRIS | Signature: Patrick E Morris | Month 3 | Day 12 | Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES RATICAN | Signature: James Ratican | Month 3 | Day 12 | Year 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: [illegible] | Signature: [illegible] | Month 3 | Day 12 | Year 86

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete

204 T-50

TSDF COPY

011703

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Waste (OTHER)

Rev. 3/81

MI 0003059

003613

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
The Stanalac Co.	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
940 Monroe, N.W. Grand Rapids, MI 49503	2650 Thornwood, S.W. Wyoming, MI 49509	420 S. Colfax Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 456-9248	(616) 538-8499	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MIG 000 003 702	MID 055 855 373	IND 016 360 265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Alcohol, N.O.S.	Flammable Liquid	1987	07	2	Dr		X			110	Gal	D001
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① [signature]

Date Shipped MO. DAY YEAR: 62983

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1: 830366

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② [signature]

Date(s) Received: 62983

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 62183

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF 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.: MID005346702
Manifest Document No.: 17159
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
Standard Products Company
594 Alpine Road Route 3
Gaylord, MI 49735
4. Generator's Phone: 517 732-5121

A. State Manifest Document Number: INA 0117159
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone: (616) 375-9595
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: [illegible] Industrial
6. Use EPA ID Number: MID017167222
7. Transporter 2 Company Name
8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
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.	Waste No.
a. Waste Flammable Liquid N.O.S. Flammable Liquid UN 1993	18	DM	00990 00018	G	[illegible]
b. Waste Trichloroethane ORM-A UN 2831	002	DM	00110 00002	G	D001
c. Accepted 10 Dr. Waste Flammable Liquid	10	[illegible]	0500	G	[illegible]
d. Rejected 8 Dr. Waste Flammable Liquid					

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: Glen Bunden
Signature: [signature]
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: R. Michael Hern
Signature: R. Michael Hern
Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space
Rejected 8 Dr. Not Pumpable
HH

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: 1 P 2 0 8 7

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 0117159

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

10-20-7x T-50
2-119x-T-63

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

012378

COMPLETED BY
STE GENERATOR

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

0069898
1 7

Authorization Number 997005
8 13

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)
Chicago Heights, (City) | Illinois (State) | 60411 (Zip)
0310450007 (Generator Number) 14 24 G

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) | 201 W. 155th St. (Hauler Address) South Holland, Ill. 60473 | S.W.H. Registration Number 0079/023 25 31

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Amerlcom Chemical Co. (Facility Name) | 420 S. Colfax (Address) | 91808902 (Site Number) 39 46
Griffith (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: 1-14-80 | (Authorized Signature) R. W. Hieni

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 47 52 | (GALLONS) 2 CU. YDS. (Circle One) 53

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: 01/14/80 54 59

(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: ___/___/___ 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

0000047

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0069899

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 16th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

031045O007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) | 201 W. 155th Street (Hauler Address) South Holland, IL 60473 | S.W.H. Registration Number 0079009

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: FLAMMABLE

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: 4-23-80 | R.W. Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 | 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: 04/23/80

(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: 4/23/80

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

00-0058

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0069900

WASTE GENERATOR

Authorization Number 997005

Standard T Chemical (Company Name) | 10th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

0310450007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) | 201 W. 155th Street South Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 0079009

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flammable

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: _____

R W Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005000 (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: 05 16 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: 5/16/80

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

0000050

E COMPLETED BY
TE GENERATOR

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

0105133

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & [illegible] Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

03104500 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) | 201 W. 155th Street South Holland (Hauler Address) | S.W.H. Registration Number

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) | 420 S. Colfax (Address) | 971018902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: TANK TRUCK | HAZARD CLASS: FLAMMABLE

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: 02-05-86 | R.W. Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005000 | (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) Michael O. Martin (Authorized Signature) | DATE 02/05/86

(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 Mauck (Authorized Signature) | DATE: 2/5/86

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
WASTE GENERATOR

0105134

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 16th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

0310450007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) | 201 W. 155th Street South Holland, IL 60473 (Hauler Address)

S.W.H. Registration Number 0079018

(2) (Hauler Name) | (Hauler Address)

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) | 120 S. Colfax (Address)

91806902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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:

R.W. Niemi (Authorized Signature)

R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 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) C Borucki (Authorized Signature) DATE 07/24/80

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

(Authorized Signature) DATE: 7-24-80

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

0000050

TO BE COMPLETED BY WASTE GENERATOR

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

0105135

Authorization Number 997095

Standard T Chemical Co. (Company Name) 10th & Washington Streets (Address)
Chicago Heights, (City) Illinois (State) 60411 (Zip)
0310450007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) 201 W. 155th St. South Holland, IL 60473 (Hauler Address)
S.W.H. Registration Number 0079018

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) 420 S. Colfax (Address)
Griffith (City) Indiana (State) 46319 (Zip)
71808902 (Site Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: FLAMMABLE

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 R. W. Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005000 (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) (Authorized Signature) DATE: 07/09/80

(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: 7-9-80

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

0000010

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0105136

Authorization Number 997005

Standard T Chemical (Company Name) | 10th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

0310450007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. Industrial Disposal (Hauler Name) | 201 W. 155th St. South Holland, Il. 60473 (Hauler Address)

S.W.H. Registration Number 0079/009

(2) _____ (Hauler Name) | _____ (Hauler Address)

S.W.H. Registration Number _____

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) | 420 S. Colfax (Address)

Griffith (City) | Indiana (State) | 46319 (Zip)

91808902 (Site Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Bulk

HAZARD CLASS: Flamable

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: _____

R W Niemi (Authorized Signature)

R. W. Niemi

WASTE HAULER*

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

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 05/28/80

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

_____ (Authorized Signature) DATE 5/29/80

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS 800 / 424 3802

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

SITE COPY - PART 3

000044

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0105274

Authorization Number 997005

~~CK~~ Standard T Chemical Co. (Company Name) | 10th & Washington sts. (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

0310450007 (Generator Number)

WASTE HAULER(S)

(1) Mc. Frank Inc. (Hauler Name) ~~Industrial Disposal~~ | 201 W. 155th St. (Hauler Address) South Holland, Ill. 60473 | S.W.H. Registration Number 0079009

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith, (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flammable

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: ~~March 26, 1980~~ | R. W. Mann (Authorized Signature) | R. W. Mann

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5000 (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 03/26/80

(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: 3/26/80

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

000035

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0114363

WASTE GENERATOR

Authorization Number 997005

Standard T Chemical Co. (Company Name) — 10th & Washington Streets (Address)

Chicago Heights, (City) — Illinois (State) — 60411 (Zip)

0310450007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. (Hauler Name) — 201 W. 155th Street (Hauler Address) South Holland, IL 60473 — S.W.H. Registration Number 0079021

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) — 420 S. Colfax (Address) — 91808902 (Site Number)

Griffith, (City) — Indiana (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flamable

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: 6/20/80 — RW Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005500 — 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) Jerry H Milburn (Authorized Signature) — DATE 6/20/80

(2) (Authorized Signature) — DATE 6/20/80

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

(Authorized Signature) — DATE 06/20/80

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

0000043

TO BE COMPLETED BY WASTE GENERATOR

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

0114364

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

03104500007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. (Hauler Name) | 201 W. 155th Street (Hauler Address) South Holland, IL 60473 | S.W.H. Registration Number 0079/021

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith, (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Mixed Spent Solvents

WASTE PHASE: Liquids (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION:

HAZARD CLASS: Flamable

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: 7/22/80 R. W. Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005500 (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) Bruce D Ely Driver (Authorized Signature) DATE: 7 22 80

(2) (Authorized Signature) DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

(Authorized Signature) DATE: 7/22/80

INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS 800 / 424 8802

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

000037

APLETED BY
ENERATOR

STATE OF ILLINOIS

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

0114365

Authorization Number 997005

Lord T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

031045000 7 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. (Hauler Name) | 201 W. 155th Street, South Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 007018

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

E Griffith, (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flamable

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: August 5, 1980

R.W. Niemi (Authorized Signature)

R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005000 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. (53)

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) Bruce D. Eq - Driver (Authorized Signature) DATE: 8 / 5 / 80 (54–59)

(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: 8 / 5 / 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

00 00033

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0114366

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address) |

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

0310450007 Generator Number

WASTE HAULER(S)

(1) Mr. Frank Inc. (Hauler Name) | 201 W. 155th Street (Hauler Address) South Holland, IL 60473 | S.W.H. Registration Number 0079/023

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith, (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flamable

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 September 10, 1980 | R.W. Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 5,000 | (GALLONS / 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 9/10/80

(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 9/10/80

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

0000027

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0114367

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

03104500007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank, Inc. (Hauler Name) | 201 W. 155th Street (Hauler Address) | S.W.H. Registration Number 0075-023

South Holland, IL 60473

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith, (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flamable

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: 09/19/80 R.W. Niemi (Authorized Signature) R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 005000 (47–52) | (1) GALLONS (2) CU. YDS. (Circle One): 1 (53)

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 09/19/80 (54–59)

(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 9/19/80 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

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

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 [illegible]

SITE COPY - PART 3

000002

COMPLETED BY
STE GENERATOR

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

0114368

WASTE GENERATOR

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip)

03104500007 (Generator Number)

WASTE HAULER(S)

(1) Mr. Frank Inc. (Hauler Name) | 201 W. 155th Street (Hauler Address) South Holland, IL 60473 | S.W.H. Registration Number 0079005

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith, (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flamable

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: November 5, 1980

R. W. Niemi (Authorized Signature)

R. W. Niemi

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 3000 (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) Tom Berry (Authorized Signature) DATE 11/05/80

(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 11/05/80

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
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0270959
1 7

Authorization Number 9 9 7 0 0 5
8 13

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights (City) | Illinois (State) | 60411 (Zip)

0 3 1 0 4 5 0 0 0 7 G
14 Generator Number 24

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name) | 201 W. 155th Street (Hauler Address) South Holland, Ill. 60473

S.W.H. Registration Number 0 0 7 9 0 0 5
25 31

(Hauler Name) | (Hauler Address)

S.W.H. Registration Number
32 38

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name) | 420 S. Colfax (Address)

9 1 8 0 8 9 0 2
39 Site Number 46

Griffith (City) | Indiana (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Flammable

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: 3000
47 52

GALLONS (Circle One) CU. YDS. 1
2 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: November 5, 1980

R W Niemi (Authorized Signature) R. W. Niemi

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) Tom Berry (Authorized Signature) DATE: 11 05 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:

_____ (Authorized Signature) DATE: 11 05 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

000011

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

0270972

Authorization Number 9 9 7 0 0 5

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address) | U.S. E.P.A. NO. ILD 005536164

Chicago Heights (City) | Illinois (State) | 60411 (Zip)

0 3 1 0 4 5 0 0 0 7 G (Generator Number)

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name) | 701 W. 155th St. (Hauler Address) South Holland, Ill. - 60473 | S.W.H. Registration Number 0 0 7 9 0 1 8 | U.S. E.P.A. NO. ILD 069506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | P.O. Box 190 (Address) | 9 1 8 0 8 9 0 2 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | U.S. E.P.A. NO. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: K-078 | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

Solvent Cleaning Wastes

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

SHIPPING DESCRIPTION: Wastes Flammable Liquid N. O. S. | 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: 5 0 5 0 (00505Q)

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. IEPA

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: ~~January 15, 1981~~ | R.W. Niemi (Authorized Signature) R. W. Niemi

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: 01 15 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: 01 15 81

COMMENTS OR SPECIAL INSTRUCTIONS: Pumped to 125E 1/15/81 T-63 Jim Mundy

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

002026

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

0270974

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington Sts. (Address)
Chicago Heights (City) | Illinois (State) | 60411 (Zip)
0310450007 (Generator Number)
U.S. E.P.A. NO. ILD 005536164

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 701 W. 155th St. (Hauler Address) South Holland, Ill. 60473
S.W.H. Registration Number 0079019
U.S. E.P.A. NO. ILD 069506160

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service [redacted] (Facility Name) | P.O. Box 190 (Address)
Griffith (City) | Indiana (State) | 46319 (Zip)
91808902 (Site Number)
U.S. E.P.A. NO. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: K-078 Solvent Cleaning Wastes

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: Wastes Flammable Liquid N. O. S. | 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: 001500

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: January 20, 1981 (Authorized Signature) R. V. Picard

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: 01/20/81

(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: 1/20/81

COMMENTS OR SPECIAL INSTRUCTIONS: To 124E 1/20/81 T-63 Jim Mundy

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

002027

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

0270976

Authorization Number 9 97005

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights (City) | Illinois (State) | 60411 (Zip)

0 31 04 5 00 07 G (Generator Number)

U.S. E.P.A. NO. ILD 005536161

WASTE HAULER(S)

Mr. Frank, INC. (Hauler Name) | 701 W. 155th Street (Hauler Address) South Holland, IL 60473

S.W.H. Registration Number 0 07 90 19

Hauler Name | Hauler Address

U.S. E.P.A. NO. ILD 069506160
S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | P. O. Box 190 (Address)

91 80 89 02 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip)

U.S. EPA NO. ILD 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: K-078 Solvnet Cleaning Wastes

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	LBS / TONS (circle one)
Wastes Flammable Liquid	N. O. S.		

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

QUANTITY OF WASTE DELIVERED: 0 0 5 0 0 0

(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 + EPA

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: January 27, 1981

R. W. Niemi (Authorized Signature) R. W. Niemi

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: 01 27 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 27 81

COMMENTS OR SPECIAL INSTRUCTIONS: To 125% 1/27/81 T-63 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

002029

STATE OF ILLINOIS

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

SPECIAL WASTE HAULING MANIFEST

0270986

Authorization Number 997005

TO BE COMPLETED BY WASTE GENERATOR

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)

Chicago Heights (City) | Illinois (State) | 60411 (Zip)

03104500007 (Generator Number) U.S. E.P.A. NO. ILD 005536164

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 701 W. 155th Street (Hauler Address) South Holland, Illinois 60473

S.W.H. Registration Number 0079018 U.S. E.P.A. NO. ILD 069506160

(Hauler Name) | (Hauler Address)

S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | P.O. Box 190 (Address)

Griffith (City) | Indiana (State) | 46319 (Zip)

91808902 (Site Number) U.S. E.P.A. NO. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: K-078

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

Solvent Cleaning Wastes

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
Wastes - Flammable Liquid	N. O. S.	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. 7

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: March 11, 1981

R W Niemi (Authorized Signature) R. W. Niemi

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) Donald H Burt (Authorized Signature) DATE: 03/11/81

(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.

Bob Mauk (Authorized Signature) DATE: 03/11/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 142 R 3/11/81 T-63 Jon 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

002028

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

0369376

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington Streets (Address)
Chicago Heights (City) | Illinois (State) | 60411 (Zip)
0310450007 G (Generator Number)
U.S. E.P.A. NO. ILD 005536164

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 701 W. 155th Street (Hauler Address) South Holland, Ill. 60473
S.W.H. Registration Number 0079/018
U.S. E.P.A. NO. ILD 069506160

(Hauler Name) | (Hauler Address)
S.W.H. Registration 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)
U.S. E.P.A. NO. IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: [redacted] Solvent Cleaning Wastes F001

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: Wastes - [redacted] | HAZARD CLASS: [redacted] Flammable

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: 005000

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.

K078

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: April 1, 1981

R. W. Niemi (Authorized Signature) R. W. Niemi

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) Donald J. Buell (Authorized Signature) DATE: 04/01/81

(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: 4/1/81

COMMENTS OR SPECIAL INSTRUCTIONS: To 125K T-63 4/1/81 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

002630

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

0452085
Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington (Address) | 312755122303104500007 (Phone Number / Generator Number)
Chicago Heights (City) | Illinois 60411 (State / Zip) | ILD055361641 (EPA Number)

WASTE HAULER(S)

Mr. Frank, INC. Industrial Disposal (Hauler Name) | 201 W. 155th Street South Holland (Hauler Address) | 312 554 3377 (Phone Number) | S.W.H. Registration Number 0079/0804 | ILD069506160 (EPA Number)

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

Hauler Name | Hauler Address | Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Company (Facility Name) | 420 South Colfax (Address) | 91808902 (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: Spent Mixed 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: Tank Truck | HAZARD CLASS: Flammable | F005 (UN or NA Number) | 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: 005000 | 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 R. W. Niemi (Authorized Signature) DATE April 21, 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) ____ (Authorized Signature) DATE 04/21/81

(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 __/__/__

COMMENTS OR SPECIAL INSTRUCTIONS: To 1427 T-50 4/21/81 JTM

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

002032

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

0452096 (1–7)

Authorization Number 997005 (8–13)

Standard T Chemical Co. (Company Name) | 10th & Washington Sts. (Address) | 3127551223 (Phone Number) | 03104500007 (14–23 Generator Number) G (24)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361 64 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th Street South Holland, Ill. (Hauler Address) | S.W.H. Registration Number 0079029 (25–31)

3125963377 (Phone Number) | ILD069506160 (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 Co. (Facility Name) | 420 South Colfax (Address) | 91808902 (39–46 Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370/ IND 016360265 (Phone Number / 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: Spent Mixed 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	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	NA1993	K078

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: 005000 (47–52) | 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One): (DRUMS____ Number) | TANK TRUCK | OPEN TRUCK | OTHER (Specify) _____ (57)

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) R. W. Nierd | DATE: May 29, 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) (Authorized Signature) | DATE: 05/27/81 (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

(Authorized Signature) | DATE: 5/29/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: TO 125R T-43 5/29/81 9PM

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

002031

STATE OF ILLINOIS

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

TO BE COMPLETED BY WASTE GENERATOR

0452099

Authorization Number 997005

Standard T Chemical Co. (Company Name)	10th & Washington Sts. (Address)	3127551223 (Phone Number)	0310450007 (Generator Number)
Chicago Heights (City)	Illinois (State)	60411 (Zip)	ILD055361 64 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name)	201 W. 155th Street (Hauler Address) South Holland, Ill.	3125963377 (Phone Number)	S.W.H. Registration Number 0079025 / ILD069506160 (EPA Number)
(Hauler Name)	(Hauler Address)	(Phone Number)	S.W.H. Registration Number / (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co. (Facility Name)	420 South Colfax (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: Spent Mixed 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:		
Solvent N.O.S.	CRM-B	NA1993 (UN or NA Number)	K078 (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: 005000 (47–52) (GALLONS / 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 _____ (Authorized Signature) R. W. Niemi DATE June 3, 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) _____ (Authorized Signature) DATE 06/03/81 (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.

_____ (Authorized Signature) DATE 6/3/81 (65)

COMMENTS OR SPECIAL INSTRUCTIONS: 1000 TO 124K T-63 6/3/81 JJM
4000 TO 125K T-63

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

002033

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

0471250 (1–7)

Authorization Number 997005 (8–13)

Standard T Chemical Co. (Company Name) | 10th & Washington Sts (Address) | 3127551223031045000 7 (Phone Number 14 | Generator Number 24)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361614 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, IL (Hauler Address) | S.W.H. Registration Number 0079-025 (25–31)

3125963377 (Phone Number) | ILD069506160 (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 Co. (Facility Name) | 420 So. Colfax (Address) | 91808902 (39–46 Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (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: /Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	CRM-E	NA1993	K078

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 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 R W Niemi (Authorized Signature) R. W. Niemi DATE: July 1, 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) Donald H Bell (Authorized Signature) DATE 07/01/81 (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

(Authorized Signature) DATE 7/1/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: TO 126E T-63 7/1/81 gpm

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

002034

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

0471256

Authorization Number 997005

Standard T Chemical	10th & Washington	3127551223	0310450007 G
(Company Name)	Address	Phone Number	Generator Number
Chicago Heights	Illinois	60411	ILD055361 64
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, Ill.	S.W.H. Registration Number 0079009
Hauler Name	Hauler Address	
	3125963377	ILD069506166
	Phone Number	EPA Number
		S.W.H. Registration Number
Hauler Name	Hauler Address	
	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Co.	420 So. Colfax	9180892 02
(Facility Name)	Address	Site Number
Griffith	Indiana	46319
City	State	Zip

2199244370	IND016360265
Phone Number	EPA Number

		Site Number
Alternate (Facility Name)	Address	
City	State	Zip

Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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		
Solvent N.O.S.	ORM-E	NA1993 (UN or NA Number)	K078 (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: 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 R. W. Niemi (Authorized Signature) DATE: August 24, 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) ____ (Authorized Signature) DATE 08/24/81 (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 8/24/81 (61–65)

COMMENTS OR SPECIAL INSTRUCTIONS To 124 R T-63 8/24/81 jm.

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

002035

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

0471259
Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 3127551223 (Phone Number) | 0310450007 G (Generator Number)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361 64 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Ill. (Hauler Address) | S.W.H. Registration Number 007900118

3125963377 (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 Co (Facility Name) | 420 s. Colfax (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: Spent Mixed 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:		
Solvent N.O.S.	ORM-E	NA1993 (UN or NA Number)	K078 (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: 004700 (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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE Sept. 23, 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) _____ (Authorized Signature) DATE 09/23/81

(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 9/23/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 125E- T-63 9/23/81 gpm

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

002036

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

0471263

Authorization Number 997005

Standard T Chemical (Company Name) | 10th & Washington (Address) | 3127551223 (Phone Number) | 0310450007 (Generator Number) G

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361641 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Ill. (Hauler Address) | S.W.H. Registration Number 0079021

3125963377 (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 Co. (Facility Name) | 420 S. Colfax (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: Spent Mixed Solvents (Organic) 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
Solvent N. O. S.	ORM-E	NA1993	K078

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: 004500 (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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE Oct. 1, 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) [signature] (Authorized Signature) DATE 10/01/81

(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 10/1/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 211E T-50 10/1/81 JPM

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

002037

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

0471268

SPECIAL WASTE HAULING MANIFEST

Authorization Number 997005

STANDARD T CHEMICAL CO.

10th & Washington St. | 3127551223 | 0310450007 G

Address | Phone Number | Generator Number

Illinois | 60411 | ILD055361 64

City | State | Zip | EPA Number

WASTE HAULER(S)

Mr. Frank, Inc. | 201 W. 155th St. South Holland, Ill. 60473 | S.W.H. Registration Number 0079023

Hauler Name | Hauler Address

3125963377 | ILD069506160

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 Co. | 420 S. Colfax | 91808902

(Facility Name) | Address | Site Number

Griffith | Indiana | 46319 | 2199244370 | IND016360265

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: Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	NA1993	K078

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: 005000 (1 GALLONS / 2 CU. YDS. (circle one)) 1

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

Number

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) R. W. Niemi DATE: October 16, 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) Tony Grad (Authorized Signature) DATE 10/16/81

(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: 10/16/81

COMMENTS OR SPECIAL INSTRUCTIONS: To 125R T-63 10/16/81 JRM

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

002039

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

0471271

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 3127551223 (Phone Number) | 0310450007 (Generator Number)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD05536164 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. (Hauler Address) | South Holland, Ill. 60477 | S.W.H. Registration Number 0079/029

3125963377 (Phone Number) | ILD069506160 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

XAmerican Chemical Co. (Facility Name) | 420 S. Colfax (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: Spent Mixed 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: Solvent N.O.S.

HAZARD CLASS: ORM-E

NA1993 (UN or NA Number) | K078 (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: 005000 (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) R. W. Niemi DATE October 23, 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) [signature] (Authorized Signature) DATE 10/23/81 (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 10/23/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: TO 126T T-63 10/23/81 JPM

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

[illegible]ON: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

SITE COPY - PART 3

002038

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

0471275 (1–7)

Authorization Number 997005 (8–13)

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 3127551223 (Phone Number) | 0310450007 (14 Generator Number 24) G

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361 64 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Ill. (Hauler Address) | S.W.H. Registration Number 0079009 (25–31)

3125963377 (Phone Number) | ILD069506160 (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 Co. (Facility Name) | 420 S. Colfax (Address) | 91808902 (39–46 Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 / IND016360265 (Phone Number / 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: Spent Mixed 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:		
Solvent N.O.S.	ORM-E	NA1993 (UN or NA Number)	K078 (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: [illegible] 4600 (47–52) (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 R. W. Niemi (Authorized Signature) R. W. Niemi | DATE: November 18, 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) _____ (Authorized Signature) | DATE: 11/18/81 (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: 11/18/81 (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. # 3

SITE COPY - PART 3

To 210 K - T-50 GRH 11/18/81

002040

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

0471276
Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington (Address) | 3127551223 (Phone Number) | 0310450007 (Generator Number) G

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361614 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Ill. 60477 (Hauler Address) | S.W.H. Registration Number 0079/029

3125963377 (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) | 420 S. Colfax (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360026 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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.	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	NA1993	K078

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: ~~00450~~ 00000 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 R. W. Niemiec (Authorized Signature) DATE November 24, 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) _____ (Authorized Signature) DATE 11/24/81

(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 11/24/81

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 211 R TSO GRM 11/24/81

002042

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

0471277

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 3127551223 (Phone Number) | 0310450007 G (Generator Number)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD055361614 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Ill. 60473 (Hauler Address) | S.W.H. Registration Number 0079/029

3125963377 (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) | 420 S. Colfax (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244370/IND016360265 (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: Sp ent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	CRM-E	NA1993	K078

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: 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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE December 1, 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) _____ (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

_____ (Authorized Signature) DATE 12/1/81

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 210K T-50 GRM 12/1/81

002041

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

0471281

Authorization Number 997005

Standard T Chemical	10th & Washington	312-755-1223	0310450007 G
(Company Name)	Address	Phone Number	Generator Number
Chicago Heights	Illinois	60411	ILD055361 64
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, ~~XXX~~ Inc.	201 W. 155th St.	South Holland, Ill. 60473	S.W.H. Registration Number 0079009
Hauler Name	Hauler Address	312-596-8377 Phone Number	ILD069506 16 EPA Number
			S.W.H. Registration Number
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service	420 S. Colfax			91808902
(Facility Name)	Address			Site Number
Griffith	Indiana	46319	219-924-4370	XI N D 016360265
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: Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent NOS	ORM-E	UN1993	K078

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: 04500 (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 R. W. Niemi (Authorized Signature) DATE March 15, 1982

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) Donald H Ruff (Authorized Signature) DATE 03/15/82 (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 3/15/82 (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 # 3

SITE COPY - PART 3 To 124 F T-63 GRM 3/15/82

002766

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

0570676 (1–7)

Authorization Number 997005 (8–13)

Standard T Chemical Co.	10th & Washington St.	312-755-1223	0 3 1 0 4 5 0 0 0 7 G
(Company Name)	Address	Phone Number	(14) Generator Number (24)
Chicago Heights	Illinois	60411	I L D 0 5 5 3 6 1 6 4
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, Ill. 60473	312-596-3377	S.W.H. Registration Number 0 0 7 9 0 6 1 9 (25–31)
Hauler Name	Hauler Address	Phone Number	I L D 0 6 9 5 0 6 1 6 0 EPA Number
			S.W.H. Registration Number (32–38)
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service	420 S. Colfax		9 1 8 0 8 9 0 2 (39–46)
(Facility Name)	Address		Site Number
Griffith	Indiana	46319 219-924-4370	I N D 0 1 6 3 6 0 2 6 5
City	State	(Zip) Phone Number	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: Spent Mixed 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:	UN 1993 (UN or NA Number)	K 0 7 8 (EPA HW Number)
Solvent N.O.S.	ORM-E		

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 0 0 4 0 0 0 (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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE June 21, 1982

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) Tom Berry (Authorized Signature) DATE 06/21/82 (54–59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

(Authorized Signature) DATE 6 21 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 125 RT-63 6RM 6-21-82

002987

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

0570684

Authorization Number 997005

Standard T Chemical Co.	10th & Washington St.	312-755-1223	0310450007 G
(Company Name)	Address	Phone Number	Generator Number
Chicago Heights	Illinois 60411		ILD05536164
City	State Zip		EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th Street	South Holland, Ill. 60473	S.W.H. Registration Number 00790026
Hauler Name	Hauler Address	312-596-3377	ILD069506160
		Phone Number	EPA Number
			S.W.H. Registration Number
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service	420 S. Colfax			91808902
(Facility Name)	Address			Site Number
Griffith	Indiana	46319	219-924-4370	IND016360265
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: Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	UN1993	K078

WEIGHT FOR D.O.T. USE 35,000 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 05000 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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE June 25, 1982

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 06/25/82

(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 6/25/82

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 124K T-63 6PM 6.25.82

002988

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

0570693

Authorization Number 997005

(Company Name)	Address	Phone Number	Generator Number
Standard T Chemical Co.	10th & Washington St.	312-755-1223	0310450007 G

City	State	Zip	EPA Number
Chicago Heights //	Illinois	60411	ILD05536164

WASTE HAULER(S)

Hauler Name	Hauler Address	Phone Number	S.W.H. Registration Number / EPA Number
Mr. Frank, Inc.	201 W. 155th Street	South Holland, Ill. 60473 312-596-3377	0079029 ILD069506160

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

City	State	Zip	Phone Number	EPA Number
Griffith	~~XXXX~~ Indiana	46319	219-924-4370	IND016360265

Alternate (Facility Name)	Address	Site Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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: Solvent N.O.S. HAZARD CLASS: ORM-E UN1993 (UN or NA Number) K078 (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: 05000 (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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE: July 16, 1982

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 07/16/82

(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 7/16/82

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 # 3

SITE COPY - PART 3 TO 205 T-50 GRM 7.16.82

002989

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

0570698

Authorization Number 997005

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 312-755-1222 (Phone Number) | 0 3 1 0 4 5 0 0 0 7 G (14 Generator Number 24)

Chicago Heights, (City) | Illinois (State) | 60411 (Zip) | I L D 0 0 5 5 3 6 1 6 4 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th Street (Hauler Address) | South Holland, Ill. 60473 | S.W.H. Registration Number 0 0 7 9 0 2 6 (25 31)

312-596-3377 (Phone Number) | I L D 0 6 9 5 0 6 1 6 0 (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 Services (Facility Name) | 420 S. Colfax (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

Griffith (City) | Indiana (State) | 46319 (Zip) | 219-924-4370 (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 Spent Mixed 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	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	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 0 0 5 0 0 0 (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 R W Niemi (Authorized Signature) R. W. Niemi | DATE 8/5/82

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) Robert Carlson (Authorized Signature) | DATE 08 05 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

T. Dunkle (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 # 3

SITE COPY - PART 3

002475

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

0570700 (1–7)

Authorization Number (8–13)

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 312-7551223 (Phone Number) | 0 3 1 0 4 5 0 0 0 7 (14–24) Generator Number

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | I L D 0 0 5 5 3 6 1 6 4 EPA Number

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Ill. 60473 (Hauler Address) | 312-596-3377 (Phone Number) | 0 0 7 9 0 19 (25–31) S.W.H. Registration Number | I L D 0 6 9 5 0 6 1 6 0 EPA Number

Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number (32–38) | 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 (39–46) Site Number

Griffith (City) | Indiana (State) | 46319 (Zip) | 219-924-4370 (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: Spent Mixed 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	UN or NA Number	EPA HW Number
SOLVENT N.O.S.	ORM-E	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: 0 0 4 5 0 0 (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 Robert W Niemi (Authorized Signature) R. W. Niemi DATE August 26, 1982

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 08/26/82 (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 8/26/82 (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. # 3

SITE COPY - PART 3 TO 210E 7.50 8/31 8-26-82

002476

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

0570701
1 7

Authorization Number 8 13

Standard T Chemical Co.	10th & Washington St.	312-755-1223	0 3 1 0 4 5 0 0 0 7 G
(Company Name)	Address	Phone Number	14 Generator Number 24
Chicago Heights	Illinois	60411	I L D 0 0 5 5 3 6 1 6 4
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, Ill. 60473		S.W.H. Registration Number 0 0 7 9 0 29 (25 31)
Hauler Name	Hauler Address	312-596-3377	I L D 0 6 9 5 0 6 1 6 0
		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 Chemical Service	420 S. Colfax			9 1 8 0 8 9 0 2
(Facility Name)	Address			39 Site Number 46
Griffith	Indiana	46319	219-924-4370	I N D 0 1 6 3 6 0 2 6 5
City	State	Zip	Phone Number	EPA Number
				39 Site Number 46
Alternate (Facility Name)	Address			
City	State	Zip	Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	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 47 0 0 5 0 0 0 52 (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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE September 8, 1982

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) Donald H Beck (Authorized Signature) DATE 09/08/82 (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 9/8/82 (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 # 3

SITE COPY - PART 3 TO 211E T-50 GLM 9.8.82

002477

STATE OF ILLINOIS

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

0570702

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 312-755-1223 (Phone Number) | 0 3 1 0 4 5 0 0 0 7 G (Generator Number)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | I L D 0 0 5 5 3 6 1 6 4 (EPA Number)

WASTE HAULER(S)

Mr. Frank (Hauler Name) | 201 W. 155th Street South Holland, Ill. 60473 (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 1 9

312-596-3377 (Phone Number) | I L D 0 6 9 5 0 6 1 6 0 (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 (Address) | 9 1 8 0 8 9 0 2 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 219-924-4370 (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: Spent Mixed 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: Solvent N.O.S. | HAZARD CLASS: ORM-E | U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (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 004400 (~~005000~~) | 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 R. W. Niemi (Authorized Signature) R. W. Niemi | DATE September 16, 1982

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) Donald H Burt (Authorized Signature) | DATE 09/16/82

(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

R Niemi (Authorized Signature) | DATE 9/16/82

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 # 3

SITE COPY - PART 3

To 125 RT-63 GRM 9.16.82 002478

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

0570704

Authorization Number 000000

Standard T Chemical Co.	10th & Washington St.	312-755-1223	0310450007
(Company Name)	Address	Phone Number	Generator Number

Chicago Heights	Illinois	6041	ILD005536164
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, INc.	201 W. 155th St. South Holland, Ill. 60473	S.W.H. Registration Number 0079025
Hauler Name	Hauler Address	
	312-596-3377	ILD069506160
	Phone Number	EPA Number

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service	420 S. Colfax			91808902
(Facility Name)	Address			Site Number
Griffith	Indiana	46319	219-924-4370	IND016360265
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: Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	UN1993	D001

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: 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 R. W. Niemi (Authorized Signature) R. W. Niemi DATE Sept. 23, 1982

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) Mike Loefer (Authorized Signature) DATE: 9/23/82

(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 9/23/82

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 # 3

SITE COPY - PART 3

To 210 R7-50 GRM 9.23.82

002479

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

0586456

Authorization Number

Standard T Chemical Co. (Company Name) | 10th & Washington St. (Address) | 312-755-1223 (Phone Number) | 0310450007G (Generator Number)

Chicago Heights (City) | Illinois (State) | 60411 (Zip) | ILD005536164 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th Street South Holland, Ill. 60473 (Hauler Address) | S.W.H. Registration Number 0079009

312-596-3377 (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) | 420 S. Colfax (Address) | 91808902 (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: Spent Mixed 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:	UN or NA Number	EPA HW Number
Solvent N.O.S.	ORM-E	UN1993	D001

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: 05000 | 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 R. W. Niemi (Authorized Signature) R. W. Niemi | DATE November 8, 1982

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 11/08/82

(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 11/8/82

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 # 3

SITE COPY - PART 3

TO 210 FT-SD GLM 11.8.82

002480

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0081949

Authorization Number

WASTE GENERATOR

Standard T Chemical 16th & Wisconsin St
(Company Name) Address

Chicago Heights Illinois 60423
City State Zip

031-045-000-26
Generator Number

WASTE HAULER(S)

(1) VANDENBERG TRANSPORT ISSUES ECOLOGIC
Hauler Name Hauler Address

S.W.H. Registration Number 031 [illegible]
ILD 044 194 414

(2)
Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical 505 S Colfax
(Facility Name) Address

41205412
Site Number

Griffin In 46319
City State Zip

IND 013 662 657

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Solvent-Melt/Lacq

WASTE PHASE: Liquid
(Liquid, Gaseous, Solid)

D001
Ignitable

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

SHIPPING DESCRIPTION: UN 1993

HAZARD CLASS: Flammable Liq.

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: 7-22-83

W. Wapienik
(Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 002000 (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) Tom Quinlan
(Authorized Signature) DATE: 7/22/83

(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: 7/22/83

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

To211RT-50 GRM 7-22-83 05322

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

0586502

Authorization Number 812420

STANDARD T CHEMICAL CO. (Company Name) | 10bh & WASHINGTON (Address) | (312) 755-1223 (Phone Number) | 0310450007 (Generator Number)

CHICAGO HEIGHTS (City) | ILLINOIS (State) | 60411 (Zip) | ILD005536164 (EPA Number)

WASTE HAULER(S)

STRAND TRANSPORT (Hauler Name) | 13642 S. Kenton, Crestwood, ILL (Hauler Address) | S.W.H. Registration Number 0311012

312 354 5440 (Phone Number) | IND006463190 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name) | 505 S. Colfax (Address) | 0180890002 (Site Number)

Griffin (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: PAINT SLUDGE/TANK BOTTOMS WASTE PHASE: SEMI-LIQUID (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: FLAMMABLE LIQUID N.O.S. HAZARD CLASS: FLAMMABLE LIQUID

UN1993 (UN or NA Number) D001 (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 4000 (1 GALLONS (Circle One) .2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) (DRUMS 30 (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 (Authorized Signature) LANE H. JOHNSON DATE: 9/9/83

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) (Authorized Signature) DATE 9/9/83

(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

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

On dock 9.9.83 To 204 ET-50 GRM1 9-20-83

006101

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

0824326

Authorization Number [redacted]

STANDARD T CHEMICAL CO (Company Name)	105h & Washington (Address)	(312) 755-2223 (Phone Number)	0 3 1 0 4 5 0 0 0 7 G (Generator Number)
CHICAGO HEIGHTS (City)	ILLINOIS (State)	60411 (Zip)	0 0 5 5 3 6 1 6 4 I L D [redacted] (EPA Number)

WASTE HAULER(S)

VANDERHYDEN SEPTIC TANK SERVICE (Hauler Name)	18340 LeCLAIRE AVE. TINLEY PARK, ILL 60477 (Hauler Address)	(312) 385-7671 (Phone Number)	S.W.H. Registration Number 0 3 1 8 0 1 / EPA Number I L D 0 4 8 2 9 4 9 0 4
STRAND TRANSPORT (Hauler Name)	13642 S. Kenton, Crestwood, ILL (Hauler Address)	(312) 385-8440 (Phone Number)	S.W.H. Registration Number 0 3 1 1 EPA Number I N D 0 0 6 4 6 8 1 0

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL (Facility Name)	505 S. Colfax (Address)			9 1 8 0 8 9 0 2 (Site Number)
GRIFFIN (City)	INDIANA (State)	46319 (Zip)	(312) 718-3410 (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: PAINT SLUDGE/TANK BOTTOMS WASTE PHASE: SEMI-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:		
FLAMMABLE LIQUID N.O.S.	FLAMMABLE LIQUID	U N 1 9 9 3 (UN or NA Number)	D 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 7800 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 1 3 0 0 (47–52) 1 GALLONS (Circle One) / 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 26 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 U.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Lane H. Johnson (Authorized Signature) LANE H. JOHNSON DATE: 9/13/83

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) _____ (Authorized Signature) DATE: 9/13/83 (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 9/13/83 (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

On deck. To 204E T-50 GPM 9-20-83

006100

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.: ILD005197652 — 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: NEW NAME - STAR FINISHING PRODUCTS, INC 360 SHORE DR. HINSDALE ILL, 60521
4. Generator's Phone (312) 654-8650

A. State Manifest Document Number: INA 0335053
B. State Generator's ID: IL. 0434190002
C. State Transporter's ID: IL0311
D. Transporter's Phone: (312) 331-8440
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: STRAND TRUCKING
6. Use EPA ID Number: ILD000646810
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, INC. 420 S. COLFAX GRIFFITH, INDIANA
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 FLAMMABLE LIQUID NOS, FLAMMABLE LIQUID UN. 1993 TOLUOL	7	DM	385	G	F005
b. WASTE FLAMMABLE LIQUID NOS, FLAMMABLE LIQUID UN. 1993 ACETONE	13	DM	715	G	F003
c. WASTE FLAMMABLE LIQUID NOS FLAMMABLE LIQUID UN. 1993 STILL BOTTOMS	22	DM	1210	G	F005 & F003
d.					

J. Additional Descriptions for Materials Listed Above: WASTE SOLVENTS 18,619 LBS.

K. Handling Codes for Wastes Listed Above: SEE ATACHED FORM

15. Special Handling Instructions and Additional Information: SEE ATACHED LAND DISPOSAL RESTRICTION NOTIFICATION (40 CFR PART 268.7)

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: HAROLD M. OLSON — Signature: Harold M Olson — Date: Month 05 Day 25 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND — 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
N: 1237KT63 5/31
B: 126KT63 5/31
C: 17-204KT50 5/31
4-204KT50 5/31
1-NARMESHALE 8/18/89 914152

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 8 Day 26 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 0335053

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0016673

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 9-30-9*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.9.7.6.5.2 — Manifest Document No.: 0.0.0.0.2
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: STAR FINISHING PRODUCTS, INC. 360 SHORE DR. HINSDALE IL 60521
4. Generator's Phone (708) 654 8650

A. State Manifest Document Number: INA 0335032
B. State Generator's ID: IL. 0434190002
C. State Transporter's ID: IL 0311
D. Transporter's Phone: (312) 331-8440
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

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 CO. INC. 420 S COLFAX GRIFFITH, IND
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. WASTE FLAMMABLE LIQUID NOS. FLAMMABLE LIQUID UN 1993 TOLUOL	12	DM	660	G	F005
b. WASTE FLAMMABLE LIQUID NOS. FLAMMABLE LIQUID UN 1993 ACETONE	3	DM	165	G	F003
c. WASTE FLAMMABLE LIQUID NOS. FLAMMABLE LIQUID UN 1993 STILL BOTTOMS	17	DM	935	G	F003 F005
d.					

J. Additional Descriptions for Materials Listed Above: WASTE SOLVENTS 13,798 LBS.
K. Handling Codes for Wastes Listed Above: SEE ATTACHED FORM

15. Special Handling Instructions and Additional Information: SEE ATTACHED LAND DISPOSAL RESTRICTIONS NOTIFICATION (40 CFR PART 268.7)

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: HAROLD M. OLSON — Signature: Harold M. Olson — Date: Month 01 Day 19 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STAN STRAND — Signature: Stan Strand — Date: Month 01 Day 19 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space
A: 12-126VCT63 1/23 B: 3/26VCT63 1/23 C: 15-204VCT50 1/23
1 - MARINE SNALE 2/13/90 915939
10 GAL-204R TSO 6/11/90
45 GAL MARINE SNALE 6/12/90 903743

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 01 Day 19 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 0335032

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0018206

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0083336

WASTE GENERATOR

Authorization Number 993637

STAR CHEMICAL CO, INC (Company Name) 360 SHORE DRIVE (Address)

ILD005197652

HINSDALE, (City) ILL (State) 60521 (Zip)

0434520001 G (Generator Number)

WASTE HAULER(S)

(1) TECHNICAL PETROLEUM CO. (Hauler Name) 6233 N. PULASKI (Hauler Address) CHICAGO, ILL. 60646

S.W.H. Registration Number 0625002

(2) (Hauler Name) (Hauler Address)

S.W.H. Registration 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)

TND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: METHYLETHYL KETONE

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:
HAZARDOUS	HAZARDOUS
METHYLETHYL KETONE	
FLAMMABLE	FLAMMABLE

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: 9/15/81 Harold M Oerst (Authorized Signature) F005

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 11 drums (47–52) 1 GALLONS 2 CU. YDS. (Circle One) 605 (53)

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 9/15/81 (54–59)

(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 Neuck (Authorized Signature) DATE: 09/15/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 9/15/81
TO 204TK T-50 9/16/81.

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

001897

TO BE COMPLETED BY WAS.E GENERATOR

STATE OF ILLINOIS

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

0083337

Authorization Number 993637

STAR CHEMICAL CO. INC. (Company Name) 360 SHORE DR. (Address)
I.L.D. 005197652
HINSDALE (City) ILLINOIS (State) 60521 (Zip)
043452000 1 G (Generator Number)

WASTE HAULER(S)

(1) TECHNICAL PETROLEUM CO. (Hauler Name) 6233 N. PULASKI (Hauler Address) S.W.H. Registration Number 062500
CHICAGO, ILL. 60646

(2) _____ (Hauler Name) _____ (Hauler Address) S.W.H. Registration 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) IND011636265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: METHYL ETHYL KEYTONE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMME[illegible]

SHIPPING DESCRIPTION:

HAZARDOUS [illegible]S

FLAMMABLE [illegible]ABLE

7 drms 385 gal.

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PAC[illegible] IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. [illegible]R CONDITION FOR TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2-17-82 Harold M. Olsen (Authorized Signature)

WASTE HAULER*

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

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] (7) (Authorized Signature) DATE: 2/16/82 (54–59)

(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: 2/23/82 (65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-880

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

SITE COPY - PART 3

On dock 2/23/82
To 210 Tk T-50 6RM 2/23/82

003185

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

0621203

Authorization Number 993637

STAR CHEMICAL CO., INC. (Company Name) 360 SHORE DR. (Address) 3126548650 (Phone Number) 0434520001 (Generator Number)

HINSDALE (City) ILL. (State) 60521 (Zip) ILD005197652 (EPA Number)

WASTE HAULER(S)

TECHNICAL PETROLEUM CO. (Hauler Name) 6233 N. PULASKI (Hauler Address) S.W.H. Registration Number 0625001

3124635200 (Phone Number) ILD005441696 (EPA Number)

CHICAGO, ILL. 60646 (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) 3127683400 (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: ORGANIC 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: ACETONE HAZARD CLASS: FLAMMABLE UN1090 (UN or NA Number) F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 400 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 220 (1 GALLONS (Circle One) 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) (DRUMS 4 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 Harold M. Olsen (Authorized Signature) DATE: 6-9-82

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) David Mont Technical (Authorized Signature) DATE: 6/14/8.

(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 6/15/8.

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 On dock 6-15-82 To 210 FT-50 GEM 6-21-82

003163

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

0621204
Authorization Number [redacted]

STAR CHEMICAL CO, INC. | 360 SHORE DR. | 312 654 8650 | 0 4 3 4 5 2 0 0 0 1 G
(Company Name) | Address | Phone Number | Generator Number

HINSDALE | IL | 60521 | I L D 0 0 5 1 9 7 6 5 2
City | State | Zip | EPA Number

WASTE HAULER(S)

TECHNICAL PETROLEUM CO. | 6233 N. PULASKI | S.W.H. Registration Number 0 6 2 5 0 0 2
Hauler Name | Hauler Address

3124635200 | I L D 0 0 5 4 4 1 6 9 6
Phone Number | EPA Number

CHICAGO, ILL 60646 | S.W.H. Registration Number
Hauler Name | Hauler Address

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE | 420 S. COLFAX AVE. | 9 1 8 0 8 9 0 2
(Facility Name) | Address | Site Number

GRIFFITH | IND. | 46319 | 3127683400 | 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: ORGANIC 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:		
ACETONE	FLAMMABLE	U N 1 0 9 0 (UN or NA Number)	F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 4000 LBS / TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 550 (1 GALLONS / 2 CU YDS. Circle One)

METHOD OF SHIPMENT (Circle One) (DRUMS 10 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 Harold M. Olson (Authorized Signature) DATE: 11-4-82

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) _____ (Authorized Signature) DATE: 11/4/82

(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:

Frank Jones Price (Authorized Signature) DATE: 11/17/82

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2

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 Tk T-50 GBM

003784

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. 005 191 051 . . .
Manifest Document No.: . . . 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
STARKEY CHEMICAL
9600 W. OGDEN AVE
LA GRANGE, IL 708 352-2565
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0379607
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK INC
6. Use EPA ID Number: ILD .984775049 . . . .
C. State Transporter's ID: 0079
D. Transporter's Phone: 708-720-0700

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 INC
420 S. COLFAX AVE
GRIFFITH, IN 46319
10. Use 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS FLAMMABLE LIQUID UN 1993	1	T/T	1040	1	F003 F005
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.

GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
H HURWITZ V.P.		08	27	90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
PETER C. RAUEN		08	27	90

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	Signature	Date Month	Day	Year
FOSTER DUNPHE		08	27	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.

INA 0379607

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

212CT50 08/27/90

0018208

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.E.C.5.1.1.C.5.1	Manifest Document No. 000.0.1	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: STARKEY CHEMICAL PROCESS CO.
9600 W. OGDEN AVE
LAGRANGE, IL 60525

4. Generator's Phone (708) 352-7565

A. State Manifest Document Number: INA 0345094
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK INC
6. Use EPA ID Number: I.L.D.9.8.4.7.7.5.0.4
C. State Transporter's ID: 0079
D. Transporter's Phone: 708 481-3221

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: AMERICHEM CHEMICAL SERVICE
420 S. COLFAX AVE
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. FLAMMABLE LIQUID N.O.S. FLAMMABLE UN-1993	001	TT	03800	1	F003 F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE SOLVENTS

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.

GENERATOR — Printed/Typed Name: | Signature: | Date: Month / Day / Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH J. KOOINGA | Signature: Joseph J Kooinga | Date: Month 2 Day 4 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month / Day / Year

FACILITY

19. Discrepancy Indication Space: 212 TONS 4/4/4

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 04 Day 24 Year 90

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.

INA0345094

0018207

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. MID006013080 Manifest Document No. 00115

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
State Plating & Finishing
840 Cottage Grove SE , Grand Rapids, MI 49507
~~Grand Rapids MI~~

4. Generator's Phone ( ) 616 245-0535

A. State Manifest Document Number: MI 0501185

B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal

6. US EPA ID Number: MID055855373

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
American Chemical Service
420 S. Colfax P.O. Box 150
Griffith, IN 46315

10. US 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). HM -H		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	x	Paint Related Material NA 1263 Flammable Liquid	001	DM	00055	GAL	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: Richard E. O'Beshaw
Signature: [signature]
Date: Month 06 Day 14 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Looks
Signature: James Looks
Date: Month 06 Day 14 Year 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: FRANK PRICE
Signature: Frank Price
Date: Month 6 Day 6 Year 85

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)

PR 5110 Rev 7/84

TSDF COPY

204 K T-SO 009288

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006013080 — Manifest Document No.: 000022
2. Page 1 of 1
Information is not required by law.

3. Generator's Name and Mailing Address
State Plating & Finishing
840 Cottage Grove SE Grand Rapids, MI 49507

4. Generator's Phone (616) 245-0535

A. State Manifest Document: MI 0633956

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID055855 532 722

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
American Chemical Service
420 S. Colfax P.O. Box 150
Griffith, IN 46315

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	Paint Related Material NA 1263 Flammable Liq	001	DM	00055	GAL	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: Richard O'Beshaw — Signature: Richard O'Beshaw — Date (Month Day Year): 09 24 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma — Signature: Jim Reitsma — Date (Month Day Year): 09 24 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 Day Year): 9 26 85

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 PR 5110 Rev. 7/84

204 K 7-50

009289

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. MID006013080 Manifest Document No. 00030
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
State Plating & Finishing
850 Cottage Grove SE Grand Rapids, MI 49507

4. Generator's Phone (616) 245-0535

A. State Manifest Document Number MI 0633910
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 (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID055855373
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax P.O. Box 150
Griffith, IN 46315
10. US EPA ID Number: IND016360265

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	Paint related material NA 1263 Flammable Liquid	001	DM	00055	GAL	0001	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	Signature	Date Month Day Year
Richard E. O'Beshaw	[signature]	032486

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Earl W. Coons	[signature]	032486

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	032686

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 204TCTSO

011701

PR 5110 Rev. 7/84

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.: MID006130080 — Manifest Document No.: 35331

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
STATE PLATING & FINISHING
840 Cottage Grove SE, Grand Rapids, MI 49507

4. Generator's Phone (616) 245-0535

A. State Manifest Document Number: IN 035331

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
420 S. Colfax, P.O. Box 150
Griffith, IN 46315

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 PAINT RELATED MATERIAL Flammable Liquid NA1263		DM		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: MARK TILBERT — Signature: [signature] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year

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: [illegible] — Signature: [signature] — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

IN 035331

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

GRM 1-204 R T 50 18 oc

011702

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.: MID006130080 — Manifest Document No.: 99046

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: STATE PLATING & FINISHING
840 Cottage Grove SE, Grand Rapids, MI 49507

4. Generator's Phone (616) 245-0535

A. State Manifest Document Number: IN 099046

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	Waste No.
a. WASTE PAINT RELATED MATERIAL (IGNITABLE) Flammable Liquid NA1263	1	DM	50	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: [illegible] — Signature: [illegible] — Month Day Year: 06 26 92

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 06 26 92

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 F. Schmidt — Signature: [illegible] — Month Day Year: 06 26 92

GENERATOR / TRANSPORTER / FACILITY

IN 099046

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

MRK T.S.D. DETACH AND RETAIN THIS COPY 1-204F T50E

012377

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI0200330

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard, P. O. Box 1967, Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood S. W., Wyoming, MI. 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	UN 1993	07	1	CT				X	3000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped: MO. DAY YEAR 10 01 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 639

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch R

Subsequent transporter(s) signature(s): ③

Date(s) Received: 10 1 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 10 1 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 204 KT-50 6RM 10.1.82

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI0200350

003187

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard P. O. Box 1967 Grand Rapids, MI. 49501	Transporters Address 2650 Thornwood S. W. Wyoming, MI. 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	UN 1993	07	1	CT				X	4800	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: Gary D. Egleston ① MGR-CNV'L/ENERGY

Date Shipped MO. DAY YEAR: 110282

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 100282

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 11282

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 424-8802 24 HOURS PER DAY.

TO211KT-60 GRM 11.3.82 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MIU200351

003-67

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase, Inc.	Valley City Refuse, Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood S. W. Wyoming, MI. 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name)	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	UN 1993	07	1	CT				X	155100	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS: Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 11/15/82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1: 638 — Transporter Signature ②: Butch Rgema — Date(s) Received: 11/15/82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③:

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④: [signature] — ☒ Accepted ☐ Rejected — Date Received: 11/15/82

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

T BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT
RS PER DAY.

To 211 RT-50 GAL 11/15/82

TSDF COPY

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI0200554

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard, P. O. Box 1967, Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood S. W., Wyoming, MI. 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	U.N. 1993	07	1	CT				X	5500	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.
F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. *I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.*

Generator Signature: David Rinard
① Environmental Engineer

Date Shipped: MO. DAY YEAR 11/1/82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 638

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch Rozema

Subsequent transporter(s) signature(s): ③

Date(s) Received: 11/1/82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 11/1/82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 210 KT-50 GKM 11/1/82

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MIU200355

03370

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI. 49501	Transporters Address 2650 Thornwood S. W. Wyoming, MI. 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number 616 , 247-2996	Phone Number 616 , 538-8499	Phone Number 219 , 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	U.N. 1993	017	1	CT				X	02500	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions:

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard
① Environmental Engineer

Date Shipped MO. DAY YEAR: 12 15 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 634

Transporter Signature: ② Butch K

Date(s) Received: 12 15 82

Subsequent Transporter Vehicle I.D. No's:

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery:

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 12 15 82

Describe any significant discrepancies between manifest and shipment:

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY TO 118 T-50 6PM 12-15-82

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ 6 Waste ☐ Other MI 0200352

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse, Inc.	American Chemical Service, Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	**Transporters Address** 2650 Thornwood S. W. Wyoming, MI. 49509	**Facility Address** 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	**Phone Number** (616) 538-8499	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MIDOO6016547	**Transporter's EPA I.D. Number** MID055955373	**Facility Site EPA I.D. Number** IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	UN 1993	017	1	CT				X	13590	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 1.1.983

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1: 639 — Transporter Signature ②: Butch R — Date(s) Received: 1.1.983

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④: T Dunbee — ☒ Accepted ☐ Rejected — Date Received: 1.10.83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T0210 RT-506M 1.10.83

TSDF COPY

05453

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI0200353

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse, Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard, P. O. Box 1967, Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood S. W., Wyoming, MI. 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Flammable Liquid N.O.S.	Flammable	UN 1993	07	1	CT				X	5000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 2/14/83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 638

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch R — Date(s) Received: 2/14/83

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ Bob Mauck

Facility Site EPA I.D. Number: IND016360265

[X] Accepted ☐ Rejected

Date Received: 02/14/83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211 KT-50 GRM 2-11-83

TSDF COPY

005444

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0200396

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood S. W. Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MIDOO6016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: INDO16360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name)	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid NO.S.	Flammable	UN 1993	03	1	CT				X	150010	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR COMPLETES

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard
① Environmental Engineer

Date Shipped MO. DAY YEAR: 12 15 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 6381

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch Rogers

Subsequent transporter(s) signature(s): ③

Date(s) Received: 12 15 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ Bob Mauck

Facility Site EPA I.D. Number: IND016360265

☑ Accepted ☐ Rejected

Date Received: 02 17 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY To 210K T-58 GAL 2.17.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0200398

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard P. O. Box 1967 Grand Rapids, MI. 49501	Transporters Address: 2650 Thornwood S. W. Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	55100	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY. YEAR: 12 5 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 639 — Transporter Signature: ② Butch K — Date(s) Received: 12 5 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] IND016360265 — ☒ Accepted ☐ Rejected — Date Received: 12 28 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211K T-50 GRM 2.28.83

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0200397**

IDENTIFICATION

Generator's Name: Steelcase Inc.	Primary Transporter's Name: Valley City Refuse Inc.	Treatment, Storage or Disposal Facility: American Chemical Service Inc.
Site Address: Attn. David Rinard, P. O. Box 1967, Grand Rapids MI 49501	Transporters Address: 2650 Thornwood Ave. S. W., Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	G Flammable	UN 1993	08	1	CT				X	5000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 30183

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1: 639

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch R — Date(s) Received: 030183

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ Bob Mauck

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 030183

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T0211KT-50 GRM 3.1.83

TSDF COPY

0J6004

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238648

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number 616) 538-8499	Phone Number 219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID 055955373	Facility Site EPA I.D. Number IND 016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	15000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Eng. — Date Shipped MO. DAY YEAR: 03 08 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1: 639 — Transporter Signature ②: [illegible] — Date(s) Received: 03 08 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④: [signature] — ☒ Accepted ☐ Rejected — Date Received: 3 9 83

Facility Site EPA I.D. Number: IND 016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY T0210KT-50 GRM 3.9.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0200399**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P.O. Box 1967 Grand Rapids, MI 49501	**Transporters Address** 2650 Thornwood S. W. Wyoming, MI 49509	**Facility Address** 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number 616) 247-2996	**Phone Number** (616) 538-8499	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	**Transporter's EPA I.D. Number** MID055955373	**Facility Site EPA I.D. Number** IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name)	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	50090	GAL.	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ①Environmental Engineer — Date Shipped MO. DAY YEAR: 03 04 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 639 — Transporter Signature: ② Buck R — Date(s) Received: 03 04 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery:

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ Bob Mauck — ☒ Accepted ☐ Rejected — Date Received: 03 09 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment:

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY. To 211 FT-50 GRM 3.4.83

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238647**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
STEELCASE INC.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn: David Rinard, P. O. Box 1967, Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood Ave. S. W., Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID 006016547	Transporter's EPA I.D. Number: MID 055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	5000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① David Rinard, Environmental Eng

Date Shipped MO. DAY YEAR: 31583

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Kozema

Date(s) Received: 31583

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 31583

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO210KT-50 GRM 3-15-83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238652

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924=4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	15000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 3 22 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639 — Transporter Signature: ② Butch R — Date(s) Received: 3 22 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ J Douglas — Facility Site EPA I.D. Number IND016360615 — ☒ Accepted ☐ Rejected — Date Received 3 22 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 24-8802 24 HOURS PER DAY.

TSDF COPY TO210KT-5006RM 3-22-83

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238653

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	**Transporters Address** 2650 Thornwood Ave. S. W. Wyoming, MI 49509	**Facility Address** 420 S. Colfax Ave. Griffith, IN 46319
Phone Number (616) 247-2996	**Phone Number** (616) 538-8499	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	**Transporter's EPA I.D. Number** MID055955373	**Facility Site EPA I.D. Number** IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	55000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ①Environmental Engineer — Date Shipped MO. DAY YEAR: 3 29 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639 — Transporter Signature: ② Butch R — Date(s) Received: 3 29 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number IND016360265 — ☒ Accepted ☐ Rejected — Date Received 3 29 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTE 00—424-8802 24 HOURS PER DAY.

TSDF COPY TO210RT-50 6RM 3.29.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238654

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
• Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S. W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, IN 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT				X	150 00	GAL	F 0 0 3
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① David Rinard, Environmental Engineer — Date Shipped MO. DAY YEAR: 3 13 / 18 3

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639 — Transporter Signature ② Butch R — Date(s) Received: 3 13 / 18 3

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received 4 4 83

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 RT-50 GRN/ 4.4.83

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238661

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	15000	GAL.	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 04 06 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 638 — Transporter Signature: ② — Date(s) Received: 04 06 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ — ☒ Accepted ☐ Rejected — Date Received: 4 7 83

Facility Site EPA I.D. Number: IND016360765

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER 800—424-8802 24 HOURS PER DAY: To 210 ET-50 6PM 4-7-83

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238662**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S. W. Wyoming, MI 49509	Facility Address 420 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID 085955373	Facility Site EPA I.D. Number IND 016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	018	1	CT				X	15990	Gal	F 10 0 13
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① David Rinard Environmental Engineer — Date Shipped MO. DAY YEAR: 4,15,83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. **No. 1** 538

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Butch Rogers — Date(s) Received: 4,15,83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ J Rinehart — ☒ Accepted ☐ Rejected — Date Received 4 15 83

Facility Site EPA I.D. Number IND 016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY. To210 ET-50 6RM 4.15.83

TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238663**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID 055955373	Facility Site EPA I.D. Number IND 016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	~~1~~ 5000	Gal.	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 04 21 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Russell L Heninger

Date(s) Received: 04 21 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND 016360265

☒ Accepted ☐ Rejected

Date Received: 4 22 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211 RT-50 GRY 4-22-83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0305207**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase, Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn.: David Rinard, 1120 - 36th St., P.O. Box 1967, Grand Rapids, MI 49508	Transporters Address: 2650 Thornwood Ave., S. W., Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MMID006016547	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08		CT		X			5000	GEL	F003
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.
F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 9 30 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830364

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Rezima — Date(s) Received: 9 30 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ F. Dunfee

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 10 3 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY To 211RT-50GRM 10.3.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

XX Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI** 0305208

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120-36th St., P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name)	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08		CT		X			T 5000	GAL	F003
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.
F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 10 06 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Russell L Heminge — Date(s) Received: 10 06 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 10 6 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO210 FT-50 GRM 10-6-83 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0238660

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	4500	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 04 26 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 213-8

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Arnold Dykstra — Date(s) Received: 04 26 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [X] Accepted [ ] Rejected — Date Received: 4 26 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY

TO 211 FT-50 GRW 4·26·83

006012

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0238659

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	15000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 05 04 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 639

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 05 04 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 5 4 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 117RT-50 GRM 5.4.83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238658

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S.W. Wyoming, MI 49509	Facility Address 820 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2986	Phone Number (616) 538-8499	Phone Number (219) 942-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID 055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	018	1	CT				X	150000	Gal.	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR COMPLETES

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 5/1/83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1 639 — Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② — Subsequent transporter(s) signature(s) ③ — Date(s) Received: 5/1/83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — Facility Site EPA I.D. Number — ☒ Accepted ☐ Rejected — Date Received: 5/1/83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T020SRT-50 6RM 5-11-83

TSDF COPY

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0238664

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Avenue, S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Avenue Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID 055955373	Facility Site EPA I.D. Number IND 015360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	5000 + ~~6000~~	Gal.	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean up spills with non sparking tools.

K005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 05 12 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H-830365

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Russell L Henninger

Date(s) Received: 05 19 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number: IND 015360265

[X] Accepted [ ] Rejected

Date Received: 5 19 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211 FC T-50 GRM 5/19/83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238655**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard, P. O. Box 1967, Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood Ave. S. W., Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055955373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	4800	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.
F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard
① Environmental Engineer

Date Shipped MO. DAY YEAR: 06 03 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 4830364

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 06 03 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 6 3 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 211 E T-50 GRAY 6-3-83 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238650**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address	**Transporters Address**	**Facility Address**
Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	2650 Thornwood Ave. S. W. Wyoming, MI 49509	420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 247-2996	(616) 538-8499	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006016547	MID055955373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT				X	5000 ~~4000~~	GAL	F 0 0 3
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Eng. — Date Shipped MO. DAY YEAR: 05 26 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H839367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Russell L Hemminger — Date(s) Received: 05 26 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 5 26 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211 KT-50 6RM 5-26-83

TSDF COPY

R 4896
Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238649**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S. W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID 055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT				X	5000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Eng

Date Shipped MO. DAY YEAR: 06 10 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830364

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 061083

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 61083

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

006016

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238651**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S. W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924=4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055955373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT				X	15990	GAL	F 0 0 3
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Eng. — Date Shipped MO. DAY YEAR: 6 16 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830364 — Transporter Signature: ② Butch Koeman — Date(s) Received: 6 16 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☐ Accepted ☐ Rejected — Date Received: 6 16 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 205 RT-50 GRM 6/6/83 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

R 4896 Rev. 8/81

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238656**

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	**Transporters Address** 2650 Thornwood Ave. S. W. Wyoming, MI 49509	**Facility Address** 420 S. Colfax Ave. Griffith, IN 46319
Phone Number (616) 247-2996	**Phone Number** 616) 538-8499	**Phone Number** 219) 924-4370
Generator's Site EPA I.D. Number MID006016547	**Transporter's EPA I.D. Number** MID055955373	**Facility Site EPA I.D. Number** IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT				x	5000	GAL	F 0 0 3
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① David Rinard Environmental Engineer — Date Shipped MO. DAY YEAR: 6 23 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 [illegible] — Transporter Signature ② Butch Rogers — Date(s) Received: 6 23 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 62383

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TUTTLE CHILL 6.23.83

C 06202

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238676**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT		X			5000	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 6 30 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Kosina — Date(s) Received: 6 30 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected — Date Received: 6 30 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY T-50 To 211 R 6/30/83 Jim Murphy

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other **MI 0238677**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn. David Rinard, P. O. Box 1967, Grand Rapids, MI 49501	Transporters Address: 2650 Thornwood Ave. S.W., Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT		X			5090	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 07 11 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature] — Date(s) Received: 07 11 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number: IND016360265 — [X] Accepted [ ] Rejected — Date Received: 7 11 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

PILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 424-8802 24 HOURS PER DAY.

T0210KT-50 GRM 7.11.83 TSDF COPY

006022

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238678

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	**Transporters Address** 2650 Thornwood Ave., S.W. Wyoming, MI 49509	**Facility Address** 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	**Phone Number** (616) 538-8499	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	**Transporter's EPA I.D. Number** MID055855373	**Facility Site EPA I.D. Number** IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT		X			1590	GAL	F 0 0 3
2.													
3.													
4.													
5.													
6.													

COMMENTS Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 7,18,83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 230364 — Transporter Signature: ② Butch Powers — Date(s) Received: 7,18,83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 7 18 83

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY. To 210R T-50 GKH 7.18.83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238679

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard P. O. Box 1967 Grand Rapids, MI 49501	Transporters Address 2650 Thornwood Ave. S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number 616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT		X			150100	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 12 27 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1: 830367 — Transporter Signature ②: Ruth Reyna — Date(s) Received: 12 27 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received: 1 2 84

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211KT-50 GRA TSDF COPY 7-28-83

J6024

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238684**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120 36th Street, P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid NO.S. (xylene)	Flammable	UN 1993	08	1	CT		x			5000	GAL.	F003
2.	(toluene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 08 01 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830364

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 08 01 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIO[illegible] 800—424-8802 24 HOURS PER DAY.

To 211K T-50 GEN TSDF COPY 8.1.83

006025

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0238685

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn: Mr. David Rinard 1120 36th Street P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	RQ Waste Flammable Liquid NoO.S.	Flammable	UN 1993	08	1	CT		X			5000	GAL.	F003
2.	(Xylene)(Toluene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.
F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard
① Environmental Engineer

Date Shipped MO. DAY YEAR: 08 09 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 08 09 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 8 10 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY TO 211 KT-50 GRM 8-10-83

006026

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238686**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn. David Rinard 1120 36th Street P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT		X			5000	GAL.	F003
2.	(Xylene)(Toluene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.
F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard
① Environmental Engineer

Date Shipped MO. DAY YEAR: 8 1 8 8 3

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830364

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Rogers

Subsequent transporter(s) signature(s) ③

Date(s) Received: 8 1 8 8 3

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number

☒ Accepted ☐ Rejected

Date Received: 8 19 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T0211ET-50 GRM 8.19.83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238683**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120 36th Street, P.O. Box 1967 Grand Rapid, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID 006016547	Transporter's EPA I.D. Number MID 055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08	1	CT		X			T6000	GAL.	F003
2.	(Xylene)(Toluene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 082283

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Russell L Heminger

Subsequent transporter(s) signature(s) ③

Date(s) Received: 082283

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 82383

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211 RT-50 GRM 8-23-83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0326929**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase INC.	Valley City Refuse Disp	American Chemical Serv.
Site Address: ATTN: Dave Rinard, 1120-36th Street PO Box 1967, Grand Rapids Mi 49508	Transporter's Address: 2650 Thornwood Ave SW, Wyoming Mi, 49509	Facility Address: 420 S Colfax Ave, Griffith IND. 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.S. D.O.T. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	RQ Waste Flamable Liquid NOS.	Flamable	UN 1993	08	1	CT		X			5000	Gals	F003
2.	(Xylene) (Toluene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open Flame away. Clean up Spills with Non-Sparking Tools.
F005 - Still Bottoms

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① David Rinard, Env. Eng.

Date Shipped MO. DAY YEAR: 08 30 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1: 1830364

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch Rezema

Date(s) Received: 08 30 83

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number:

☒ Accepted ☐ Rejected

Date Received: 8 30 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO21PET-50 GRM 8-30-83

TSDF COPY

006028

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238696**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120 -36th St., P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8		CT		X			5000	GAL	F 0 0 3
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 9 1 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830262

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature]

Subsequent transporter(s) signature(s) ③

Date(s) Received: 9 1 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 9 2 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211KT-50 GRM 9-2-83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238692**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120- 36th St., P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number 616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0,8		CT		X			55000	GAL	F003
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ①Environmental Engineer — Date Shipped MO. DAY YEAR: 9 19 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. **No. 1** 83,9367

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Browne — Date(s) Received: 9 19 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ J. Drake — ☒ Accepted ☐ Rejected — Date Received: 9 12 83

Facility Site EPA I.D. Number: IND016360615

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 210 RT-506 RM 9.12.83 TSDF COPY

0360 5

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0238694

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn.: David Rinard, 1120 - 36th St., P.O. Box 1967, Grand Rapids, MI 49508	Transporters Address: 2650 Thornwood Ave., S.W., Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave., Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08		CT		X			5000	GAL	F003
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 9 19 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1: 830367

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch Bozeme

Subsequent transporter(s) signature(s): ③

Date(s) Received: 9 19 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 9 20 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO210KT-50 GRM 9.20.83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238693**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address: Attn.: David Rinard 1120 - 36th St., P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address: 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address: 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number: (616) 247-2996	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006016547	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT		X			5000	Gal	F 0 0 3
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 9 13 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1: 830864

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Butch Rayme — Date(s) Received: 9 13 83

Subsequent transporter(s) signature(s): ③ Russell J Hemingen — 09 13 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 9 14 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 FT-50 GRM 9.14.83 TSDF COPY

006034

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0238695**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120 -36th St., P.O. Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	08		CT		X			5000	GAL	F003
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer

Date Shipped MO. DAY YEAR: 9 21 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830364

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Rozema

Date(s) Received: 9 21 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received: 9 22 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 KT-50 GRM 9-22-83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0238691

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Steelcase Inc.	Valley City Refuse Inc.	American Chemical Service Inc.
Site Address Attn.: David Rinard 1120 - 36th Street, P.O.Box 1967 Grand Rapids, MI 49508	Transporters Address 2650 Thornwood Ave., S.W. Wyoming, MI 49509	Facility Address 420 S. Colfax Ave. Griffith, Indiana 46319
Phone Number (616) 247-2996	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006016547	Transporter's EPA I.D. Number MID055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	R.Q. Waste Flammable Liquid N.O.S.	Flammable	UN 1993	0 8	1	CT		X			5000	GAL	F 0 0 3
2.	(Toluene) (Xylene)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep open flame away. Clean-up spills with non-sparking tools.

F005 (Still Bottoms)

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: David Rinard ① Environmental Engineer — Date Shipped MO. DAY YEAR: 09 26 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1 H-830367 — Transporter Signature ② Russell Flemings — Date(s) Received: 09 26 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received: 9 27 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY. To 211 RT-50 GRM 9-27-83

TSDF COPY

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 981 093 57
Manifest Document No.: 6589E
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Stelton
520 W. Madison Street, Oak Park, IL 60302

4. Generator's Phone (312) 386-3392

A. State Manifest Document Number

B. State Generator's ID ~~097 190 5851~~ 031 225 5006

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	I. Waste No.
a.	HM X RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	3	DM	145	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: JOHN C STELTON
Signature: [signature]
Month 4 Day 12 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LAWRENCE A. GODBOLD
Signature: [signature]
Month 4 Day 12 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: [signature]
Month 6 Day 17 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.

126TCT63 6/80

TSDF COPY

0016671

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.: ILD981093571 — Manifest Document No.: 9268B

2. Page 1 of 6

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Stelton
520 West Madiso, Oak Park, IL 60302

4. Generator's Phone (312) 386-3392

A. State Manifest Document Number

B. State Generator's ID: 0312 255 006

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 AVNUE
GRIFFITH, IN 46319

10. US 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.	HM X RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	001	dm	00057	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: JOHN STELTON — Signature: John Stelton — Month Day Year: 10 3 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: VINCENT E. AGUILAR — Signature: [signature] — Month Day Year: 10 03 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: Steve Kulavick — Month Day Year: 10 06 89

Style F15 REV-6 LABELMASTER, Div of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

123TCT83 8/9

TSDF COPY

0016672

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. ILD018193706 — 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
STEMBRIDGE MFG. CO.
600 FACTORY ROAD, ADDISON, IL. 60101

4. Generator's Phone (312) 543-0600

5. Transporter 1 Company Name — 6. US EPA ID Number
LANDGREBE MOTOR TRANSIT — IND098428824

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address — 10. US EPA ID Number
AMERICAN CHEMICAL SERVICE
4295. COLFAX, PO BOX 190
GRIFFITH, IN. 46319 — IEN: 0163-602-65

A. Illinois Manifest Document Number: IL 1170167

B. Illinois Generator's ID: 0430050080

C. Illinois Tranporter's ID: 1875

D. (219) 462-4181 Transporter's Phone

E. Illinois Transporter's ID: 1875

F. ( ) Transporter's Phone

G. Illinois Facility's ID

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	Waste No.
GENERATOR a.	SPENT NON-HALOGENATED SOLVENT (i) F003		2	DR	100	GL	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: 700 LBS — NA 1993 UN

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
LACQUER THINNER FLAMMABLE
FLASH POINT 40° F.T.C.C.

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: EMIL BRAD — Signature: Emil Brad — Date: Month Day Year 02 25 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LANDGREBE Motors Philip Lyons — Signature: Philip L Lyons — Date: Month Day Year 02 25 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
500 gal
460

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 KILANICK — Signature: Steve Kilanick — Date: Month Day Year 02 26 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

204RT-50 ✓ 011077

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610 735
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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 018193706 — Manifest Document No. 0010 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

GENERATOR

8. Generator's Name and Mailing Address
Stenbridge Manufacturing Company
600 Factory Road
Addison, IL 60101
4. Generator's Phone ( ) (312) 543-0600

A. Illinois Manifest Document Number: IL 5 1742954

B. Illinois Generator's ID: 0 4 3 0 0 5 0 0 8 0

5. Transporter 1 Company Name: Landgrebe Motor Transit — 6. US EPA ID Number: IN. 009842824

C. Illinois Transporter's ID: [illegible] 875

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
429 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID

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	Waste No.
a. Spent Nonhalogenated Solvent (1) F003 - UN. 1993		001	DM	00055	1	EPA HW Number: XXF003
b.						EPA HW Number: XX
c.						EPA HW Number: XX
d.						EPA HW Number: XX

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
Laquer Thinner, Flammable Flash Point 40° F.T.C.C.

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: Emil Brad — Signature: Emil Brad — Date: Month 11 Day 05 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Landgrebe-Fred Tucker — Signature: Fred K. Tucker — Date: Month 11 Day 05 Year 86

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. — Date

Printed/Typed Name: HARRLO F. Schmidt — Signature: Harold Schmidt — Date: Month 11 Day 06 Year 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

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

GMH 1-12-89 PTBU

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. 2050-0039, Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD088193706 | Manifest Document No.: 002 | 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
STEMBRIDGE MFG. CO.
600 Factory Road, Addison, Il. 60101

A. Illinois Manifest Document Number: IL 1742959

4. Generator's Phone (312) 543-0600

B. Illinois Generator's ID: 0 4 3 0 0 5 0 0 8 0

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT | 6. US EPA ID Number: IN0009842824

C. Illinois Tranporter's ID: 0 8 7 5

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
429 S. Colfax, PO Box 190
Griffith, Ind. 46319

10. US EPA ID Number: IN0016360265

G. Illinois 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	L Waste No.
a.	Spent Nonhalogenated Solvent (1) F-003-UN 1993		001	DM	00055	1	EPA HW Number XXF003 Authorization Number
b.							EPA HW Number XX Authorization Number
c.							EPA HW Number XX Authorization Number
d.							EPA HW Number XX Authorization Number

J. Additional Descriptions for Materials Listed Above
350 LBS

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
Laquer Thinner, Flamable Flash Point 40° F.T.C.C.

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: EMIL BRAD | Signature: Emil Brad | Date: Month Day Year 0 1 2 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Fred. L. Koselke | Signature: Fred. L. Koselke | Date: Month Day Year 0 1 2 8 7

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: Howard F. Hundt | Signature: Howard F. Hundt | Date: Month Day Year 01 23 87

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.

Fed. Agency is authorized to require pursuant to Unites Rev. Act Statutes 1982 Chapter 111½ Section 241 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 $10,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

MAR 1-23-87 T-22 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

IL532-0610
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. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD018193706
Manifest Document No.: 9
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
Stembridge Mfg. Co.
600 Factory Road, Addison, IL. 60101
4. Generator's Phone (312) 543-0600

A. Illinois Manifest Document Number: IL 1742966
B. Illinois Generator's ID: 0 4 3 0 0 5 0 0 8 0

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. US EPA ID Number: IN0009842824
C. Illinois Tranporter's ID: 0 8 7 5
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
429 S. Colfax, PO. Box 190
Griffit, Ind. 46319
10. US EPA ID Number: IN0016360265
G. Illinois 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Spent Nonhaloguenated Solvent (1) F-003 UH-1993		0 0 1	D M	0 0 0 5 5	1	EPA HW Number: X X F 0 0 3; Authorization Number:
b. UN 1993						EPA HW Number: X X; Authorization Number:
c.						EPA HW Number: X X; Authorization Number:
d.						EPA HW Number: X X; Authorization Number:

GENERATOR

J. Additional Descriptions for Materials Listed Above
350 LBS.

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
Laquer Thinner, Flamable, Flash Point 40° F.T.C.C.

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: EMIL BRAD. Signature: [signature] Date: Month Day Year 07 29 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clifford Voff Signature: [signature] Date: Month Day Year 7 29 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 in item 19.
Printed/Typed Name: HAROLD E. SCHMIDT Signature: [signature] Date: Month Day Year 07 30 87

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. 12

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

The Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2, Section 22, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Publication of this information may result in a fine up to $10,000 per day of violation or imprisonment up to 6 years. This form is to be approved by the Forms Management Center.

FACILITY COPY - PART 3

012375

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 8 5 4 3 5 1 7 7 0
Manifest Document No.: 5 7 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
Stepan Company Attn: J. Furlan
Rural Route #1
Elwood, IL 60421

4. Generator's Phone (815) 727-4944

A. State Manifest Document Number: INA 0114721
B. State Generator's ID: 1970350002 IL

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
C. State Transporter's ID: 0079 IL
D. Transporter's Phone: (312) 596-3377

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
Colfax Ave & C&O Railroad
PO Box 190
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: 9180890002 IL
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 Flammable Liquid, N.O.S. Flammable Liquid UN1993 (EPA Ignitibility)	0 0 1	T	0 3 4 4 0	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
U-Foam Alcohol Bottoms
(Contains Isopropanol)

K. Handling Codes for Wastes Listed Above
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
See attached M.D.S.
Weight for D.O.T. Usage 29,140

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: Melvin L. Frost
Signature: [signature]
Month 04 Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E MILBURN
Signature: [signature]
Month 04 Day [illegible] 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 Item 19.
Printed/Typed Name: F DUNFEE
Signature: [signature]
Month 04 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 0114721

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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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
STERLINE MANUFACTURING CORPORATION
4410 NORTH OAKLEY BOULEVARD
CHICAGO ILLINOIS 60612

4. Generator's Phone (312) 226-1555

A. Illinois Manifest Document Number: IL 1497649

B. Illinois Generator's ID: 0316285012

5. Transporter 1 Company Name: ROSKIN MOTOR SERVICES

6. US EPA ID Number: ILD045695715

C. Illinois Transporter's ID: 1400

D. (312) 261-7236 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
GRIFFIN IND.

10. US EPA ID Number: IND 016360265

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)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	HM XX ORM- PERCHLORETHYLENE ORM-A UN 1897	2	DM	100	1	EPA HW Number: F001 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 government regulations, and Illinois regulations.

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Printed/Typed Name	Signature	Date Month Day Year
TIMOTHY D WITHERINGTON	Timothy D Witherington	02 07 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
CLARENCE NEAL	Clarence Neal	

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
STEVE KULAUKK	Steve Kulauk	03 [illegible] 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

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

120797.63
011090

HAZARDOUS WASTE MANIFEST

1

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Sterling Reflector 4534 W North Chgo Il 60639 276 3250	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 W Roosevelt Chgo Il 60650 261 7236	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	Ind016360265	American Chemical Griffith In 46319 312 768 3400	9/23/83
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)
2 dr		F001	Perchlor	1897		None	55g	100g		

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

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To 118K T-63 EKM 9-21-83

004306

IL 532-610
LPC 62 8/84

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

0939878

Authorization Number

Sterling Reflector & Mfg. (Company Name) | 4534 ~~W~~ North Ave. (Address) | 312 276-3250 (Phone Number) | 0316250002G (Generator Number)

Chicago (City) | Il. (State) | 60639 (Zip) | EPA Number

WASTE HAULER(S)

H. ROSKIN (Hauler Name) | 4710 W. ROOSEVELT (Hauler Address) | S.W.H. Registration Number 1400001

312-261-7236 (Phone Number) | ILD045695715 (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) | Address | Site Number

GRIFFITH (City) | IN (State) | 46319 (Zip) | 312-768-3400 (Phone Number) | EPA Number

Alternate (Facility Name) | Address | 91808902 (Site Number)

City | State | Zip | Phone Number | IND016360265 (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: PERCHLOR | 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: PERCHLOR | HAZARD CLASS: ORM-A | 1897 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 1,000 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 100 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS 2 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: 5-17-84

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: 5/20/84

(2) [signature] (Authorized Signature) DATE: 5/22/84

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:

(Authorized Signature) DATE: 5/22/84

COMMENTS OR SPECIAL INSTRUCTIONS: [signature]

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

119TC T-63

006294

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.: 0316255002 — Manifest Document No.: 0007

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
Sterling Reflector & Mfg. Co.
4534 W. North Ave. Chicago, IL. 60639

4. Generator's Phone (312) 276-3250

A. Illinois Manifest Document Number: IL 1115096

B. Illinois Generator's ID: 1013162151

5. Transporter 1 Company Name: H. Roskin

6. US EPA ID Number: IO 45695715

C. Illinois Tranporter's ID: 114010

D. (312) 261-7236 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
Griffith, IN. 46319

10. US EPA ID Number
~~ILD005002~~
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Perchlor ORM-A UN1897		3	DM	150	G	EPA HW Number: P001 / 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: James A. Maclegan — Signature: James A. MacLegan — Date (Month Day Year): 12 17 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLEMENS NEAL — Signature: H Roskin — 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: R Rushak — Signature: R Rushak — Date (Month Day Year): 12 21 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

122K T-63

006295

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. 0316255002 Manifest Document No. 0001

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
Sterling Reflector & Mfg Co.
4534 W. North Ave. Chicago, Il. 60639

4. Generator's Phone (312) 276-3250

A. Illinois Manifest Document Number IL 1115097

B. Illinois Generator's ID 0 3 1 6 2 5 5 0 0 2

5. Transporter 1 Company Name: H. Roskin

6. US EPA ID Number: DO 45695715

C. Illinois Tranporter's ID 1 4 0 0

D. (312) 261-7236 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
Griffith, In. 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 2

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	Waste No.
a.		Perchlor ORM-A UN1897	3	DM	150	G	EPA HW Number E 0 0 1 / 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: James A. MacLagan | Signature: James A. MacLagan | Date: Month 10 Day 15 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: H ROSKIN | Signature: Willie Smith | Date: Month 10 Day 15 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: EDUN FEE | Signature: E Dunfee | Date: Month 1 Day 27 Year 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

Hold TD039281

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.: 0316255002 | Manifest Document No.: 0001

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
Sterling Reflector & Mfg. Co.
4534 West North Ave.
Chicago, Il. 60639

4. Generator's Phone (312) 276-3250

A. Illinois Manifest Document Number: IL 1115098

B. Illinois Generator's ID: 0316255002

C. Illinois Tranporter's ID: 1400

D. (312-261-7236 Transporter's Phone

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

5. Transporter 1 Company Name: H. Roskin | 6. US EPA ID Number: DO45695715

7. Transporter 2 Company Name | 8. US EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, Ind. 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.	Perchlor ORM-A UN1897		2	DM	100	G	EPA HW Number: B001; 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	Signature	Date (Month Day Year)
James A. MacLagan	James A. MacLagan	3 4 86

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)
H. ROSKIN	H. Roskin	

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	03 05 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

120 BT 1846

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. 0316255002 — 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.

GENERATOR

3. Generator's Name and Mailing Address
Sterling Reflector & Mfg. Co.
4534 W. North Ave.
Chicago, IL. 60639
4. Generator's Phone (312 276-3250

A. Illinois Manifest Document Number IL 1115099
B. Illinois Generator's ID 0 3 1 6 2 5 5 0 0 2
C. Illinois Tranporter's ID [illegible]
D. (312) 261-7236 Transporter's Phone
E. Illinois Transporter's ID [illegible]
F. [illegible] Transporter's Phone
G. Illinois Facility's ID 9 1 8 0 8 9 0 0 2
H. Facility's Phone (312) 768-3400

5. Transporter 1 Company Name: H. Roskin — 6. US EPA ID Number: D045695715
7. Transporter 2 Company Name — 8. US EPA ID Number
9. Designated Facility Name and Site Address: American Chemical Service, Griffith, IN. 46319 — 10. US EPA ID Number: IND016360265

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. Perchlor ORM-A UN1897		2	DM	100	G	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

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)
James A. MacLagan	James A. MacLagan	8 19 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
CLARENCE NEAL	Clarence Neal	8 26 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)
GMURPHY	G Murphy	08 25 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

IBT 1837

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.: 03 1 6 25 5 00 2
Manifest Document No.: 00 0 01
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Sterling Refelctor & Mfg. Co.
4534 W. North Ave. Chicago, Il. 60639
4. Generator's Phone (312) 276-3250

A. State Manifest Document Number: IN 090967
B. State Generator's ID:

5. Transporter 1 Company Name: H. Roskin
6. US EPA ID Number: 0 0 45 69 5 7 15
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 261-7236

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
Griffith, IN. 46319
10. US EPA ID Number: I N D 0 16 3 60 2 65
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. Perchlor ORM - A UN1897	00 2	D M	0 01 00	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.

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

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year

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 07 25 87

IN 090967

EPA Form 8700-22A (Rev. 11-85) 2-1BTC TG3 B UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

012373

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.: I L D 0 0 5 2 0 0 0 9 2 0 0 0 0 1

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sterling Reflector & Mfg. Co.
4534 W. North Ave.
Chicago, Il. 60639
4. Generator's Phone: 312 276-3250

A. State Manifest Document Number: IN 090966

B. State Generator's ID: 0316255002

5. Transporter 1 Company Name: Summit Services, Inc.

6. US EPA ID Number: I L D 9 8 0 7 9 3 0 5 3

C. State Transporter's ID: 2190

D. Transporter's Phone: 312 978-6382

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, Co.
Colfax & Redar Road
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: 219 924-4370

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	Waste No.
GENERATOR a. Waste flammabel liquid, N.O.S. Flammable liquid UN 1993.	0 1 4	D M	0 0 7 7 0	G	D001
b. Waste flammable liquid, N.O.S. Flammable UN1993	0 0 1	D M	0 0 3 0	G	D001
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

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 Item 19

Printed/Typed Name	Signature	Month	Day	Year
THOMAS J. MURPHY	Thomas J. Murphy	06	03	87

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

15-125 TE TG3B

090966 IN

012372

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. D B 1 6 2 5 5 0 0 2 — Manifest Document No. 0 0 0 0 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name
Sterling Reflector & Mfg. Co.
4534 W. North Ave. Chicago, IL. 60639
4. Generator's Phone (312) 276-3250

A. State Manifest Document Number IN 090965
B. State Generator's ID

5. Transporter 1 Company Name
H. Roskin
6. US EPA ID Number D D R 5 6 8 5 7 1 5
C. State Transporter's ID 1400
D. Transporter's Phone 312 261-7236

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
Griffith, IN. 46319
10. US EPA ID Number I N D 0 0 1 6 3 6 0 2 6 5
G. State Facility's ID
H. Facility's Phone 312 768-3400

GENERATOR

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	15. Waste No.
a. Perchlor OPM - A UN1897	0 0 2	D M	0 0 1 0 0	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.

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Printed/Typed Name	Signature	Month	Day	Year
James A. MacLaggan				

TRANSPORTER

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

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	Month	Day	Year
HAROLD F. Schmidt	Harold F. Schmidt	0 9	2 0	8 7

IN 090965

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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012371

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.0.0.5.2.0.0.0.9.2
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
Sterling Reflector 4534 W North Av.
Chicago Il 60639
4. Generator's Phone (312) 276 3250

A. State Manifest Document Number: INA 0205885
B. State Generator's ID:
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9343
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: I.L.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: 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. Perchlor ORM-A UN 1897	2	DM	100	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.

GENERATOR

Printed/Typed Name: JIM SANCHEZ
Signature: Jim Sanchez
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: Harold F. Schmidt
Signature:
Date: Month 04 Day 05 Year 89

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 0205885

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 2-) AT T&S 4/11/89

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

0015211

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.: I L D 0 0 5 2 0 0 0 9 2 | Manifest Document No.: 0001 2
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
Sterling Reflector 4534 W North
Chicago IL 60639
4. Generator's Phone: 312/276-3250

A. State Manifest Document Number: INA 0249471
B. State Generator's ID:
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9343
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 3127683400

5. Transporter 1 Company Name: H Roskin
6. Use EPA ID Number: I L 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: I N D 0 1 6 3 6 0 5 6 2

GENERATOR

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. Perchlor ORM-A UN 1897	3	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: JIM SANCHEZ | Signature: [signature] | Date: Month 12 Day 07 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL | Signature: [signature] | Date: Month 12 Day 10 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: WHITAKER N | Signature: [signature] | Date: Month 12 Day 16 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 0249471

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 3-1202 765 1/18/89

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

0015212

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 0 0 5 2 0 0 0 9 2
Manifest Document No.: 0 2 2 2 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
Sterling Reflector
4534 W North Chicago IL [illegible] 60639
4. Generator's Phone (312)

A. State Manifest Document Number: INA 0322617
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlorethylene ORM-A UN 1897	3	DM	150	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

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GENERATOR — Printed/Typed Name: J.E. Smith — Signature: [signature] — Date: Month 3 Day 1 Year 89

TRANSPORTER
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

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: [signature] — Date: Month 3 Day 3 Year 89

1BRT63 4/4/89

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.

INA 0322617

0016670

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.	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.
I.L.D.0.5.2.0.0.0.9.2	11159		

GENERATOR

3. Generator's Name and Mailing Address
Sterling Reflector
4534 W North Chicago IL 60639
4. Generator's Phone (312) 276 3250

A. State Manifest Document Number: INA 0322675
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlorethylene ORM-A UN 1897	2	DM	100	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.

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Printed/Typed Name: Jeffrey S. Dec | Signature: [signature] | Date: Month 12 Day 18 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL | Signature: [signature] | Date: Month 12 Day 18 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 in Item 19.
Printed/Typed Name: WHITACRE H | Signature: [signature] | Date: Month 12 Day 19 Year 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

PRETREATED

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 0322675

0016669

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.: OHD139475597 4
Manifest Document No.: 91909
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name
Steve Grabke's Body Shop
835 Warehouse Rd., Toledo, OH 43615

4. Generator's Phone (419) 389-1891

A. State Manifest Document Number: IN 091909
B. State Generator's ID:

5. Transporter 1 Company Name: A&B Industrial Services, Inc.
6. US EPA ID Number: MID017167222
C. State Transporter's ID:
D. Transporter's Phone: (616)375-9595

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
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Paint Related Material Flammable Liquid NA 1263	0015	DM	1615	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] Signature: [illegible] Month Day Year: 07 07 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David Kuilema Signature: David Kuilema Month Day Year: 07 07 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: HARRIED F. Schmidt Signature: [illegible] Month Day Year: 07 14 87

GENERATOR / TRANSPORTER / FACILITY

IN 091909

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

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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. / Manifest Document No.: OHD139475974 0000 1
2. Page 1 of: 7
Information in the shaded areas is not required by Federal law

3. Generator's Name
Steve Grabke's Body shop
835 Warehouse Road Toledo, OH 43615
4. Generator's Phone 419) 389-1891

A. State Manifest Document Number: IN 034153
B. State Generator's ID:

5. Transporter 1 Company Name: A & B Industrial Service, Inc.
6. US EPA ID Number: MID017167222
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595

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: IND063002165
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.
GENERATOR a. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263	12	DM	110	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	Signature	Month	Day	Year
		12	17	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
		12	17	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	Signature	Month	Day	Year
Harold F. Schmidt	Harold F. Schmidt	12	28	87

IN 034153

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

2-126 T-63 12/29/87 T.S.D. DETACH AND RETAIN THIS COPY

013270

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.: O·H·D·1·3·9·4·7·5·9·7·4
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
Steve Grabke's Body Shop
835 Warehouse Rd. Toledo, OH 43615
4. Generator's Phone (419) 389-1891

A. State Manifest Document Number: INA 0159753
B. State Generator's ID:

5. Transporter 1 Company Name: A & B INDUSTRIAL SERVICES
6. Use EPA ID Number: M·I·D·0·1·7·1·6·7·2·2·2
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595

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
820 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
GENERATOR a.	RQ WASTE PAINT RELATED MATERIAL(F003) FLAMMABLE LIQUID NA1263	003	D M	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	Signature	Month	Day	Year
GENERATOR	DAVID G IGNATOWICZ				

TRANSPORTER 17. Transporter 1 Acknowledgement of Receipt of Materials	Michael F. Miller				
18. Transporter 2 Acknowledgement of Receipt of Materials					

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	A Whitaker				

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 0159753

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

126TF63 7/14

014692

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.: OHD 139 475 974
Manifest Document No.: 21488B
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Steve Grabke's Body Shop
835 Warehouse Road Toledo, OH 43615
4. Generator's Phone (419) 389-1891

A. State Manifest Document Number:
B. State Generator's ID:

5. Transporter 1 Company Name: ADCOM EXPRESS
6. US EPA ID Number: ILD 047 267 364
C. State Transporter's ID: 0367
D. Transporter's Phone: 312-429-3013

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
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)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263 (F003)	X	3	DM	150	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	Signature	Month	Day	Year
			1	

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	2	1	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	Signature	Month	Day	Year
[illegible]	[illegible]	2	30	89

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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TSDF COPY

0017442

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.: OHD 139 475 974
Manifest Document No.: 071189A
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Steve Grabke's Body Shop
835 Warehouse Rd Toledo, OH 43615
4. Generator's Phone (419) 389-1891

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 265555
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	X	2	DM	106	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 | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | 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 | 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.

TSDF COPY

0017443

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

TO BE COMPLETED BY WASTE GENERATOR

0323410

Exempt

Authorization Number

Stuart Industrial Coatings 11740 So. Front St
(Company Name) Address 312-928-0202
Chicago ILL 60628
City State Zip

0316000286 G
Generator Number

WASTE HAULER(S)

American Chemical Ser. 420 So. Colfax Ave Griffith Ind.
Hauler Name Hauler Address

S.W.H. Registration Number 0024002

Strand Truck 13647 Henton 312-768-3400 Oak Lawn
Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser. 420 So. Colfax Ave
(Facility Name) Address

91808902
Site Number

Griffith Indiana 46319
City State Zip

IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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: Dirty Solvent

HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 2,500 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000275

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: 9/20/82

C J Kowalski
(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) Stan Strand
(Authorized Signature)

DATE: 9/20/82

(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:

Michael C Perry
(Authorized Signature)

DATE: 9/20/82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637 **24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*** OUTSIDE ILLINOIS 800 / 424-880

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

T0124KT-63 GRW 9.20.82

SITE COPY - PART 3

002574

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

Exempt

0323412

Authorization Number

Stuart Industrial Coatings (Company Name) 11740 So. Front (Address)
Chicago (City) ILL (State) 60628 (Zip)
0 3 1 6 0 0 0 2 2 6 G (Generator Number)

WASTE HAULER(S)

American Chemical Ser. (Hauler Name) 420 So. Colfax Ave (Hauler Address) Griffith, Ind (S.W.H. Registration Number) C 0 2 4 0 0 2 IN D 0 1 6 3 6 0 2 6 5

STRAND TRUCKING (Hauler Name) (312) 385-8440 13642 S. KENTON (Hauler Address) CRESTWOOD, ILL (S.W.H. Registration Number) ILD 0 0 0 6 4 1 6 8 1 C

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser (Facility Name) 420 So. Colfax Ave (Address)
Griffith (City) Indiana (State) 46319 (Zip) IND 016360265
2 1 8 0 3 9 0 2 (Site Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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:
Dirty Solvent	Flammable Liquid
	UN 1993

WEIGHT FOR D.O.T. USE 3995 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000495 (47–52)

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

METHOD OF SHIPMENT (Circle One) 9 (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: 7/8/83 P.J. Kowalski (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: 7/8/83 (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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 7/9/83 (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

On dock 7-8-83 To204K T-50 ERM 7-26-83

SITE COPY - PART 3

006057

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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

0323411

EXEMPT

Authorization Number

Stuart Industrial Coatings 11740 So. Front St.
(Company Name) 312-928-0202 Address

0 3 1 6 0 0 0 2 8 6 G
Generator Number

Chicago, Ill. _____ 60628
City State Zip

WASTE HAULER(S)

American Chemical Ser. 420 So. Colfax Griffith, Ind.
Hauler Name Hauler Address 312-365-6440

S.W.H. Registration Number 0 0 2 4 9 0 1

Stuart Trucking 13642 Fenton
Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser. 420 So. Colfax 312-765-3460 9 1 8 0 8 9 0 2
(Facility Name) Address Site Number

Griffith Indiana 46319 Ind.016360265
City State Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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:	WEIGHT FOR D.O.T. USE
Dirty Solvent	FLAMMABLE LIQUID	3150 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000385 (1) GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 70 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.

FOOS
UN 1993

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3-3-93 P.J. Kowalski
(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) Stan Stuart DATE: 3/3/93
(Authorized Signature)

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

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 Burg DATE: 3/3/93
(Authorized Signature)

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 204K T-50 Rec'd 3/15/93

SITE COPY - PART 3

003774

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

1002547 (1–7)

Authorization Number Exempt (8–13)

TO BE COMPLETED BY WASTE GENERATOR

Stuart Ind. Coating (Company Name) | 11740 So. Front (Address) | 312 928-0202 (Phone Number) | 0316005286 (14–24 Generator Number)

Chicago (City) | ILL (State) | 60628 (Zip) | ILD005065925 (EPA Number)

WASTE HAULER(S)

Strand Trucking (Hauler Name) | 13642 Kenton-Crestwood (Hauler Address) | S.W.H. Registration Number 0024A112 (25–31)

312-385-8440 (Phone Number) | ILT000646810 (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 So. Colfax Ave. | 9180890002 (39–46 Site Number)

Griffith (City) | Ind. (State) | 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: Waste 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:	UN or NA Number	EPA HW Number
Dirty Solvent	Flammable Liquid	UN1993	D001

WEIGHT FOR D.O.T. USE: 4800 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 00660 (47–52) | 1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 12 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: 9/19/84

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) | DATE: 9/19/84 (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: 9 19 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

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006291

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

1002548

Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

Stuart Ind. Coatings (Company Name) | 11740 So Front St. (Address) | 3129280202 (Phone Number) | 0316005286 (Generator Number)

Chicago (City) | ILL (State) | 60628 (Zip) | ILD005065925 (EPA Number)

WASTE HAULER(S)

STRAND TRUCKING (Hauler Name) | 13642 S. KENTON (Hauler Address) CRESTWOOD ILL. | 3123858440 (Phone Number) | S.W.H. Registration Number 0311 NOT ISSUED | ILD000646810 (EPA Number)

AMERICAN CHEM. (Hauler Name) | 420 S. COLFAX (Hauler Address) GRIFFITH, IND. | 3127683400 (Phone Number) | S.W.H. Registration Number 0024001 | IND016360265 (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chem. Service (Facility Name) | 420 So. Colfax Ave. (Address) | 918089 0002 (Site Number)

Griffith (City) | Indiana (State) | (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: Waste 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:	UN or NA Number	EPA HW Number
Dirty Solvent	Flammable Liquid	UN1993	D001

WEIGHT FOR D.O.T. USE: 1600 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000220 (1 GALLONS) 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) (DRUMS 4 Number) TANK TRUCK OPEN TRUCK (OTHER (Specify) UAN)

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 CJ Kowalski (Authorized Signature) DATE: 11/8/85

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 Patton (Authorized Signature) DATE: 11/8/85

(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: 11/8/85

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

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STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
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. ILD005065925 — 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
Stuart Industrial Coatings, Inc.
11740 So. Front St. Chicago, Ill 60628

A. Illinois Manifest Document Number IL 1173971

4. Generator's Phone (312) 928-0202

B. Illinois Generator's ID 0 3 1 6 0 0 5 2 8 6

5. Transporter 1 Company Name Landgrebe Motor Trsp. — 6. US EPA ID Number IND009842824

C. Illinois Tranporter's ID 1 1 8 7 5

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 Service
420 So. Colfax Ave.
Griffith, Ind.

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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
GENERATOR a.	Waste Solvent Flammable Liquid UN 1993	X	006	DM	00330	G	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

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)
C.J. Kowalski	C.J. Kowalski	4 3 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Landgrebe Motor Trsp.	4/3/85	4 3 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	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	4 5 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 FT-50

009284

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY. DIVISION OF LAND POLLUTION

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved [illegible] 2050-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 0 6 5 9 2 5 — 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
Stuart Industrial Coatings Inc.
11740 So. Front St. Chicago, Ill. 60628

4. Generator's Phone (312) 928-0202

A. Illinois Manifest Document Number IL 1173972

B. Illinois Generator's ID 0 3 1 6 0 0 5 2 8 6

5. Transporter 1 Company Name: STRAND TRUCKING INC.

6. US EPA ID Number: I L D 0 0 0 6 4 6 8 1 0

C. Illinois Tranporter's ID 0 3 1 1 1

D. (312) 385-8440 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 So. Colfax Ave
Griffith, Ind 46319

10. US EPA ID Number: I N D 0 0 1 6 3 6 0 2 6 5

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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a.	Waste Solvent Flammable Liquid UN-1993		004	DM	00220	1	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

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)
C.J. Kowalski	C J Kowalski	7 3 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JAMES BATTEN	James Batten	07 03 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	Signature	Date (Month Day Year)
MICHAEL O. BURKE	Michael O Burke	07 03 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

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FACILITY COPY - PART 3

125 R T-63

009285

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. ILD005065925 — 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
Stuart Industrial Coatings
11740 So. Front St. Chicago ILL 60628

4. Generator's Phone (312) 928-0202

A. Illinois Manifest Document Number IL 1173973

B. Illinois Generator's ID 0316005286

5. Transporter 1 Company Name: Straad Trucking Inc.

6. US EPA ID Number: ILD000646810

C. Illinois Tranporter's ID 0311

D. (312) 385-8440 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 So. Colfax Ave
Griffith, Ind. 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID

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 Solvent Flammable Liquid UN-1993		004	DM	00220	1	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

15. Special Handling Instructions and Additional Information UNLESS I AM A SMALL QUANTITY GENERATOR WHO HAS BEEN EXEMPTED BY STATUTE OR REG. FROM THE DUTY TO MAKE A WASTE MINIMIZATION CERT. UNDER SEC.#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 AMD I HAVE SELECTED THE METHO OF TREATMENT, STORAGE, OR DISPOSAL CURRENTLY AVAILABLE TO ME WHICH MINIZES THE PRESENT AND FUTURE THREAT TO HUMAN HEALTH AND THE ENVIRONMENT.

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: C.J. Kowalski — Signature — Date: Month Day Year 10 9 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES BATTEN — Signature — Date: Month Day Year 10 09 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: MICHAEL O. BURGE — Signature — Date: Month Day Year 10 17 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

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FACILITY COPY - PART 3

125 F T-63

009286

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. IL D005065925 — 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
Stuart Industrial Coatings
11740 So. Front St. Chicago, ILL. 60628

4. Generator's Phone (312) 928-0202

5. Transporter 1 Company Name: Strand Trucking — 6. US EPA ID Number: ILD [redacted]

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
420 So. Colfax Ave
Griffith, Ind. 46319 — 10. US EPA ID Number: IND016360265

A. Illinois Manifest Document Number: IL 1433702
B. Illinois Generator's ID: 0316005296
C. Illinois Tranporter's ID: 0311
D. (312) 385-8440 Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
G. Illinois Facility's ID
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Waste Solvent Flammable Liquid UN-1993	X	005	DM	00275	1	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
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information 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.

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)
C.J. Kowalski	C J Kowalski	04 04 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		Date
Printed/Typed Name: JAMES BATTEN	Signature: James Batten	04/04/86
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. — Date

Printed/Typed Name	Signature	Month Day Year
MICHAEL O BURGE	Michael O Burge	04 04 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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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.: ILD0050659251 | 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
STUART INDUSTRIAL COATINGS INC.
11740 SO. FRONT ST., CHICAGO, ILL. 60628

4. Generator's Phone (312) 928-0202

A. Illinois Manifest Document Number: IL 1433703

B. Illinois Generator's ID: 0316005286

5. Transporter 1 Company Name: Strand Trucking | 6. US EPA ID Number: IND800646810

C. Illinois Tranporter's ID:

D. (312) 385-8440 Transporter's Phone

7. Transporter 2 Company Name: | 8. US EPA ID Number:

E. Illinois Transporter's ID:

F. (312) 3 Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 So. Colfax Ave
Griffith, Ind 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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Waste Solvent Flammable Liquid UN-1993	X	007	DM	00385	1	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: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information: 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 which minimizes the present and future threat to human health and the environment.

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: C.J. Kowalski | Signature: CJ Kowalski | Date: Month Day Year: 07 07 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: THOMAS P. STRAND | Signature: Thomas Strand | Date: Month Day Year: 07 07 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: Michael O Bulbe | Signature: Michael O Bulbe | Date: Month Day Year: 07 07 86

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

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FACILITY COPY - PART 3

0123-763

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STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005065925 1 | 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
Stuart Industrial Coatings
11740 So. Front St. Chicago, Ill. 60628

4. Generator's Phone (312) 928-0202

A. Illinois Manifest Document Number: IL 1433704

B. Illinois Generator's ID: 031610105286

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: IND800646810

C. Illinois Tranporter's ID

D. 312 385-8440 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 So. Colfax Ave
Griffith, Ind. 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID

H. Facility's Phone: 219 768-3400

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	L Waste No.
a. Waste Solvent Flammable Liquid UN-1993	X	005	DM	00275	1	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: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information: Unless I am a small quantity generator who has been exempted by Statute or Regulation from the duty to make a waste minimazationcertification 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.

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)
C. J. Kowalski	C J Kowalski	10 10 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Leonard M Strand	Leonard M Strand	10 10 86

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)
Michael O Burge	Michael O Burge	10 10 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

125 762 695

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.: ILD005065925 — 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: Stuart Industrial Coatings, 11740 So. Front St. Chicago, ILL. 60628

4. Generator's Phone (312) 928-0202

A. Illinois Manifest Document Number: IL 1173974

B. Illinois Generator's ID: 0316005286

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD000646810

C. Illinois Tranporter's ID: 0311

D. (312) 385-[illegible] 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 So. Colfax Ave, Griffith, Ind. 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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Waste Solvent Flammable Liquid UN 1993	X	005	DM	00275	1	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

15. Special Handling Instructions and Additional Information: 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.

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)
C.J. Kowalski	C J Kowalski	1 06 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JAMES BATTEN	James Batten	01 06 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	Signature	Date (Month Day Year)
Michael O Burgoe	Michael O Burgoe	01 06 86

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

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011692

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.: I L D 0 0 5 0 6 5 9 2 5 1
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St., Chicago, Ill. 60628
4. Generator's Phone ( ): 312-922-0202
A. State Manifest Document Number: IN 091589
B. State Generator's ID:
5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: I W D 8 0 0 6 4 6 2 1 0
C. State Transporter's ID:
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 So. Colfax, Griffith, Ind. 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: 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	15. Waste No.
a. Waste Solvent UN-1993 Flammable Liquid-Waste	006	DW	00330	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: C.J. Kowalski
Signature: C J Kowalski
Month Day Year: 10 06 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Thomas Strand
Signature: [signature]
Date: 10 08 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: Harold F. Schmidt
Signature: [signature]
Month Day Year: 10 08 87

IN 091589

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

6-1262-T-3 10/6/87 M T.S.D. DETACH AND RETAIN THIS COPY

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Division of Land Pollution Control - Manifest
Indiana State Board of Health
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 0 0 5 0 6 5 9 2 5 1
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Strait Industrial Coatings, 11240 So Front St Chicago, Ill 60628
4. Generator's Phone (312) 923-0202

A. State Manifest Document Number: IN 091588
B. State Generator's ID: 6311
C. State Transporter's ID: 0024
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: 312-768-3400

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: I N D 0 0 6 4 6 8 1 0
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, 420 So. Colfax, Griffith Ind. 46319
10. US 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. Waste Solvent Flammable Liquid-WASTE UN-1993	005	DW	00275	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.

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Printed/Typed Name: C. J. Kowalski
Signature: [signature]
Month Day Year: 07 06 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Stan Strand
Signature: [signature]
Date: Month Day Year: 7 [illegible] 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: Harold F. [illegible]
Signature: [signature]
Month Day Year: [illegible]

GENERATOR / TRANSPORTER / FACILITY

IN 091588

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY 5-125 K [illegible] B

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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.: IL000506592 51
Manifest Document No.:
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St. Chicago, ILL. 60628
A. State Manifest Document Number: IN 091587
B. State Generator's ID:
4. Generator's Phone: (312) 928-0202
5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: IN0800646810
C. State Transporter's ID:
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 So. Colfax Ave, Griffith, Ind. 46319
10. US EPA ID Number: IN0016360265
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. Waste Solvent Flammable Liquid UN-1993	005	DM	00275	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.

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Printed/Typed Name: C.J. Kowalski
Signature: C J Kowalski
Month Day Year: 04 03 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
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: Harold F. [illegible]
Signature: [illegible]
Month Day Year: 04 [illegible] 87

GENERATOR / TRANSPORTER / FACILITY

IN 091587

EPA Form 8700-22A (Rev. 11-85)

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Indiana State Board of Health
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Indianapolis, IN 46207-7035

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005065125 1
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front Chicago, Ill. 60628
4. Generator's Phone (312) 928-0202

A. State Manifest Document Number: IN 091586
B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: IWD800646810
C. State Transporter's ID:
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 So. Colfax Ave, Griffith, Ind. 46319
10. US EPA ID Number: IWD016360265
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	15. Waste No.
a. Waste Solvent Flammable Liquid UN-1993	005	DM	00275	G	
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: C. J. Kowalski
Signature: C J Kowalski
Month Day Year: 01 09 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month Day 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: Harold F Schmidt
Signature: [illegible]
Month Day Year: [illegible]

GENERATOR / TRANSPORTER / FACILITY

IN 091586

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005065925 1
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St., Chicago, Ill. 60628
4. Generator's Phone (312) 928-0202

A. State Manifest Document Number: IN 091590
B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: IND300646210
C. State Transporter's ID:
D. Transporter's Phone: 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 So. Colfax, Gr. 28th, Ind. 46319
10. US EPA ID Number: IND016360265
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 Solvent UN-1993 Flammable Liquid - Waste	004	DM	00220	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:

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Printed/Typed Name: C.J. Kowalski
Signature: C J Kowalski
Month 01 Day 08 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard M Strand
Signature: Leonard M Strand
Date: Month 01 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: Harold F. Schmidt
Signature: [signature]
Month 01 Day 08 Year 88

GENERATOR / TRANSPORTER / FACILITY

IN 091590

EPA Form 8700-22A (Rev. 11-85)
N-123T T-63 1/11/88

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Indiana State Board of Health
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL D0050659251
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St, Chicago, Ill. 60628
4. Generator's Phone (312) 923-0202
A. State Manifest Document Number: IN 091591
B. State Generator's ID: 0024

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: IND200646210
C. State Transporter's ID:
D. Transporter's Phone: 312 325-8440

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID: 0311
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service, 420 So. Colfax, Griffith, Ind. 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: 9120290002
H. Facility's Phone: 312-712-4800

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 Solvent UN-1993 Flammable Liquid-Waste	001	DM	[illegible]	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.

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Printed/Typed Name: C. J. Kowalski
Signature: [signature]
Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard M. Strand
Signature: [signature]
Date: Month Day 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]
Month Day Year: [illegible]

IN 091591

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005065925 1
Manifest Document No.:
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St., Chicago, ILL 60628
4. Generator's Phone: 312-928-0202
A. State Manifest Document Number: IN 091592
B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: IND000646810
C. State Transporter's ID:
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 So. Colfax, Griffith, Ind 46319
10. US EPA ID Number: IND016360265
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. Waste Solvent UN-1993 Flammable Liquid-Waste	005	DW	00275	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.

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Printed/Typed Name: C.J. Kowalski
Signature: C J Kowalski
Month Day Year: 07 06 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Stan Stanek
Signature: Stan Stanek
Date: Month Day Year: 07 06 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: JAMES MURPHY
Signature: James Murphy
Month Day Year: 07 06 88

GENERATOR

TRANSPORTER

FACILITY

IN 091592

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

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Division of Land Pollution Control - Manifest
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005065925 1
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St, Chicago, Ill. 60628
4. Generator's Phone (312) 938-0202
A. State Manifest Document Number: IN 091593
B. State Generator's ID:
5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: IN0800646810
C. State Transporter's ID: 0211
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 So. Colfax, Griffith, Ind 46319
10. US EPA ID Number: IND016360265
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. Waste Solvent UN-1993 Flammable Liquid - Waste	004	DM	00220	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:

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Printed/Typed Name: C. J. Kowalski
Signature: C J Kowalski
Month Day Year: 12 [illegible] 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Thomas Strand
Signature: Thomas Strand
Date: Month Day Year: 10 [illegible] 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 Item 19.
Printed/Typed Name: A. Whitaker
Signature: A. Whitaker
Month Day Year: 10 [illegible] 88

GENERATOR / TRANSPORTER / FACILITY

IN 091593

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

12 6767 63 12/6

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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.: I L D 0 0 5 0 6 5 9 2 5 1
Manifest Document No.: 0 0 3 0 1

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So Front St, Chicago, Ill. 60628

4. Generator's Phone (312) 922-0002

A. State Manifest Document Number: IN 091594

B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: IND 0 0 6 4 6 2 1 0

C. State Transporter's ID: 0311

D. Transporter's Phone: 312 385-2440

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 So. Central, Griffith, Ind 46319

10. US EPA ID Number: IND 0 1 6 3 6 0 2 6 5

G. State Facility's ID: 9120890002

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 Solvent UN-1993 Flammable Liquid-Waste	005	DV1	00275	G	F003 F005 ~~D001~~
b.					
c.					
d.					

ARM CALL 1/9/88

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: C.J. Kowalski
Signature: C J Kowalski
Month Day Year: 01 06 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Thomas Strand
Signature: Thomas Strand
Month Day Year: 01 06 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 Item 19.

Printed/Typed Name: Whitaker A
Signature: Al Whitaker
Month Day Year: 1 9 89

IN 091594

EPA Form 8700-22A (Rev 11-85)

UHWM 2/LP2

126 KT 63 1/9/89

T.S.D. DETACH AND RETAIN THIS COPY

0016665

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.: ILD005065725 | Manifest Document No.: 00302

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St, Chicago, Ill. 60628

4. Generator's Phone (312) 723-0002

A. State Manifest Document Number: IN 091595

B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: IND000646810

C. State Transporter's ID:

D. Transporter's Phone: 325-8440

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID: 0311

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service, 400 So. Colfax, Griffith, Ind. 46319

10. US EPA ID Number: IND016360265

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. Waste Solvent UN-1993 Flammable Liquid-Waste	005	DN	00275	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.

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Printed/Typed Name: C. J. Kowalski | Signature: C J Kowalski | Month Day Year: 04 04 87

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: THOMAS STRAHD | Signature: [signature] | Month Day Year: 04 04 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: STEVE KULAVICK | Signature: Steve Kulavick | Month Day Year: 04 04 87

GENERATOR

TRANSPORTER

FACILITY

IN 091595

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

126CT63 4/6

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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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Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: IL 0 0 0 5 0 6 5 8 2 5 / 0 0 3 1 0 2

2. Page 1 of: 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings
11711 S. Front St.
Chicago, IL 60643

4. Generator's Phone (312) 568-7600

A. State Manifest Document Number: IN 091596

B. State Generator's ID:

5. Transporter 1 Company Name: Stuart Trucking — 6. US EPA ID Number: IL0000618918

C. State Transporter's ID:

D. Transporter's Phone: 335-2070

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
4004 S. Kildare
Chicago, IL 60632 — 10. US EPA ID Number: ILD 0 0 6 3 6 0 1 6 5

G. State Facility's ID: 918090002

H. Facility's Phone: 312-762-3100

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 Solvent Flammable Liquid - 1263	008	DM	00140	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.

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.

GENERATOR

Printed/Typed Name: C.T. Kowalski — Signature: [signature] — Month 07 Day 24 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Thomas Strube — Signature: [signature] — Date: Month 07 Day 25 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space: 7-126 T63 7/27
1-204 T50 7/27

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

Printed/Typed Name: Whitaker Allen — Signature: [signature] — Month 7 Day 25 Year 87

IN 091596

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

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0016667

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.: ILD005065925 — Manifest Document No.: 00302

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Stuart Industrial Coatings, 11740 So. Front St., Chicago, Ill. 60628

A. State Manifest Document Number: IN 091597

4. Generator's Phone (312) 928-0202

B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD984774489

C. State Transporter's ID: 0311

D. Transporter's Phone: 331-8440

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 So. Colfax, Griffith, Ind. 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: 312-762-3400

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. RQ. Waste Solvent Flammable Liquid - Waste	000	DM	0330	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.

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: C.J. Kowalski — Signature: [signature] — Month Day Year: 10 09 89

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Leonard M Strand — Signature: Leonard M Strand — Month Day Year: 10 09 89

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: Whitaker Alvin — Signature: Alvin Whitaker — Month Day Year: 10 9 89

GENERATOR — TRANSPORTER — FACILITY

IN 091597

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY 26 JCT 63 10/11

0016668

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. ILD000506925 | Manifest Document No. 02702 | 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
Stuart Industrial Coatings
11740 So. Front St
Chicago, Ill. 60628

A. State Manifest Document Number INA 0379890

B. State Generator's ID

4. Generator's Phone (312) 928-0202

5. Transporter 1 Company Name: Strand Trucking | 6. Use EPA ID Number: ILD984774434 | C. State Transporter's ID 0311 | D. Transporter's Phone 331-2440

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
430 So. Colfax
Griffith, Ind. 46319

10. Use EPA ID Number: IND016360865 | 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. RQ Waste Solvent UN-1993 Flammable Liquid-Waste	1	DM	1	G	F003 F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above | ...stes Listed Above

275

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment ...ued above by ... for transport by highway proper shipping name and are classified, packed, marked, and labeled, and are in all re... 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 ... and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable meth... 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	Signature	Month	Day	Year
C.J. Kowalski	C J Kowalski	10	15	90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Lew Strand	Lew Strand	10	16	90

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
STEVE KUNICK	Steve Kunick	10	18	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.

INA 0379890

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 12 OCTOBER 90

0018202

INDIANA DEPARTMENT OF ENVIRO...
OFFICE OF SOLID AND HAZARDOUS WASTE
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005065925
Manifest Document No.: 00302
of 1 Sheets

3. Generator's Name and Mailing Address: Stuart Industrial Coatings, 11740 So. Front St, Chicago, Ill. 60628

A. State Manifest Document: INA 0379891

4. Generator's Phone (312) 922-0202

B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking

6. Use EPA ID Number: ILD984774489

C. State Transporter's ID: 0311

D. Transporter's Phone: 331-8440

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 So. Colfax, Griffith, Ind. 46317

10. Use EPA ID Number: IND016360265

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. RQ Waste Solvent UN-1993 Flammable Liquid-Waste	005	DH	00275	G	F-003 F-005
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: C.J. Kowalski
Signature: CJ Kowalski
Date: Month 04 Day 24 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature: [signature]
Date: Month 04 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 KULAVICK
Signature: Steve Kulavick
Date: Month 04 Day 24 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 0379891

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12 GPCO 63 4/26

COPY 5. TSD COPY

0018203

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. ILD005065925 — Manifest Document No. 00302
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
STUART INDUSTRIAL COATINGS
11740 SO. FRONT STREET
CHICAGO, ILLINOIS 60628

A. State Manifest Document Number: INA 0379894
B. State Generator's ID:

4. Generator's Phone: (312) 928-0202

5. Transporter 1 Company Name: STRAND TRUCKING
6. Use EPA ID Number: ILD984774489
C. State Transporter's ID: 0311
D. Transporter's Phone: 331-8440

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 SO. COLFAX
GRIFFITH, IND. 46319

10. Use EPA ID Number: IND016360265
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993	023	DM	01265	G	F-003 F-005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: OFF SPEC
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: C.J. KOWALSKI — Signature: [signature] — Date: Month 05 Day 07 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEW STRAND — Signature: [signature] — Date: Month 05 Day 09 Year 90

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: [signature] — Date: Month 5 Day 9 Year 90

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204-TLTSD 6/1/20

COPY 5. TSD COPY

0018204

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 0379894

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.: ILD005065925 — Manifest Document No.: 00302
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: Stuart Industrial Coatings, 11340 So. Front St., Chicago, Ill. 60628
4. Generator's Phone (312) 928-0202

A. State Manifest Document Number: INA 0379892
B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: ILD984774429

C. State Transporter's ID: 0311
D. Transporter's Phone: 331-8440

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 So. Colfax, Griffith, Ind. 46319
10. Use EPA ID Number: IND016360265

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 Flammable Liquid N.O.S. UN1993 Flammable	034	DM	01870	G	F-003 F-005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: OFF Spec
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: C. J. Kowalski — Signature: C J Kowalski — Date: Month 04 Day 05 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Len Strand — Signature: Len Strand — Date: Month 04 Day 05 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: A Whitaker — Date: Month 4 Day 6 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 0379892

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

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204 TOTSD 4/6

0018179

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.	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.
IL D 0 0 5 0 6 5 9 2 5	0302		

GENERATOR

3. Generator's Name and Mailing Address
STUART INDUSTRIAL COATINGS INC.
11740 S. FRONT STREET
CHICAGO IL. 60628
4. Generator's Phone (312) 928-0202

A. State Manifest Document Number: INA 0379893
B. State Generator's ID:

5. Transporter 1 Company Name: STRAND TRUCKING
6. Use EPA ID Number: I L 0 9 8 4 7 7 4 4 8 9
C. State Transporter's ID: 0311
D. Transporter's Phone: 331-8440

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 SO. COLFAX
GRIFFITH, ID. 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. RQ WASTE SOLVENT UN 1993 FLAMMABLE LIQUID - WASTE	0 0 7	D M	0 0 3 8 5	G	F-003 F-005
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: C. J. Kowalski
Signature: C J Kowalski
Date: Month 07 Day 25 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Len STRAND
Signature: Len Strand
Date: Month 07 Day 25 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 KLIMICK
Signature: Steve Klimick
Date: Month 07 Day 26 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.

INA 0379893

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

5-212 TSD 7/12

COPY 5. TSD COPY 2-212C TSD 7/10

0018205

COMPLETED BY WASTE GENERATOR

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

0114302

Rodarin

WASTE GENERATOR

Authorization Number 997006

Stuart Chemical + Paint (Company Name) 11740 S. Front st. (Address)

0316000286 G (Generator Number)

Chicago (City) Illinois (State) 60628 (Zip)

WASTE HAULER(S)

(1) American Chemical Ser. (Hauler Name) P.O. Box 190 Griffith, Ind. (Hauler Address) S.W.H. Registration Number 0024002

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser. (Facility Name) P.O. Box 190 (Address) 91808902 (Site Number)

Griffith (City) Indiana (State) 46319 (Zip)

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:

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: 4-3-80 C J Kowalski (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 000440 (1 GALLONS / 2 CU. YDS.) (Circle One) 1

METHOD OF SHIPMENT (Circle One) 9 DRUMS TANK TRUCK OPEN TRUCK OTHER VAN (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 Haywood (Authorized Signature) DATE: 4/3/80

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

Michael O. Burger (Authorized Signature) DATE: 4/3/80

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

0000036

STATE OF ILLINOIS

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

SPECIAL WASTE HAULING MANIFEST

0323405
1 7

Authorization Number 992006
8 13

Stuart Chem + Paint (Company Name) | 11740 So. Front St. (Address)
Chicago (City) | Ill (State) | 60628 (Zip)

031600028 6 G
14 Generator Number 24

WASTE HAULER(S)

American Chemical Ser. (Hauler Name) | P.O. Box 190 Griffith, Ind (Hauler Address) | S.W.H. Registration Number 0024002
25 31

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser (Facility Name) | P.O. Box 190 (Address) | 918089002 (Site Number)
39 46

Griffith (City) | Indiana (State) | 46319 (Zip)

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: Dirty Solvent | HAZARD CLASS: Flammable Liquid | 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: 001155
47 52

(1 GALLONS / 2 CU. YDS.) (Circle One)
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: 10/27/90 | CJ Kowalski (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: 10/27/90
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:

[signature] (Authorized Signature) | DATE: 10/27/90
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

000018

BE COMPLETED BY
STE GENERATOR

STATE OF ILLINOIS

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

0114303
Exempt
Authorization Number 997006

Stuart Chemical Paint 11740 So. Front St.
(Company Name) Address

Chicago, Ill Illinois 60628
City State Zip

0316000286 G
Generator Number

WASTE HAULER(S)

(1) American Chemical Service P.O. Box 190 Griffith Ind.
Hauler Name Hauler Address

S.W.H. Registration Number 0024001

Strand Trkg-1364 Renton Cedarwood
(2) Hauler Name Hauler Address

ILT 000646810
S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service P.O. Box 190
(Facility Name) Address

9180890 2
Site Number

Griffith Ind 46319
City State Zip

#IND 016360256

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:

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: 7/9/81 (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 001045 (1) GALLONS (2) CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) 19 DRUMS TANK TRUCK OPEN TRUCK OTHER N/A (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) Jim Batt (Authorized Signature) DATE: 7/8/81

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

Michael O Burke (Authorized Signature) DATE: 7/9/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 126R T-63 7/10/81 JPM.

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

001845

TO BE COMPLETED BY WASTE GENERATOR

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

0114304
Exempt

Authorization Number 997006

Stuart Chemical Point (Company Name) 11740 So. Front St. (Address)
Chicago (City) Illinois (State) 60628 (Zip)
0316000286 Generator Number

WASTE HAULER(S)

(1) American Chemical Service (Hauler Name) 420 So. Colfax Ave (Hauler Address) Griffith, Ind.
S.W.H. Registration Number 0024002

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) 420 So. Colfax Ave (Address) 918089O2 (Site Number)
Griffith (City) Indiana (State) 46319 (Zip) IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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: 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: 9/1/81 PJ Kowalski (Authorized Signature) F005

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 000330 (1) GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) 6 DRUMS TANK TRUCK OPEN TRUCK OTHER VAN (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) James Batten (Authorized Signature) DATE: 9/1/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

Michael C. Burk (Authorized Signature) DATE: 9/1/81

COMMENTS OR SPECIAL INSTRUCTIONS: TRAILER SPOTTED 9/2/81
TO 12TH T-63 9/4/81 gpm

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

001896

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

0323407
Exempt

Authorization Number 997006

Stuart Chemical Point (Company Name) | 11740 So. Front st (Address)
Chicago (City) | Illinois (State) | 60628 (Zip)

0316000286 G (Generator Number)

WASTE HAULER(S)

American Chemical Service (Hauler Name) | 420 So. Colfax Ave (Hauler Address) | S.W.H. Registration Number 0024002

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 So. Colfax Ave (Address) | 91808902 (Site Number)
Griffith, In (City) | Indiana (State) | 46319 (Zip)
IND016240265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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: Flammable Liquid | WEIGHT FOR D.O.T. USE 3150 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 285

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

METHOD OF SHIPMENT (Circle One) (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: 1-21-82 | C J Kowalski (Authorized Signature)

WASTE HAULER

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

(1) Thomas Strand (Authorized Signature) | DATE: 01/21/82

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

CT TO FEE YES ____ NO X

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

Michael C Burg (Authorized Signature) | DATE: 1/21/82

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

On dock 1/21/82 6PM
To 124 RT-63 6PM 1/22/82

SITE COPY - PART 3

002573

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

0323408

Exempt

Authorization Number 997006

Stuart Chemical + Paint (Company Name) 11740 So. Front St (Address)

Chicago (City) Illinois (State) 60628 (Zip)

0316000286 G (Generator Number)

WASTE HAULER(S)

American Chemical Service (Hauler Name) 420 So. Colfax (Hauler Address) Griffith Ind

S.W.H. Registration Number 0024002

Strand Truck (Hauler Name) 13647 Fenton (Hauler Address) 312-355-5440

S.W.H. Registration Number ____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE 312-765-3400

American Chemical Service (Facility Name) 420 So. Colfax Ave (Address)

91808902 (Site Number)

Griffith (City) Indiana (State) 46319 (Zip)

IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste Solvent

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

F005
AU 1943

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

SHIPPING DESCRIPTION: dirty Solvent

HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 2800 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. 2800 lb

QUANTITY OF WASTE DELIVERED: 385

1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) DRUMS 7 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: 6-22-82

[signature] (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: 6/22/82

(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 O'Brien (Authorized Signature) DATE: 6/22/82

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 124 K T-63 GRM 6.22.82

SITE COPY - PART 3

003508

STATE OF ILLINOIS

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

SPECIAL WASTE HAULING MANIFEST

0323413

Exempt
Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

Stuart Chemical & Paint — (Company Name)
11740 So. Front St. — Address
Chicago — City
Illinois — State
60628 — Zip

0316000286 G
Generator Number

WASTE HAULER(S)

American Chemical Ser. — Hauler Name
420 So. Calhoun Ave Griffith Ind — Hauler Address
S.W.H. Registration Number 0074001
Ind 016360265

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser. — (Facility Name)
420 So. Calhoun Ave — Address
9180870 2 — Site Number
Griffith — City
Indiana — State
46319 — Zip
Ind. 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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:	
Dirty Solvent	Flammable Liquid	WEIGHT FOR D.O.T. USE 3600 (LBS) TONS (circle one)
	UN 1993	

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

QUANTITY OF WASTE DELIVERED: 00440 — (GALLONS) 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One): 8 (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: 11/7/83 — (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 11/07/83

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

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

(Authorized Signature) — DATE 11/7/83

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 125K T-63 Grace 11-7-83

SITE COPY - PART 3

006056

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

0323414

Exempt

Authorization Number

Stuart Chemical + Paint (Company Name) 11740 So. Front St (Address) 312-928-0202

Chicago (City) Illinois (State) 60628 (Zip)

0316000286 (Generator Number)

WASTE HAULER(S)

American Chemical Ser (Hauler Name) 420 So. Colfax Ave (Hauler Address) 312-765-3400 S.W.H. Registration Number ~~0024~~

Griffith Ind Ind. 016360265

Strand Trust (Hauler Name) 13642 Kenton (Hauler Address) Ill 000646810 S.W.H. Registration Number 0031011

312-385-8440

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser (Facility Name) 420 So. Colfax Ave (Address) 918089 02 (Site Number)

Griffith (City) Indiana (State) 46319 (Zip) Ind 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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: Dirty Solvent

HAZARD CLASS: Flammable Liquid UN 1993

WEIGHT FOR D.O.T. USE 2250 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000275

1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 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: 3-14-84

C J Kowalski (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) Stan Strand (Authorized Signature) DATE: 3/14/84

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

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

Michael T. Burge (Authorized Signature) DATE: 3/14/84

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 124 ET-63 GRM 3.14.84

SITE COPY - PART 3

006292

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

0323409

Exempt

Authorization Number

Stuart Chemical + Paint (Company Name) 11740 So. Front St. (Address)

Chicago, Ill. (City) Illinois (State) 60628 (Zip)

0316000286 G (Generator Number)

WASTE HAULER(S)

312-768-3400

American Chemical Ser. (Hauler Name) 420 So. Colfax Ave (Hauler Address) Griffith Ind.

S.W.H. Registration Number 0024002 ILD 000646810

STRAND TRUCKING (Hauler Name) 13442 S. Kenton (Hauler Address) (312) 385-8440 Crestwood, Ill.

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Ser. (Facility Name) 420 So. Colfax (Address)

Griffith (City) Indiana (State) 46319 (Zip)

91808902 (Site Number)

Ind. 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste 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: Dirty Solvent

HAZARD CLASS: Flammable Liquid

WEIGHT FOR D.O.T. USE 2800 LBS TONS (circle one)

EPA HW # D001

UN 1993

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

QUANTITY OF WASTE DELIVERED: 000385

1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 7 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: 6-14-84

P J Kowalski (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) Jim Batten (Authorized Signature) DATE: 6/14/84

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

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

Michael E. Dwyer (Authorized Signature) DATE: 6/14/84

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

126RT-63

SITE COPY - PART 3

006293

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 1 4 0 3 3 0 | Manifest Document No. 0 0 0 0 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
STUART-HOOPER COMPANY
8757 SOUTH GREENWOOD AVE., CHICAGO IL., 60619
4. Generator's Phone (312) 374-8900

A. State Manifest Document Number: INA 0162720
B. State Generator's ID:
C. State Transporter's ID: IN 9505-0000-21
D. Transporter's Phone: (312)-596-3377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180090002 IL
H. Facility's Phone: (312)-768-3400

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 COLUMBIA 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 METHYL ALCOHOL., FLAMMABLE LIQUID., UN 1230	0 3 2	D M	0 1 7 6 0	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PART C. IL. S.W.H. # 0079

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: ALFRED BOWENS — Signature: Alfred Bowens — Date: Month 0 8 Day 1 7 Year 8 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIGUEL GARCIA — Signature: Miguel Garcia — Date: Month 0 8 Day 1 7 Year 8 7

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: MARLIN F SCHMIDT — Signature: — Date: Month 0 8 Day 1 8 Year 8 7

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 0162720

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

32-204R TSC B
18-17

012365

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.: ILD005140330 — Manifest Document No.: 0001

2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name: STUART - HOOPER COMPANY
8757 S. GREENWOOD AV, CHICAGO, IL 60619

4. Generator's Phone (312) 374-8900

A. State Manifest Document Number: IN 095508

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK INC.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: IN-9505-0000-21

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 SERVICES
COLFAX AV AT THE C. O. R.R.
GRIFFITH, IN 46319

10. US EPA ID Number: IND016360255

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. WASTE METHYL ALCOHOL, FLAMMABLE LIQUID, U UN 1230	011	DM	00605	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: [illegible] — Signature: [illegible] — Month Day Year: 11 17

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: JACK McCLEVERY — Signature: [illegible] — Month Day Year: 11 17

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: [illegible] — Signature: [illegible] — Month Day Year: 11 17

GENERATOR — TRANSPORTER — FACILITY

IN 095508

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 11-116R F03 B

012364

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. IL0.00.5.14.0-330 | Manifest Document No. 00081 | 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
STUART HOOPER CO.
8757 S. GREENWOOD AVE
CHICAGO ILL. 60619

A. State Manifest Document Number INA 0162989

B. State Generator's ID

4. Generator's Phone (312) 374-8700

5. Transporter 1 Company Name MR. FRANK INC | 6. Use EPA ID Number ILD.069.5.0.6.1.60 | C. State Transporter's ID 0079 | D. Transporter's Phone 312-720-070

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 SERVICES INC
420 S. COLFAX AVE
GRIFFITH IND.

10. Use EPA ID Number IND.01.6.36.0.2.6.5

G. State Facility's ID 918089000 2

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 METHYL ALCOHOL FLAMMABLE LIQUID UN 1230	02	DM	01210	1	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.

GENERATOR

Printed/Typed Name: RICHARD KALK | Signature: Richard C. Kalk | Date: Month 06 Day 03 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John Van Vlymen | Signature: John Van Vlymen | Date: Month 06 Day 03 Year 86

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: HAROLD F. [illegible] | Signature | Date: Month 06 Day 06 Year 86

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

204TC TSD 6/7

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 0162989

00152 08

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.: ILD005140330 | Manifest Document No.: 0000 | 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
STUART-HOOPER
8757 S. GREENWOOD CHICAGO, IL. 60619

4. Generator's Phone (312) 374-8900

A. State Manifest Document Number: INA 0370294
B. State Generator's ID:
C. State Transporter's ID: 9505000020
D. Transporter's Phone: 312-120 0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312-768-3400

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: ILD934775049
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. COLFAX
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 METHYL ACCOHOL FLAMMABLE LIQUID UN 1230	025	DM	01375	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: RICHARD A. KALK | Signature: Richard A. Kalk | Date Month Day Year: 08 22 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN | Signature: Carl E. Milburn | Date Month Day Year: 08 22 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 Alvin | Signature: Alvin Whitaker | Month Day Year: 8 22 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 0370294

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

116 TT-T63 S/P

0016664

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND000823823 — Manifest Document No. 001(&

2. Page 1 of

Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: Suburban Chrys - Plymouth, 1891 Suburban Ave, St. Paul, MN 55119

A. State Manifest Document Number: MN 0042197

B. State Generator's ID

4. Generator's Phone (612) 735-8400

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. U.S 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	Waste No.
a.	X	4	DM	220	G	D001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above: 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.

GENERATOR — Printed/Typed Name: James Baxton. Signature: James Baxton. Date: Month 9 Day 5 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Kip Nelson. Signature: Kip Nelson. Date: Month 9 Day 5 Year 86

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

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

125KT67

011784

Standard T Chemical

1980

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

0375709

SPECIAL WASTE HAULING MANIFEST

Authorization Number 998969

Sullivan Varnish Co (Company Name) | 410 No. Hart Street (Address) | 0 3 1 6 0 0 0 6 6 3 EPA ILD 0 5 3 2 1 9 2 5 9 (Generator Number)

Chicago (City) | Illinois (State) | 60622 (Zip)

WASTE HAULER(S)

Mr. Franks, Inc. (Hauler Name) | 201 West 155th St. So. Holland, IL (Hauler Address) | S.W.H. Registration Number 0 0 7 0 0 3

Hauler Name | Hauler Address | S.W.H. Registration Number Fed. Id. #ILD069506160

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 So. Colfax Ave. Griffith, IN (Address) | 9 1 8 0 8 9 0 2 (Site Number)

City | State | Zip | EPA. IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Flammable 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: Waste Solvent UN1993

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: _____ (47–52)

1 GALLONS (Circle One)
2 CU. YDS. (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: November 10, 1981

W M Keenan 3000
(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: 11 10 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

_____ (Authorized Signature) DATE: 11 10 81 (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

To DA; IB T-63 GRM 11/10/81

SITE COPY - PART 3

002025

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

0433800

Authorization Number 998969

Sullivan Varnish Co (Company Name) | 410 No Hart Street (Address) | 3126668080 (Phone Number) | 031 6000663 G (Generator Number)

City | State | Zip | ILD053219259 (EPA Number)

WASTE HAULER(S)

Mr. Franks, Inc. (Hauler Name) | 201 West 155th St. So. Holland, Il (Hauler Address) | S.W.H. Registration Number DXX 007003

312-596-3377 (Phone Number) | Fed. Id. #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) | Colfax Ave., Griffith, IND (Address) | 918089 02 (Site Number)

City | State | Zip | 2199 x 4 x 1370 (Phone Number) | ~~002400~~ IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Flammable 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: Waste Solvent UN1993 | HAZARD CLASS: | UN or NA Number | 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: 003000 | 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 [signature] (Authorized Signature) DATE 10-5-81

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] (Authorized Signature) DATE 10/05/81

(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 10 5 81

COMMENTS OR SPECIAL INSTRUCTIONS TO IB 10/5/81 T-63 JM

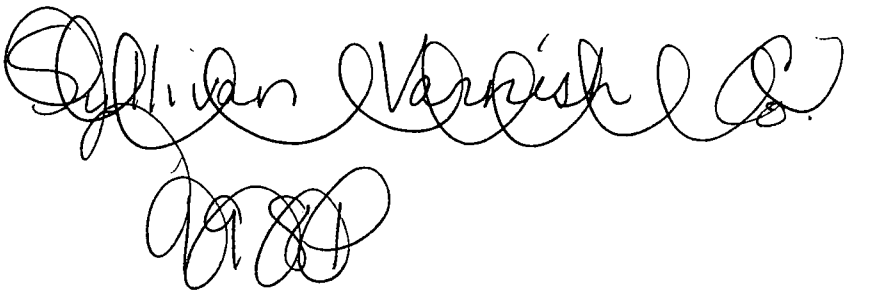
IN ILLINOIS 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

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

002024



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.: Small Qty. Generator
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
SULT BODY SHOP
52142 State Road 19 North, Elkhart, IN 46514
4. Generator's Phone (219) 262-0273

A. State Manifest Document Number: INA 0159952
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595
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: A&B Industrial Service, Inc.
6. Use EPA ID Number: M-I-D-0-1-7-1-6-7-2-2-2
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.	I. 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: Terry Myers
Signature: Terry Myers
Date: Month 04 Day 07 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike McMullen
Signature: Mike McMullen
Date: Month 04 Day 07 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: Harold F. Schmidt
Date: Month 04 Day 06 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 0159952

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 C
PAGE 8 (white) TRANSPORTER 2 C

126TCT63 4/7/14

0015204

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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.: SMALL QNTY. GENERATOR
Manifest Document No.: 213880

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Sult Body Shop
52142 State Road, 19 N., Elkhart, IN 46514

4. Generator's Phone (219) 262-0273

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 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	Waste No.
a.	HM X RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	4	dm	220	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: Terry Myers
Signature: TERRY MYERS
Month Day Year: 2 13 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LEN WARBINDY
Signature: [signature]
Month Day Year: 02 13 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: WHITAKER A
Signature: [signature] A
Month Day Year: 2 20 89

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

126TCT63 X/1

TSDF COPY

0016663

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.0.0.1.6.1.7.3.0.1 — Manifest Document No. 0.0.0.0.3 — 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: SUMMIT POLYMERS INC, 6700 SPRINKLE RD, KALAMAZOO MICH 49001

4. Generator's Phone ( ) [illegible]

A. State Manifest Document Number: INA 0155056

B. State Generator's ID

5. Transporter 1 Company Name: HAVILAND PRODUCTS — 6. Use EPA ID Number: MID.0.0.0.0.2.4.1.7

C. State Transporter's ID

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. COLLAY, GRIFFITH IND. — 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

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 SOLVENTS (RECLAIMABLE) CONTAINING PAINTS FLAMMABLE LIQUIDS NAMES	33	55	1815	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

IN CASE OF SPILL CONTAIN IMMEDIATELY

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: Robert H Minger — Signature: Robert H Minger — Date: Month 1 1 Day 09 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Alan B Pearcy — Signature: Alan B Pearcy — Date: Month 1 1 Day 9 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: Harrold F Schmidt — Date: Month 1 1 Day 1 1 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 0155056

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865
33-123X T-63 11/11/87

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

012363

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.: MI00596972 01 — Manifest Document No.: 00002
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, E, H and I are required by State law.

3. Generator's Name and Mailing Address: SUMMIT POLYMERS, 6700 SPRINKLE RD, KALAMAZOO MICH 49001
4. Generator's Phone: (616) 3231301

A. State Manifest Document Number: INA 0155053
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: HAVILAND PRODUCTS
6. Use EPA ID Number: MI0006028492
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chem. Service, 420 South Colfax Ave, Griffith IN 46319
10. Use EPA ID Number: IND0062602 65

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.
a. WASTE SOLVENTS CONTAINING PAINTS FLAMMABLE LIQUID (RECLAIMABLE) NA-1263	30	55 gal	1650	G
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: IN CASE OF SPILL - CONTAIN IMMEDIATELY

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: Robert H Minier — Signature: Robert H Minier — Date: Month 10 Day 09 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] - Haviland — Signature: [illegible] — Date: Month 10 Day 9 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: [illegible] — Signature: [illegible] — Month 10 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.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 30-123K-T-63 10/13/87 gm

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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 COP
PAGE 8 (white) TRANSPORTER 2 COP

INA 0155053

012362

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.0.5.1.6.9.7.2.0.1 | 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
SUMMITT POLYMER
6700 SPRINKLE
KALAMAZOO MI 49001

A. State Manifest Document Number: INA 0155004

4. Generator's Phone (616) 323-1201

B. State Generator's ID

5. Transporter 1 Company Name: HAVILAND PRODUCTS | 6. Use EPA ID Number: M.I.D.0.0.6.0.2.8.4.9.2 | C. State Transporter's ID | 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
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

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 PAINT RELATED MATERIALS FLAMMABLE LIQUID NA-1263	46	DM	0253.8	G	F003
b. (Distillable Solvent)					
c. REACTIVE FLAMMABLE					
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 | Signature | Month | Day | Year

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name: KEITH SAVAGE | Signature | Month 8 | Day 12 | Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month | Day | Year

19. Discrepancy Indication Space

FACILITY

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 SCHMITT | Signature | Month | Day | Year

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 1 (white) TSD MAIL TO GENERATOR
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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

45-123K-TC3
1-24K-TSD

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 0155004

012361

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.: M1D059697201
Manifest Document No.: [illegible]
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: SUMMIT POLYMERS, 6700 SPRINKLE, KALAMAZOO, MI 49001
4. Generator's Phone (616) 323-1301
A. State Manifest Document Number: INA 0111195
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: HAVILAND PRODUCTS
6. Use EPA ID Number: M1D006028492
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN Chemical Service, 420 S. COLFAX, GRIFFITH IN
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.	Waste No.
a. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA-1263	30	55 GL DRUM	1650 gal	55 gal	F003
b. PLACARDED FLAMMABLE NA-1263					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: IN CASE OF SPILL - CONTAIN IMMEDIATELY

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: Robert H. Minier
Signature: Robert H. Minier
Date: Month 05 Day 20 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike LeValley
Signature: Mike LeValley
Date: Month 05 Day 20 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: Harold F. Schmidt
Signature: Harold F. Schmidt
Month 05 Day 20 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 0111195

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 1 (white) TSD MAIL TO GENERATOR
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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

29-123R T63 B - 1-204R TSUB

012360

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.: MID059697201
Manifest Document No.: 000004
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: SUMMIT POLYMERS INC, 6200 SPRINKLE, KALAMAZOO MICH 49001
4. Generator's Phone: (616) 323-1301

A. State Manifest Document Number: INA 0155058
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: HAVILAND PRODUCTS
6. Use EPA ID Number: MID 00[illegible]
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S COLFAX, GRIFFITH IND
10. Use EPA ID Number: IND 0[illegible]

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 SOLVENTS CONTAINING PAINTS, FLAMMABLE LIQUID (EFFLAMMABLE) NA-1263	60	OR	3800	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: IN CASE OF SPILL — CONTAIN IMMEDIATELY

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: GALE DICKINSON
Signature: [signature]
Date: Month 01 Day 05 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEITH D. SAVACOOL SR
Signature: [signature]
Date: Month 01 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: HARRIS F [illegible]
Signature: [signature]
Month 01 Day 11 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 0155058

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 60-1AZ-763 1/11/88

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0015192

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. MI 0 0 5 9 6 9 7 2 0 1 | Manifest Document No. 2 2 2 3 | 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
SUMMIT POLYMERS
6700 Sprinkle
Kalamazoo, MI 49001

4. Generator's Phone (616) 323-1301

A. State Manifest Document Number: INA 0155064
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: Haviland Products | 6. Use EPA ID Number: M I D 0 0 6 0 2 8 4 9 2
7. Transporter 2 Company Name: | 8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
Griffith IN
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 paint related reclaimable material flammable liquid NA-1263	04.1	BK	0.2.2.5	Gal	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
In case of spill - contain immediately

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: GALE DICKINSON | Signature: Gale Dickinson | Date: Month 1 2 Day 2 6 Year 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEITH SAVACOOL SR | Signature: Keith Savacool Sr. | Date: Month 0 2 Day 2 6 Year 8 8

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: HARRY F. SCHMIDT | Signature: Harry F. Schmidt | Date: Month 0 2 Day 2 6 Year 8 8

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 0155064

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 41-IAE T-63 2/87

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M-I-0-0-5-9-6-9-7-2[illegible] Manifest Document No.: 11005

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
SUMMIT POLYMERS, INC.
6700 Sprinkle Road
Kalamazoo, MI 49001

4. Generator's Phone (616 323-1301

A. State Manifest Document Number: INA 0155063

B. State Generator's ID

5. Transporter 1 Company Name: Haviland Products

6. Use EPA ID Number: M-I-D-0-0-6-0-2-8[illegible]

C. State Transporter's ID

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
Griffith IN

10. Use EPA ID Number: I-ND-0-16-3-6-0-265

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 paint related reclaimable material flammable liquid NA-1263	039	BR	0 2 1 4 5	GAL	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

IN CASE OF SPILL - CONTAIN IMMEDIATELY

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: JANICE M TETT — Signature: [signature] — Date: Month 04 Day 01 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Date: Month 4 Day 1 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEITH SAVACOOL — Signature: [signature] — Date: Month 04 Day 1 Year 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: HARROLD F SCHMIDT — Signature: [signature] — Date: Month 04 Day 11 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 0155063

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MI 0 05 9 6 17 2 01
Manifest Document No.: 8 80 09
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
SUMMIT POLYMERS, INC.
6700 Sprinkle Road/Kalamazoo, MI 49001

4. Generator's Phone (616) 323-1301

A. State Manifest Document Number: INA 0155055
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: Haviland Products
6. Use EPA ID Number: M I D 00 60 28 4 92
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
Griffith, IN
10. Use EPA ID Number: I ND 0 1 8360 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 paint related reclaimable material flammable liquid NA-1263	3	B R	165	Gal	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
In case of spill - contain immediately

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: Robert Evans
Signature: Robert A. Evans
Date: Month 0 4 Day 0 7 Year 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL EVANS
Signature: Carl Evans
Date: Month 0 4 Day 0 7 Year 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEITH SAVAGOOL
Signature: [signature]
Date: Month 0 4 Day 1 1 Year 8 8

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 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.

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X #3 Still T63 4/12-39

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M-I-D-0-5-9-6-9-7-2-0-1
Manifest Document No.: 88007
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
SUMMIT POLYMERS, INC.
6700 Sprinkle Road
Kalamazoo, MI 49001

A. State Manifest Document Number: INA 0155057
B. State Generator's ID:

4. Generator's Phone (616) 323-1301

5. Transporter 1 Company Name: HAVILAND PROD.
6. Use EPA ID Number: M-I-D-0-0-6-0-2-8-4-9-2
C. State Transporter's ID:
D. Transporter's Phone: 616-342-9842

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
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-related reclaimable material - flammable	10	DR	550	GA	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
In case of spillage, contain immediately

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: Robert A. Evans
Signature: [signature]
Date: Month 04 Day 11 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL EVANS
Signature: Carl Evans
Date: Month 04 Day 19 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: HARROLD F. Schmidt
Signature: [signature]
Date: Month 04 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 0155057

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PAGE 7 (white) TRANSPORTER 1 COPY
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0015197

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.	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.
M·I·D·0·5·9·6·9·7·2·0·1	8·8·0·0·9		

3. Generator's Name and Mailing Address
SUMMIT POLYMERS, INC.
6700 Sprinkle Road
Kalamazoo, MI 49001
4. Generator's Phone (616) 323-1301

A. State Manifest Document Number INA 0155059
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone 616-343-9449
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

5. Transporter 1 Company Name	6. Use EPA ID Number
Haviland Products	M·I·D·0·0·6·0·2·8·4·9·2
7. Transporter 2 Company Name	8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
420 S. ColfaxGriffith, IN
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste paint related reclaimable material flammable liquid NA-1263	20	B·R	1.1.0.0	Gal.	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
In case of spill - contain immediately

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Robert A. Evans	Robert A Evans	05	20	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Carl Evans	Carl Evans	05	20	88

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Richard F Schmidt	Richard F Schmidt			

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 0155059

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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. M I D 0 5 9 6 9 7 2 0 1 — Manifest Document No. 8 8 1 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
SUMMIT POLYMERS, INC.
6700 Sprinkle Road/Kalamazoo, MI 49001

A. State Manifest Document Number: INA 0155060

4. Generator's Phone (616) 323-1301

B. State Generator's ID

5. Transporter 1 Company Name: Haviland Products — 6. Use EPA ID Number: M I D 0 0 6 0 2 8 4 9 2

C. State Transporter's ID

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
AMERICAL CHEMICAL SERVICE
420 S. Colfax
Griffith, IN

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

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 paint related reclaimable material flammable liquid NA-1263	44	BR	2420	Gal	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Robert A. Evans	Robert A. Evans	07	15	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
KEITH SAVACOOL	Keith Savacool	07	15	88

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
John S. Mezda	John S. Mezda	07	15	88

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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.: M I D 0 5 9 6 9 7 2 0 1
Manifest Document No.: 8 8 0 1 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
Summit Polymers, Inc.
6700 Sprinkle Road Kalamazoo, MI 49001

4. Generator's Phone (616-323-1301

A. State Manifest Document Number: INA 0155061
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: Haviland Products
6. Use EPA ID Number: M I D 0 0 6 0 8 8 4 9 2
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax
Griffith, IN
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. Waste paint related material (reclaimable) flammable liquid NA-1263	6	B R	330	Gal	F003
b.					
c.					
d.					

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Printed/Typed Name: Robert Evans
Signature: Robert A. Evans
Date: Month 0 8 Day 0 5 Year 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEITH SAYAGOOL
Signature: [signature]
Date: Month 0 8 Day 0 5 Year 8 8

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
Date: Month 8 Day 5 Year 8 8

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 0155061

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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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

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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.: M I D 0 5 9 6 9 7 2 0 1 | Manifest Document No.: 8 8 1 1 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
Summit Polymers, Inc.
6700 sprinkle Road, Kalamazoo, MI 49001

A. State Manifest Document Number: INA 0155062

4. Generator's Phone (616) 323-1301

B. State Generator's ID

5. Transporter 1 Company Name: Haviland Products | 6. US EPA ID Number: M I D 0 0 6 0 2 8 4 9 2 | 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
American Chemical Service
420 S Colfax, Griffith, IN

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

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 paint related reclaimable material flammable liquid NA-1263	37	B R	2035	GAL	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 2X

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Incast of spill, contain immediately

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	Signature	Date Month	Day	Year
Robert A. Fuqua	Robert A. F	8	24	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Stewart L. Squires	Stewart L. Squires	8	24	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

Printed/Typed Name	Signature	Month
ALAN WHITAKER	Alan Whitaker	8 29 88

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State Form 11865 PAGE 3 (light green) TSD MAIL TO TSD STATE — PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM — PAGE 8 (white) TRANSPORTER 2 COPY

123K 163/30

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 0155062

0015201

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.: MID059697201
Manifest Document No.: 88013
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
SUMMIT POLYMERS, ICN.
6700 SPRINKLE ROAD
KALAMAZOO, MI 49001
4. Generator's Phone (616) 323-1301

A. State Manifest Document Number: INA 0157754
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: HAVILAND PRODUCTS
6. Use EPA ID Number: MID006028492
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAXXXXXX
GRIFFITH, IN
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 PAINT RELATED RECLAIMABLE MATERIAL FLAMMABLE LIQUID NA-1263		B-R	1100	GAL	F002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IN CASE OF SPILL, CONTAIN IMMEDIATELY

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 Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] 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: Alvin Whitaker Signature: Alvin Whitaker Month Day Year: 09 20 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 0157754

EPA Form 8700-22 (Rev. 9-86)
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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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0015202

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.	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.
[illegible] .5.96.9.7.20.1	88.0.13		

3. Generator's Name and Mailing Address
SUMMIT POLYMERS, INC
6700 SPRINKLE ROAD
KALAMAZOO, MI 49001

4. Generator's Phone (616) 323-1301

A. State Manifest Document Number INA 0248879

B. State Generator's ID

5. Transporter 1 Company Name HAVILAND PRODUCTS

6. Use EPA ID Number M.ID.00 6.0.2.84.92

C. State Transporter's ID

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
GRIFFITH, IN

10. Use EPA ID Number I.ND.06 6.3.60.2.65

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE PAINT RELATED RECLAIMABLE MATERIAL FLAMMABLE LIQUID NA-1263 for cement kiln use	30	B.R.	1650	GAL	F003 F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
IN CASE OF SPILL, CONTAIN IMMEDIATELY

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	Signature	Month	Day	Year
Randy Simmons	Randy Simmons	11	7	88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Stewart Squires	Stewart Squires	11	7	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
BILL PERANTONI	Bill Perantoni	11	07	88

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	Signature	Month	Day	Year
WHITAKER A	A Whitaker	11	7	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 0248879

EPA Form 8700-22 (Rev. 9-86)
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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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0015203

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible] Manifest Document No. 001

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: [illegible] CHARLOTTE AVENUE [illegible] HART, IND 46517

4. Generator's Phone ([illegible]) [illegible]

A. State Manifest Document Number: INA 0129717

B. State Generator's ID:

5. Transporter 1 Company Name: [illegible]

6. Use EPA ID Number: [illegible]

C. State Transporter's ID: 0079

D. Transporter's Phone: [illegible]

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: [illegible] 420 S. COLFAX AVENUE GRIFFITH, IND. 46319

10. Use EPA ID Number: [illegible]

G. State Facility's ID: 918089 0002

H. Facility's Phone: [illegible]

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 ACETONE FLAMMABLE LIQUID UN1090	005	DM	00272		[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.

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 6 Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Dave Voss Signature: [illegible] Date: Month 6 Day 25 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: HAROLD E. [illegible] Signature: [illegible] Date: Month 6 Day 25 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 0129717

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State Form 11865 5-12/R-T-63 8/26

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PAGE 6 (canary) GENERATOR COPY
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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.	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.
IND 981073479			

3. Generator's Name and Mailing Address: SUN CHASER, 5101 POWER ROAD 3, FRANKFORT, IND. 46317

A. State Manifest Document Number: INA 0129716

4. Generator's Phone (217) 275-4777

B. State Generator's ID

5. Transporter 1 Company Name: STRAND TRANSPORTING

6. Use EPA ID Number: IL0000614454

C. State Transporter's ID

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. CULLEY AVE., CRAWFORTH, IND. 46317

10. Use EPA ID Number: IL.636.0265

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.	Waste No.
a. WASTE ACETONE	6	DM	330	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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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
MARK A WIESE		5	3	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Leonard M Strand		5	3	87

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Norman F Pruett		5	7	87

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.

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COP
PAGE 8 (white) TRANSPORTER 2 COP

MAIL 6-120 R JG3 13

INA 0129716

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OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND981093479 Manifest Document No. 9718
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
SUN CHASER
57858 CHARLOTTE AVE.
ELKHART, IND 46517
4. Generator's Phone (219) 293-4797

A. State Manifest Document Number INA 0129718
B. State Generator's ID
C. State Transporter's ID 0079
D. Transporter's Phone 312-576-3377
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID 918089000 2
H. Facility's Phone 219-924-4370

5. Transporter 1 Company Name: MR FRANK INC.
6. Use EPA ID Number: IL0069506160
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 4203 CULLEN AVENUE, GRIFFITH IND. 46319
10. Use EPA ID Number: IND000 [illegible]

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 ACETONE FLAMMABLE LIQUID UN1090	005	DM	00275	GAL	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	Signature	Month	Day	Year
MARK A WIESE	Mark A Wiese	03	31	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JACK McCLEVERTY		03	31	88

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
HAROLD F Schmidt	Harold F Schmidt	03	31	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 0129718

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 5-122 R. T63 3/21/88 g

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PAGE 6 (canary) GENERATOR COPY
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.: IND981093479 — Manifest Document No.: 29719
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: SUNCHASER, 57858 CHARLOTTE AVE, ELKHART, IN 46517
4. Generator's Phone (219) 293-4797

A. State Manifest Document Number: INA 0129719
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: ILD069506160
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 4205 COLFAX AVE., GRIFFITH, IN. 46319
10. Use EPA ID Number: 016360265 INA

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. UN1090 FLAMABLE LIQUID WASTE ACETONE	005	DM	00275	GAL	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: RICK GLASER — Signature: [signature] — Date: Month 05 Day 16 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY — Signature: [signature] — Date: Month 05 Day 18 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: JAMES MURPHY — Signature: James Murphy — Date: Month 05 Day 19 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 0129719

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865.

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

12 OCT 63 5/23

0015188

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.: IND981093479 — Manifest Document No.: 29720
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: SUNCHASER MARINE, 57858 CHARLOTTE AVE, ELKHART IN 46517
4. Generator's Phone: 219-293-4777

A. State Manifest Document Number: INA 0129720
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: ILD069506160
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 4205 COLFAX AVE, GRIFFITH, IN 46319
10. Use 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. UN1090 FLAMABLE LIQUID WASTE ACETONE	005 ~~004~~	DM	00275 ~~00220~~	GAL	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: Alvin Whitaker

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: RICK GLASER — Signature: [signature] — Date: Month 07 Day 19 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN — Signature: [signature] — Date: Month 07 Day 19 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: Alvin Whitaker — Date: Month 07 Day 20 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 0129720

EPA Form 8700-22 (Rev. 9-86)
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0015189

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. IN0981093479 Manifest Document No. 29721
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: SUNCHASER MARINE 57858 CHARLOTTE AVE ELKHART IN 46517
4. Generator's Phone (219) 293-4797
A. State Manifest Document Number: INA 0129721
B. State Generator's ID
C. State Transporter's ID 0079
D. Transporter's Phone 312-720-0700
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID 9180890002
H. Facility's Phone 219-924-4370

5. Transporter 1 Company Name: MR FRANK INC
6. Use EPA ID Number: ILD069506160
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: IND016302655

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. UN1090 WASTE ACETONE FLAMABLE LIQUID	008	DM	00440	GAL	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: RICK GLASER Signature: [signature] Date: Month 10 Day 11 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN Signature: [signature] Date: Month 10 Day 11 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date: Month Day Year

19. Discrepancy Indication Space: 11. A. WASTE ACETONE (SHIPPING NAME) SHOULD BE 1st

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 10 Day 14 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 0129721

EPA Form 8700-22 (Rev. 9-86)
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State Form 11865

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PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

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0015190

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.: IN0981093479 — Manifest Document No.: 29722

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: SUN CHASER MARINE, 57858 CHARLOTTE AVE, ELKHART, IN 46514

4. Generator's Phone: (219) 293-4797

A. State Manifest Document Number: INA 0129722

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK INC.

6. Use EPA ID Number: IL0009506160

C. State Transporter's ID: 00179

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, 420 S COLFAX AVE., GRIFFITH, IN. 46319

10. Use EPA ID Number: IND016302650

G. State Facility's ID: 9180890003

H. Facility's Phone: 219-924-1370

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 ACETONE UN1090 FLAMABLE LIQUID	00	9DM00	495	GAL	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: RICK GLASER — Signature: [signature] — Date: Month 01 Day 19 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Dave Voss — Signature: [signature] — Date: Month 01 Day 19 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: WHITAKER A — Signature: [signature] — Date: Month 01 Day 20 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 0129722

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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0016659

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.: IND981093479 — Manifest Document No.: 29725
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
SUN CHASER MARINE
57858 CHARLOTTE AVE.
ELKHART, IN 46517

4. Generator's Phone 219-293-4797

A. State Manifest Document Number: INA 0129725
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: ILD 069506160
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
420 S. COLFAX AVE.
GRIFFITH, IN 46319

10. Use EPA ID Number: IND016302650
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 ACETONE UN 1090 FLAMMABLE LIQUID	7	DM	385	GAS	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: KAREN FULFORD / LOWELL HUBEK — Signature: [signature] — Date: Month 4 Day 14 Year 89

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 Item 19.
Printed/Typed Name: STEVE KUMURK — Signature: [signature] — Date: Month 4 Day 12 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 0129725

EPA Form 8700-22 (Rev. 9-86)
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State Form 11865

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12/VCT62 4/14
TO 7 ORVIS 4/29/89
7 MARINE SHALE 3/5/90 010881

0016662

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.	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.
V·I·N·D·9·8·1·0·5·5·1·7·9	2·9·7·2·6		

3. Generator's Name and Mailing Address
SUNCHASER MARINE
1325 E. MARGARETTA AVE.
ELKHART, IND. 46517

4. Generator's Phone (2 1 9) 2 9 3 - 4 2 9 7

A. State Manifest Document Number INA 0129726

B. State Generator's ID

5. Transporter 1 Company Name MC FRANK INC

6. Use EPA ID Number I·L·D·9·8·4·7·7·5·0·4·9

C. State Transporter's ID 0029

D. Transporter's Phone 219-362-8[illegible]

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. CONGER AVE.
GRIFFITH, IN. 46319

10. Use EPA ID Number V·N·D·0·1·6·3·0·2·6·5·0

G. State Facility's ID 11.2000

H. Facility's Phone 219-924-4320

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 ACETONE, UN 1090, FLAMMABLE LIQUID	7.	DM	.325	MG	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	Signature	Month	Day	Year
MARK WHITAKER	[signature]	12	10	89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JACK McCLURE	[signature]	12	10	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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
D. WHITAKER	[signature]	12	12	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 0129726

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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 9-30-91*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: 1.N0981.0.9.34.7.9 — 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: Sun Chaser Marine, 5755B Chancellor Ave., Elk. IN 46517
4. Generator's Phone (219) 293-4797 — ILD 984775649

A. State Manifest Document Number: INA 0399703
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 708-760-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-293-4797

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: ~~ILD0675361~~
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, 4205 Colfax Ave., Griffith, IN 46319
10. Use EPA ID Number: 01.6.3.6.0.2.6.5

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 ACETONE Flammable Liquid UN1090 F003	004	DM	002.2.0	1	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:

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Printed/Typed Name: Bill Hudnall — Signature: Bill Hudnall — Date: Month 1 Day 2 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss — Signature: Dave Voss — Date: Month 1 Day 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: Whitaker H — Signature: [signature] — Date: Month 11 Day 29 Year 87

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 0399703

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

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0016661

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. [illegible] | 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: Sun Chaser [illegible]

4. Generator's Phone ([illegible]) [illegible]

A. State Manifest Document Number: INA 0399701

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible]

6. Use EPA ID Number: [illegible]

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-120-0700

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: [illegible] IN 46319

10. Use EPA ID Number: [illegible]

G. State Facility's ID: [illegible]

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 [illegible]	04	D.H	0.0220	[illegible]	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: [illegible]

K. Handling Codes for Wastes Listed Above: [illegible]

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] | Signature: [illegible] | Date: Month [illegible] Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert PERKINS | Signature: Robert Perkins | Date: Month 05 Day 07 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: [illegible] | Date: Month 5 Day 7 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 0399701

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

120 [illegible] 63 5/9

0018201

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. [illegible] | Manifest Document No. [illegible] | 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: Sun Chaser [illegible]

4. Generator's Phone ([illegible]) [illegible]

A. State Manifest Document Number: INA 0399704

B. State Generator's ID [illegible]

5. Transporter 1 Company Name: [illegible]

6. Use EPA ID Number: [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone [illegible]

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

10. Use EPA ID Number

G. State Facility's ID

H. Facility's Phone [illegible]

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 ACETONE FLAMMABLE LIQUID UN1090	07	CM	0.355	GAL	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above [illegible]

K. Handling Codes for Wastes Listed Above [illegible]

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: Bill Hudnall | Signature: [illegible] | Month | Date Day | Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Walter C Klaubo | Signature: Walter C Klaubo | Month 02 | Date Day 23 | Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month | Date 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: [illegible] | Month 2 | Day 27 | 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 0399704

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

12 OTCT 63 2/27

0018200

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

0560761
1 7

Authorization Number 920616
8 13

Sun Chemical Corp.	6600 S. Melvina Ave	3124965800	031600036 7 G
(Company Name)	Address	Phone Number	14 Generator Number 24
Chicago,	IL	60638	ILD0531910 29
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, IL 60473	S.W.H. Registration Number 0079001 25 31
Hauler Name	Hauler Address	
	3125963377	ILD069506160
	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 Chemical Service	PO Box 190	9180890 6 39 46
(Facility Name)	Address	Site Number
Griffith	IN 46319	3127683400 INDO16360265
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: Solvent 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
Flammable liquid, N.O.S.	Flammable liquid	UN1993	D001

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: 003000 47 52 (1 GALLONS / 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 John K. Kelly (Authorized Signature) DATE 5-18-82

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) Mike Pfeifer (Authorized Signature) DATE 5/18/82 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

_____ (Authorized Signature) DATE 5/18/82 60 66

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 210K T-50 6PM 5-18-82

002481

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

0560766

Authorization Number ~~920616~~

SUN CHEMICAL CORP. (Company Name) | 6600 SOUTH MELVINA (Address) | 312 496 5800 (Phone Number) | 0316000367 (Generator Number)

CHICAGO (City) | IL (State) | 60638 (Zip) | ILD053191029 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0079/018

So. HOLLAND, IL. | 312 596 3377 (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) | 420 S. COLFAX (Address) | 91808902 (Site Number)

GRIFFITH (City) | IN. (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: _____ 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 SOLVENTS N.O.S. HAZARD CLASS: FLAMMABLE | NA1993 (UN or NA Number) | D002 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35000 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 5000 (47–52) | 1 GALLONS (Circle One) 2 CU. YDS. 2 (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: 7/27/82

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) [signature] (Authorized Signature) DATE 07/27/82 (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 7/27/82 (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 211 RT-50 6PM 7-27-82

002990

STATE OF ILLINOIS

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

0560770

Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

Sun Chemical Corp.	6600 S. Melvina Ave.	3124965800	031600367 G	
(Company Name)	Address	Phone Number	Generator Number	
Chicago,	IL	60638	ILD053191029	
City	State	Zip	EPA Number	

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, IL 60473		0 079001
Hauler Name	Hauler Address		S.W.H. Registration Number
		3125963377	ILD069506160
		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	P O Box 190			918089 06	
(Facility Name)	Address			Site Number	
Griffith	IN	46319	3127683400	INDO163602 65	
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: Solvent 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:	HAZARD CLASS:		
Flammable Liquid, N.O.S.	Flammable liquid	UN 1993 (UN or NA Number)	D001 (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: CC3500 (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 _____ (Authorized Signature) DATE 10-8-82

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) _____ (Authorized Signature) DATE 10/8/82 (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 10/8/82 (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. # 3

SITE COPY - PART 3

To 211RT-50 GKM 10.8.82

002482

STATE OF ILLINOIS

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

0560771

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number

SUN CHEMICAL CORP.	6600 S. MELVINA AVE.	3124965800	031600036 7 G
(Company Name)	Address	Phone Number	Generator Number
CHICAGO	IL 60638		ILD 05 3191 029
City	State Zip		EPA Number

WASTE HAULER(S)

MR. FRANK, INC.	201 W. 155th ST SO. HOLLAND, IL 60473	S.W.H. Registration Number 0 0 7 9 0 2 1
Hauler Name	Hauler Address	
	3 1 2 5 9 6 3 3 7 7	ILD 069506160
	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	PO BOX 190	9180 8906
(Facility Name)	Address	Site Number
GRIFFITH	IN 46319	312 768 3400 IND 016 360 265
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: SOLVENT 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	HAZARD CLASS:	
Flammable Liquid, N.O.S. Flammable liquid	UN1993 (UN or NA Number)	D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 20,000 LBS / TONS (circle one)

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

QUANTITY OF WASTE DELIVERED 2500 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 James Stevens (Authorized Signature) DATE: Nov. 9, 1982

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 11/09/82

(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 11/9/82

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 # 3

SITE COPY - PART 3 To 210 RT-50 ERM 11.9.82

002483

TO BE COMPLETED BY WASTE GENERATOR

2200 C

SPECIAL

SUN CHEMICAL CORP.	6600 S. MELVINA AVE.		0 0 0 3 6 7 G
(Company Name)	Address	Phone Number	14 Generator Number 24
CHICAGO,	IL	60638	I L D 0 5 3 1 9 1 0 2 9
City	State	Zip	EPA Number

WASTE HAULER(S)

MR. FRANK, INC.	201 W. 155TH ST. SO. HOLLAND, IL 60473		S.W.H. Registration Number 0 0 7 9 0 2 5 (25–31)
Hauler Name	Hauler Address	3 1 2 5 9 6 3 3 7 7 Phone Number	I L D 0 6 9 5 0 6 1 6 0 EPA Number
			S.W.H. Registration Number (32–38)
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE	PO BOX 190			9 1 8 0 8 9 0 6 (39–46)
(Facility Name)	Address			Site Number
GRIFFITH	IN	46319	3 1 2 7 6 8 3 4 0 0	I N D 0 1 6 3 6 0 2 6 5
City	State	Zip	Phone Number	EPA Number
				(39–46) Site Number
Alternate (Facility Name)	Address			
City	State	Zip	Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SOLVENT 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:	HAZARD CLASS:		
Flammable Liquid, N.O.S.	Flammable liquid	U N 1 9 9 3 (UN or NA Number)	D 0 0 1 (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 0 0 2 5 0 0 (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 Doug Frank (Authorized Signature) DATE 11-10-82

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 11/10/82 (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 11 11 82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-9802 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 61CM 11.11.82

002484

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

0641867

Authorization Number

Sun Chemical Corp. (Company Name)	6600 S. Melvina Ave. (Address)	3 1 2 4 9 6 5 8 0 0 0 3 1 6 0 0 0 3 6 7 (Phone Number)	G (Generator Number)
Chicago, (City)	Illinois (State) 60638 (Zip)	I L D 0 5 3 1 9 1 0 2 9 (EPA Number)	

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name)	201 W. 155th St. So. Holland, Il. 60473 (Hauler Address)	S.W.H. Registration Number 0 0 7 9 0 0 3	
		3 1 2 5 9 6 3 3 7 7 (Phone Number)	I L D 0 6 9 5 0 6 1 6 0 (EPA Number)
(Hauler Name)	(Hauler Address)	S.W.H. Registration Number	
		(Phone Number)	(EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

~~In~~/American ~~Secondary~~ CHEMICALSER (Facility Name)	~~601 Riley Road~~ (Address)		312-7683400	9 1 8 0 8 9 0 6 (Site Number)
~~East Chicago~~, GRIFFITH (City)	IND (State) 4120 SO COLFAX 46312 (Zip)		~~[illegible]~~ (Phone Number)	ILD0 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: SOLVENT WASTER WASTE PHASE: LIQUIC (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Flammable Liquid, N.O.S HAZARD CLASS: Flammable Liquid

UN 1 9 9 3 (UN or NA Number) D 0 0 1 (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 1 7 0 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 George [signature] (Authorized Signature) DATE 12/8/82

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) Ronald Bridgewater (Authorized Signature) DATE 12/08/82 (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 12/08/82 (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 R T-50 GRM 12.8.82

002485

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

064186

Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

Sun Chemical Corporation	6600 S. Melvina Ave.	3124965800	03160002 67 G	
(Company Name)	Address	Phone Number	Generator Number	
Chicago	IL	60638	ILD 053191029	
City	State	Zip	EPA Number	

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. So. Holland, IL 60473	S.W.H. Registration Number 0079004	
Hauler Name	Hauler Address		
		3125963377	ILD069506160
		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	PO Box 190			91808906
(Facility Name)	Address			Site Number
Griffith	IN	46319	3127683400	IND016360265
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: Solvent 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:	HAZARD CLASS:		
Flammable Liquid N.O.S.	Flammable liquid	UN1993 (UN or NA Number)	D001 (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: 002000 (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 John Kelly for Sun Chemical (Authorized Signature) DATE: 10-18-83

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) Joe Weber (Authorized Signature) DATE: 10/18/83 (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: 10/18/83 (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 211RT-50 GRM 10.18.83

005430

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

0641880

Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

Sun Chemical Corp. (Company Name) | 6600 S. Melvina Ave. (Address) | 3124965800 (Phone Number) | 0316000367 G (Generator Number)

Chicago, (City) | IL (State) | 60638 (Zip) | ILD 053191029 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. So. Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 0079004

3125963377 (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) | PO Box 190 (Address) | 91808906 ½ (Site Number)

Griffith (City) | IN (State) | 46319 (Zip) | 3127683400 (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 flammable liquids waste ink WASTE PHASE: liquid (Liquid, Gasepus, 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
flammable liquid N.O.S. flammable liquid	flammable liquid	UN1993	D001

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: 001000 (47–52) 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 E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION _____ (Authorized Signature) DATE: 10/12/83

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) Dan Van Slyke (Authorized Signature) DATE: 10/12/83 (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: 10/13/83 (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 211 RT-50 GRM 10-13-83

005437

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

0641874 (1–7)

Authorization Number ____ (8–13)

Sun Chemical Corp. (Company Name) | 6600 S. Melvina Ave. (Address) | 3124965800 (Phone Number) | 03 16 000 367 G (14–24 Generator Number)

Chicago, (City) | IL (State) | 60638 (Zip) | ILD053191029 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. So. Holland, IL (Hauler Address) | S.W.H Registration Number 0079029 (25–31)

3125963377 (Phone Number) | ILD069506160 (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 S. Colfax (Address) | 91 80 890 2 (39–46 Site Number)

Griffith (City) | IN (State) | 46319 (Zip) | 3127683400 (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: Flammable Liquid 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 Liquid Solvent NOS | HAZARD CLASS: NA1993 (UN or NA Number) | D002 (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: 004000 (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 ____ (Authorized Signature) DATE: 5-25-83

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) ____ (Authorized Signature) DATE: 5/25/83 (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:

____ (Authorized Signature) DATE: 5/25/83 (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 211 RT-50 EPM 5-25-83

005007

8/81

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

0641877
1 7

Authorization Number ____ 8 13

Sun Chemical Corporation (Company Name) | 6600 S. Melvina Ave. (Address) | 3124965800 (Phone Number) | 03160003677 G (14 Generator Number 24)

Chicago, (City) | IL (State) | 60638 (Zip) | ILD053191029 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. So. Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 0079027 (25 31)

3125963377 (Phone Number) | ILD069506160 (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) | PO Box 190 (Address) | 918089006 (39 Site Number 46)

Griffigh (City) | IN (State) | 46319 (Zip) | 3127682400 (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: Solvent 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
flammable liquid N.O.S.	flammable liquid	UN1993	D001

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: 001000 (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: 6-17-83

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) ____ (Authorized Signature) DATE: 6/17/83 (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: 6/17/83 (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 210K T-50 6PM 6-17-83

005438

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

0641876 (1–7)

Authorization Number ____ (8–13)

Sun Chemical Corpoation (Company Name) | 6600 S. Melvina Ave. (Address) | 3124965800 (Phone Number) | 03 (14) | 16000367 (Generator Number) | G (24)

Chicago, (City) | IL (State) | 60638 (Zip) | ILD053191029 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. So. Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 0079027 (25–31)

3125963377 (Phone Number) | ILD069506160 (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) | P O Box 190 (Address) | 9180896 (39 Site Number 46)

Griffith (City) | IN (State) | 46319 (Zip) | 3127683400 (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: Solvent 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
Flammable liquid N.O.S.	Flammable liquid	UN1993	D001

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: 002,000 (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 John Ballo for Sun Chemical (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) ____ (Authorized Signature) DATE: 6/13/83 (54–59)

(2) ____ (Authorized Signature) DATE: / / (54–59)

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: 6/13/83 (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 210E T-50 GRM 6.13.83

005439

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

0641872

Authorization Number ~~920616~~

Sun Chemical Corp. (Company Name) | 6600 S. Melvina Ave. (Address) | 3 1 2 4 9 6 5 8 0 0 0 (Phone Number) | 3 1 6 0 0 0 3 6 7 G (Generator Number)

Chicago, (City) | IL (State) | 60638 (Zip) | I L D 0 5 3 1 9 1 0 2 9 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. So. Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 0 1

3 1 2 5 9 6 3 3 7 7 (Phone Number) | I L D 0 6 9 5 0 6 1 6 0 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services (Facility Name) | PO Box 190 (Address) | 9 1 8 0 8 9 0 6 (Site Number)

Griffith (City) | IN (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (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: Solvent 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: Flammable liquid, N.O.S. HAZARD CLASS: Flammable liquid

U N 1 9 9 3 (UN or NA Number) | D 0 0 1 (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: 0 0 1 0 0 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 John [illegible] For Sun Chemical (Authorized Signature) DATE: 3-1-83

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) Mike [illegible] (Authorized Signature) DATE: 3/01/83 (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

Bob [illegible] (Authorized Signature) DATE: 3/01/83 (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 211 KT-50 GRM 3.1.83

005440

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

0894895

Authorization Number Out Of State

Sun Chemical Corp. (Company Name) | 6600 S. Melvina Ave. (Address) | 3 1 2 4 9 6 5 8 0 0 (Phone Number) | 0 3 1 6 0 0 0 3 6 7 (Generator Number) G

Chicago, (City) | IL (State) | 60638 (Zip) | I L D 0 5 3 1 9 1 0 2 9 (EPA Number)

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. So. Holland, IL 60473 (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 0 8

3 1 2 5 9 6 3 3 7 7 (Phone Number) | I L D 0 6 9 5 0 6 1 6 0 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services (Facility Name) | PO Box 190 (Address) | 9 1 3 0 8 9 0 2 (Site Number)

Griffith (City) | IN (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (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: Solvent 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: Flammable liquid N.O.S. HAZARD CLASS: Flammable liquid

UN 1 9 9 3 (UN or NA Number) | D 0 0 1 (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: 3,000 (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: 8-22-84

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 22 84

(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: 08 22 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

212 K T-50 11200 BTU/LB 1.0% CL

006288

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.: ILD 053191029 — Manifest Document No.: 0000

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
Sun Chemical Corp. General Printing Ink
6600 S. Melvina Ave. Chicago, IL 60638

4. Generator's Phone (312-496-5800

A. Illinois Manifest Document Number: IL 1429910

B. Illinois Generator's ID: 0 3 1 6 6 4 0 0 1 1

5. Transporter 1 Company Name: Mr. Frank, Inc.

6. US EPA ID Number: ILD069506160

C. Illinois Tranporter's ID: 0 0 7 9

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 Services
PO Box 190
Briffith, IN 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 1 1 9 1 8 0 9 9 0 0

H. Facility's Phone: (312) 768-3400 0 2

	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. Flammable Liquid UN 1993	0 0 1	TT	0 3 5 0 0	1	EPA HW Number: D 0 0 1 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

Waste listed in 11 A. if undeliverable for any reason, return 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: Gary Ellis — Signature: Gary Ellis — Date: Month Day Year: 11 21 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DWAYNE SHAW — Signature: Dwayne Shaw — Date: Month Day Year: 11 21 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 Day Year: 11 21 86

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

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

all 212E T50 4 95 011691

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.: ILD 053191029 | 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
Sun Chemical Corporation General Printing Ink Div.
6600 S. Melvina Ave Chicago, IL 60638
4. Generator's Phone 312-496-5800

A. Illinois Manifest Document Number: IL 1429902

B. Illinois Generator's ID: 0 3 1 6 0 0 0 3 6 7

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. US EPA ID Number: ILD069506160
C. Illinois Tranporter's ID: 0 0 7 1 9
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 Services
PO Box 190
Griffith, IN 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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
GENERATOR a.	Waste Flammable Liquid N.O.S. Flammable Liquid UN 1993	X	001	TT	03300	1	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
11 A.

K. Handling Codes for Wastes Listed Above
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
Waste listed in 11A, if undeliverable for any reason, return 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)
Gary Ellis	Gary Ellis	11 13 15

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Ron BRITE-WATER	Ron Brite-Water	11 13 15

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)
EDUNFEE	E. Dunfee	11 14 15

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

210K T-50
009281

THIS SHIPPING ORDER

MUST BE LEGIBLY FILLED IN, IN INK, IN INDELIBLE PENCIL, OR IN CARBON AND RETAINED BY THE AGENT.

RECEIVE, subject to the classifications and tariffs in effect on the date of the issue of this shipping order,

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, 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 of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From Sun Chemical Corporation
GENERAL PRINTING INK DIVISION

at FRANKFORT, IN. 12-9-1982

B/L No. 046443

Cust. Order No.

Shipper's No.

Carrier Mr. Frank INC.

Consigned to American Chemical Services

Destination Griffith State IN (Mail or street address of consignee - For purposes of notification only.) Zip

Delivery Address ☆ 420 South Colfax

(☆ To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route

Delivering Carrier Car or Vehicle Initials No.

BOXES	KITS OR PAILS	DRS.		HM	DESCRIPTION OF ARTICLES	*WEIGHT (SUB. TO CORR.)
					Ink, Printing, N.O.I.	
					Ink, Printing, N.O.I. In Metal or Plastic Tubes	
					Flammable Liquid N.O.S., Flammable Liquid, N.M.F.C. Ink Material N.O.I., UN 1993	
					Ink, Flammable Liquid, N.M.F.C. Ink, Printing, N.O.I., UN 1210	
					Paint, Stains, Varnish, N.O.I. Liquid or Solid	
					Paint, N.O.I. Dry	
					Varnish, Flammable Liquid, UN 1263	
					Solvent N.O.S., Flammable Liquid, N.M.F.C. Solvent, Paint, Lacquer, Varnish or Coal Resin, or Plastic, NA 1993	
					Lacquer (Flammable Liquid), NA 1263	
					Plasticizers, Paint, Lacquer, Varnish, Gum, Resin or Plastic	
					Compounds, Increasing, Reducing, Removing, Thickening or Thinning	
					Flammable Liquid N.O.S. Flammable Liquid, N.M.F.C. Plasticizers, Paint, UN 1993	
					Compounds, Lacquer, Paint or Varnish, Removing, Reducing or Thinning Liquid, Flammable Liquid, NA 1142	
					4500 gal Non-Hazardous Waste - Oil & INK Waste and Sludge	
					Total	

ATTENTION: CARRIER
SEND FREIGHT BILL WITH COPY OF BILL OF LADING
TO: GPI DIV., SUN CHEMICAL CORP.
c/o T.A.R.I.F.F.
P. O. BOX 375
HAZLET, NJ 07730

Subject to Section 7 of Conditions of applicable bill of lading, 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)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per

(The signature here acknowledges only the amount prepaid.)

Charges advanced:

$

"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

*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.

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 ____

"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."

The fibre barrels, drums, pails, tubes or boxes used for this shipment conform to the specifications set forth in drum maker's certificate thereon and all other requirements of Rule 41 of the Consolidated Freight Classification.

GENERAL PRINTING INK CO., Shippers, Per

Division Of
SUN CHEMICAL CORPORATION

Permanent post-office address of shipper, R.R. 6 & STATE ROAD 28 WEST
P.O. BOX 427
FRANKFORT, IN. 46041

☆ AGENT MUST DETACH AND RETAIN THIS SHIPPING ORDER AND MUST SIGN THE ORIGINAL BILL OF LADING

TC 211 KT-50 GPM
12.9.82

FORM 206

003567

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

0295799

Authorization Number 9 9 8 7 1 4

Sun Chemical Corp. (Company Name) | 3200 Festival Drive (Address) | ILD 079 603 886

Kankakee (City) | IL (State) | 60901 (Zip)

0 9 1 0 5 5 0 0 1 2 G Generator Number

WASTE HAULER(S)

Mr. Frank, Inc. (Hauler Name) | 201 W. 155th St. South Holland IL (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 3 1

ILD 069506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | 420 So Colfax (Address) | 9 1 8 0 8 9 0 2 Site Number

Griffith (City) | IN (State) | (Zip) | IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste flammable 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:	WEIGHT FOR D.O.T. USE	LBS / TONS (circle one)
flammable solvents	UN 1993		

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

QUANTITY OF WASTE DELIVERED: 003000 | 1 GALLONS (Circle One) | 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: 11/16/81 | X Don Wilson (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) Ronald Bielawski (Authorized Signature) | DATE: 11 16 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: 11 16 81

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

T 211 R T-50 GRM 11/16/81

SITE COPY - PART 3

002013

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

0295800 (1–7)

Authorization Number 9 9 8 7 1 4 (8–13)

Sun Chemical Corp.	3200 Festival Drive	
(Company Name)	Address	
Kankakee, IL	IL	60901
City	State	Zip

ILD 075 603 886

0 9 1 0 5 5 0 0 1 2 G (14–24 Generator Number)

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, IL	S.W.H. Registration Number 0 0 7 9 0 0 9 (25–31)
Hauler Name	Hauler Address	XE ILD 069506160
		S.W.H. Registration Number (32–38)
Hauler Name	Hauler Address	

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals	420 S COLFAX	9 1 8 0 8 9 0 2 (39–46 Site Number)
(Facility Name)	Address	
Griffith	IN	IND 016360265
City	State	Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: waste flammable 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:	WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one).
flammable solvents	UN 1993	

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

QUANTITY OF WASTE DELIVERED: 003000 (47–52)

1 GALLONS (Circle One) / ~~2 CU. YDS.~~ (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: 11-20-81 (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:

(Authorized Signature) DATE: 11 20 81 (54–59)

(Authorized Signature) DATE: ___/___/___

FINAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

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

(Authorized Signature) DATE: 11 20 81 (60–65)

SPECIAL INSTRUCTIONS: _____

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

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

To 211K T-50 11/20/81

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

0560751

Authorization Number 999 8714

TO BE COMPLETED BY WASTE GENERATOR

Sun Chemical Corp. (Company Name) | 3200 Festival Drive (Address) | Phone Number | 0910550012 (Generator Number)

Kankakee (City) | Illinois (State) | 60901 (Zip) | ILD007560388 6 (EPA Number)

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name) | 201 W. 100 55th St. (Hauler Address) | S.W.H. Registration Number 00790 21 | ILD069506160 (EPA Number)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL 4205 CUMFAX (Facility Name) | Address | 91808902 (Site Number)

GRIFFITH (City) | IND (State) | 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: Flammable Solvent (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: Flammable Solvent | HAZARD CLASS: | UN1993 (UN or NA Number) | 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: 005000 (47–52) 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 _____ (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) Donald H Bell (Authorized Signature) DATE 12/21/81 (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 12/21/81 (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. # 3

SITE COPY - PART 3

To 210 RT50 GRM 12/22/81

001876

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

0560756

Authorization Number 9 9 9 8 7 14

Sun Chemical Corp.	3200 Festival Drive	81 5 9 3 9 0 1 36	0 9 1 0 5 5 0 0 1 2 G
(Company Name)	Address	Phone Number	Generator Number
Kankakee,	IL	60901	I L D 0 7 5 6 0 3 8 8 6
City	State	Zip	EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, IL	S.W.H. Registration Number 0 0 7 9 0 0 1
Hauler Name	Hauler Address	
		3 12 5 9 6 3 3 7 7 — Phone Number; I L D 0 6 9 5 0 6 1 6 0 — EPA Number
Hauler Name	Hauler Address	S.W.H. Registration Number
		Phone Number; EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical	420 S. Colfax			9 1 8 0 8 9 0 2
(Facility Name)	Address			Site Number
Griffith	IND			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: Flammable Solvent (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: Flammable Solvent (Waste)

HAZARD CLASS: UN 1993 (UN or NA Number) 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: 00 22 00 (42–52) 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 Feb 17, 1982

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) Mike [signature] (Authorized Signature) DATE 02/17/82 (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

Bob Mauck (Authorized Signature) DATE 02/17/82 (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 125 RT-63 GRM 2/17/82

002659

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

0560762 (1–7)

Authorization Number 9 9 8 7 1 4 (8–13)

Sun Chemical Corp.	3200 Festival Drive	8 1 5 9 3 9 0 1 3 6	0 9 1 0 5 5 0 0 1 2 G
(Company Name)	Address	Phone Number	14 Generator Number 24
Kankakee,	IL 60901		I L D 0 7 5 6 0 3 8 8 6
City	State Zip		EPA Number

WASTE HAULER(S)

Mr. Frank, Inc.	201 W. 155th St. South Holland, IL	S W H. Registration Number 0 0 7 9 0 0 9 (25–31)
Hauler Name	Hauler Address	
	3 1 2 5 9 6 3 3 7 7	I L D 0 6 9 5 0 6 1 6 0
	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 Chemical	420 S. Colfax	9 1 8 0 8 9 0 2 (39–46)
(Facility Name)	Address	Site Number
Griffith	IN	2199244370 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: flammable solvent (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: flammable solvent (waste)

HAZARD CLASS:

U N 1 9 9 3 (UN or NA Number)

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: 0 0 4 0 0 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 Don Nelsen (Authorized Signature) DATE 5-13-82

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) Donald H Bult (Authorized Signature) DATE: 05 13 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 5 13 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 # 3

SITE COPY - PART 3

To 25R T-63 6RM 5.13.82

002678

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

0670657
1 7

Authorization Number ____ 8 13

SUN CHEMICAL CORP. (Company Name) | 3200 FESTIVAL DR. (Address) | 8159390136 (Phone Number) | 0910550012 (Generator Number) G 14 24

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC (Hauler Name) | 201 W. 155TH. ST SO. HOLLAND, ILL. 60473 (Hauler Address) | S.W.H. Registration Number 0079029 25 31

3125963377 (Phone Number) | ILD069506160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (Site Number) 39 46

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: 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: WASTE INK SOLVENTS | HAZARD CLASS: FLAMMABLE LIQUID | UN 1993 (UN or NA Number) | K086 (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: 5000 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: 8/30/82

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) [signature] (Authorized Signature) DATE: 08/30/82 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

[signature] (Authorized Signature) DATE: 8/31/82 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

SV # 4

SITE COPY - PART 3 To 211F T-50 GPM 83182

002991

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

0670658

Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DR. (Address) | 8159390136 (Phone Number) | 09105500012 G (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. SOUTH HOLLAND, IL 60473 (Hauler Address) | S.W.H. Registration Number 0079030 | 3125963377 (Phone Number) | ILDO 9506160 (EPA Number)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3192768400 (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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	UN 1993	K086

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: 5000 (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 Michael Brown (Authorized Signature) DATE: 8/31/82

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: 08/31/82

(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.

P L Smylee (Authorized Signature) DATE: 9/1/82

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 DICK T-EC 6PM 9/1/82

002782

IL 532-610
LPC 62 B/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

0670659

Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

(Company Name)	Address	Phone Number	Generator Number
SUN CHEMICAL CORPORATION	3200 FESTIVAL DRIVE	8159390136	091055001 2 G

City	State	Zip	EPA Number
KANKAKEE	ILLINOIS	60901	ILD 007560 3886

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number	Phone Number	EPA Number
MR. FRANK INC.	201 W. 155th STREET SOUTH HOLLAND, IL. 60473	0079029	3125963377	ILD095061160

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number	Phone Number	EPA Number
AMERICAN CHEMICAL SER.	420 S. COLFAX AVE.	91808902		
GRIFFITH	INDIANA 46319		3127683400	IND016360265

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	HAZARD CLASS	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	NA 1993	K086

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: 5000 (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 Michael Flower (Authorized Signature) DATE 9/1/82

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) M. Sandusky (Authorized Signature) DATE 09/01/82

(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:

J Dunbee (Authorized Signature) DATE 9/2/82

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 2112 1-50 GPM 9.2.82

002784

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

0670660

Authorization Number

(Company Name)	Address	Phone Number	Generator Number
SUN CHEMICAL CORPORATION	3200 FESTIVAL DRIVE	8 1 5 9 3 9 0 1 3 6	0 9 1 0 5 5 0 0 1 2 G

City	State	Zip	EPA Number
KANKAKEE	IL.	60901	I L D 0 7 5 6 0 3 8 8 6

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number	Phone Number	EPA Number
MR. FRANK INK	201 W. 155th STREET SOUTH HOLLAND, IL. 60473	0 0 7 9 0 2 7	3 1 2 5 9 6 3 3 7 7	I L D 0 9 5 0 6 1 6 0

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number	City	State	Zip	Phone Number	EPA Number
AMERICAN CHEMICAL SER.	420 S. COLFAX AVE.	9 1 8 0 8 9 0 2	GRIFFITH	INDIANA	46319	3 1 2 7 6 8 3 4 0 0	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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	~~UN~~ NA 1 9 9 3	K 0 8 6

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 1800 (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 Michael Shoven (Authorized Signature) DATE 09/02/82

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) [signature] (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.

[signature] (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

T0210E T-50 [illegible] 9-3-82

002993

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

0670662
1 7

Authorization Number ____ 8 ____ 13

TO BE COMPLETED BY WASTE GENERATOR

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8 1 5 9 3 9 0 1 3 6 (Phone Number) | 0 9 1 0 5 5 0 0 1 2 G (14 Generator Number 24)

KANKAKEE (City) | ILL. (State) | 60901 (Zip) | I L D 0 7 5 6 0 3 8 8 6 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | SOUTH HOLLAND, IL 60473 | 3 1 2 5 9 6 3 3 7 7 (Phone Number) | S.W.H. Registration Number 0 0 7 9 0 1 8 (25 31) | I L D 0 9 5 0 6 1 6 0 (EPA Number)

Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number (32 38) | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (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: 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	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	U N 1 9 9 3	K 0 8 6

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: 0 0 5 0 0 0 (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 Michael Flower (Authorized Signature) DATE 9/22/82

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) Ronald Brinkmann (Authorized Signature) DATE 9/22/82 (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 9/22/82 (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 211K T-50 CIM 9-22-82

002795

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

0670663
1 7

Authorization Number ____ 8 13

TO BE COMPLETED BY WASTE GENERATOR

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 091055001 2 G (14 Generator Number 24)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 0079018 (25 31)

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD095061160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9180890 2 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 31 27 68 34 00 (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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	UN 1993	K086

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: 003000 (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/OR E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Michael A. Rosen (Authorized Signature) DATE 9/30/82

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) Tom Berry (Authorized Signature) DATE 09/30/82 (54 59)

(2) ____ (Authorized Signature) DATE ____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

(Authorized Signature) DATE 10-5-82 (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 211 RT-50 GLEN 9-30-82

002786

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

0670665

Authorization Number

SUN CHEMICAL CORPORATION	3200 FESTIVAL DRIVE	8 1 5 9 3 9 0 1 3 6	0 9 1 0 5x5 0 0 1 2 G
(Company Name)	Address	Phone Number	Generator Number
KANKAKEE	ILLINOIS 60901		I L D 0 7 5 6 0 3 8 8 6
City	State Zip		EPA Number

WASTE HAULER(S)

MR. FRANK INC.	201 W. 155th ST.		S.W.H. Registration Number 0 0 7 9 0 2 1
Hauler Name	Hauler Address		
	SOUTH HOLLAND, IL 60473	3 1 2 5 9 6 3 3 7 7	I L D 0 9 5 0 6 1 6 0
		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 SER.	420 S. COLFAX AVE.			9 1 8 0 8 9 0 2
(Facility Name)	Address			Site Number
GRIFFITH	INDIANA	46319	3 1 2 7 6 8 3 4 0 0	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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	U N 1 9 9 3	K 0 8 6

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: 005000 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 Michael Bruen (Authorized Signature) DATE: 11-18-82

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) [signature] (Authorized Signature) DATE: 11/18/82

(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: 11/18/82

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 T6216Z T-50 6/W 11-18-82

002997

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

TO BE COMPLETED BY WASTE GENERATOR

0670666
1 7

Authorization Number ____ 8 13

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8 159390136 (Phone Number) | 091 055 0012 G (14 Generator Number 24)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 00 79025 (25 31)

SOUTH HOLLAND, IL 60473 | 3125963371 (Phone Number) | ILD095061600 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3.12768 3400 (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: 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: WASTE INK SOLVENT | HAZARD CLASS: FLAMMABLE LIQUID | UN 1993 (UN or NA Number) | K086 (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: 005000 (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 Michael A. Brown (Authorized Signature) DATE 11-22-82

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 11/22/82 (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 11/23/82 (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 T-210 FT-506 RM 11-22-82

003003

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

0670668 (1–7)

Authorization Number ____ (8–13)

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 09105500128 (14–24 Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 0079025 (25–31)

SOUTH HOLLAND, IL. 60473 | 3125963377 (Phone Number) | ILD095061160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 918089 02 (39–46 Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3192768400 (Phone Number) | IND 016360265 (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: 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	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	UN1993	K086

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: 004500 (47–52) (1) 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 Melvin D. Hoover (Authorized Signature) DATE: 11-23-82

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) Michael Morton (Authorized Signature) DATE: 11/24/82 (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: 11/24/82 (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 LT-506 KM 11-24-82

003004

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

0670670

Authorization Number

SUN CHEMICAL CORRORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 0910550012 G (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD0756038 86 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 0079025

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD095061160 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 918089 02 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: WASTE INK SOLVENT | HAZARD CLASS: FLAMMABLE LIQUID | UN 1993 (UN or NA Number) | K086 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 20,000 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A USE MUST BE CONVERTED TO CU. YDS OR GAL | QUANTITY OF WASTE DELIVERED: 002500 (0) 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 Michael D Shoven (Authorized Signature) DATE: 12-20-82

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: 12/20/82

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

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

_____ (Authorized Signature) DATE 12/20/82

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 210 R T-50 G.M 12.20.82

003086

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

OUT OF STATE 0873814 (1–7)

Authorization Number (8–13)

TO BE COMPLETED BY WASTE GENERATOR

attn; MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 0910550012G (14–24 Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | IL LD 0 75 60 38 86 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 00790004 (16–31)

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD095506160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (39–46 Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127682400 (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: _____ 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 INKS SOLVENT	FLAMMABLE LIQUID	UN1993 (UN or NA Number)	K086 (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: 003000 (47–52) (1) 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 Michael T. Shoven (Authorized Signature) DATE: 11-7-83

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: 11/07/83 (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

[signature] (Authorized Signature) DATE: 11/07/83 (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-E-T-50 GRM 11-7-83

005660

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

0873816

OUT OF STATE

Authorization Number 000000 (8–13)

TO BE COMPLETED BY WASTE GENERATOR
ATTN: MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 091055 0012 G (14–24) Generator Number

KANKAKEE, (City) | ILLINOIS (State) | 60901 (Zip) | ILD 0756 03886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 0079001 (25–31)

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD 069506160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 918 08 902 (39–46) Site Number

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (Phone Number) | IND 016360265 (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: WASTE INKS 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 INKS SOLVENT

HAZARD CLASS: FLAMMABLE LIQUID

UN 1993 (UN or NA Number) | K086 (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: 003000 (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 Michael T Shoven (Authorized Signature) DATE: 11-29-83

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) Michael A. Gufer (Authorized Signature) DATE: 11/29/83 (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: 11/29/83 (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 RT-50 ERM 11-29-83

005061

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

0873817

Authorization Number Out of State

SUN CHEMICAL CORPORATION (Company Name) 3200 FESTIVAL DR. (Address) (815) 9 3 9 0 1 3 6 (Phone Number) 0 9 1 0 5 5 0 0 1 2 G (Generator Number)

KANKAKEE (City) ILLINOIS (State) 60901 (Zip) I L D 0 7 5 6 0 3 8 8 6 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) 201 W. 155TH STREET (Hauler Address) S.W.H. Registration Number 0 0 7 9 0 2 7

SOUTH HOLLAND, IL 60473 3 1 2 5 9 6 3 3 7 7 (Phone Number) I L D 0 6 9 5 0 6 1 6 0 (EPA Number)

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

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) Address 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) INDIANA (State) 46319 (Zip) 3 1 2 7 6 8 3 4 0 0 (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: 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 & WATER

HAZARD CLASS: FLAMMABLE LIQUID

UN 1 9 9 3 (UN or NA Number) K 0 8 6 (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: 0 0 2 8 0 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 Michael Grover (Authorized Signature) DATE: 11-29-83

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) Ron Bridgewater (Authorized Signature) DATE: 11 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.

(Authorized Signature) DATE: 11/29/83 (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 UNDR T-50 GRM 11.29.83
NO FLASH POINT

005062

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

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

Authorization Number: 0873823 (1–7) CUT OF STATE (8–13)

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 09105500126 (14–24 Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 0079021 (25–31)

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD069506160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (39–46 Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: | 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 INKS SOLVENT~~ | HAZARD CLASS: ~~FLAMMABLE LIQUID~~ | ~~UN 1993~~ (UN or NA Number) | K086 (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: 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 Michael T. Shoven (Authorized Signature) DATE: 4-13-84

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) David W Bailey (Authorized Signature) DATE: 04/13/84 (54–59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

HAZARDOUS WASTE SUBJECT TO FEE YES_____ NO X

(Authorized Signature) DATE: 4/13/84 (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 R T = 50 6 RW 4/13/84

006284

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

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

0873826 (1–7)

Authorization Number OUT OF STATE (8–13)

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 0910550012G (14 Generator Number 24)

KANKAKEE (City) | IL (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 0079001 (25–31)

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD069506160 (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 SER.~~ (Facility Name) | 420 S. COLFAX AVE. (Address) | 9180890 2 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: WASTE INK 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:	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN1993	K086

WEIGHT FOR O.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: 003000 (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 Michael L Shoven (Authorized Signature) DATE: 6-15-84

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) DATE: 06/15/84 (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: 06/15/84 (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

211E T-50

006285

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

0873822 (1–7)

TO BE COMPLETED BY WASTE GENERATOR
ATTN: MICHAEL SHOVEN

Authorization Number OUT OF STATE (8–13)

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 09 10550 012 G (14–24 Generator Number)
KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip)
ILD 075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 0079001 (25–31)
SOUTH HOLLAND, IL 60473
3125963377 (Phone Number) | ILD069506160 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (39–46 Site Number)
GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: WASTE INK 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:	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN1993	K086

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: 003000 (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 Michael Shoven (Authorized Signature) DATE: 4-19-84

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) Mike Parker (Authorized Signature) DATE: 04 19 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: 04 19 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 RT-50 GRN 4.19.84

006286

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

0873831
Authorization Number OUT OF STATE

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 091055001 2 G (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD 075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 0079019

SOUTH HOLLAND, IL 60473 | 3125963377 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 918089 02 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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 INK 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:	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN1993	K086

WEIGHT FOR D.O.T. USE 36,000 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 003700 (1) GALLONS (Circle One) 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 Michael T. Shoven (Authorized Signature) DATE: 8-14-84

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] (Authorized Signature) DATE: 08/14/84

(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: 8/14/84

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 - 13109 BTU NIL Cl.

006287

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

LIQUID

0889660
1 7

Authorization Number ____ 8 13

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 091055001 2 (14 Generator Number 24)

KANKAKEE (City) | ILL. (State) | 60901 (Zip) | KILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST. (Hauler Address) | S.W.H. Registration Number 00790 25 31

SOUTH HOLLAND, IL 60473 | 3125963377 (Phone Number) | ILD0695 06160 (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 S. COLFAX AVE. (Address) | 91808902 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | Phone Number | IND015360265 (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: WASTE INK 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 INK SOLVENTS
HAZARD CLASS: FLAMMABLE LIQUID
UN1993 (UN or NA Number)
K086 (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: 003000 (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: 6-28-83

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) ____ (Authorized Signature) DATE: 06 28 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: 06 28 83 (80 85)

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 6KM 6-28-83

005052

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

LIQUID

0889661

Authorization Number ILD 075603886

Sun Chemical Corp. (Company Name)	3200 Festival Dr. (Address)	815 939-0136 (Phone Number)	0910 5500 12 G (Generator Number)
Kankakee (City)	Illinois (State)	60901 (Zip)	(EPA Number)

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name)	201 W. 155th St. (Hauler Address)	S.W.H. Registration Number 0079 0 98	
		312-596-3377 (Phone Number)	ILD 069506160 (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 So. Colfax Ave. (Address)			918089 02 (Site Number)
Griffith (City)	Indiana (State)	46319 (Zip)	3127683400 (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: 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: Waste Ink Solvents

HAZARD CLASS: Flammable Liquid

UN 1993 (UN or NA Number) K086 (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 000800 (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: 6-1-83.

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) [signature] (Authorized Signature) DATE: 07/01/83

(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: 7/1/83

COMMENTS OR SPECIAL INSTRUCTIONS: T-50 TO 2117 7/1/83 Jim Murphy

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

005053

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

088966 (1–7)

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

Authorization Number: OUT OF STATE (8–13)

SUN CHEMICAL CORPORATION (Company Name)	3200 FESTIVAL DRIVE (Address)	8159390136 (Phone Number)	091055001 2 G (14 Generator Number 24)	
KANKAKEE (City)	ILLINOIS (State)	60901 (Zip)	ILD 075603886 (EPA Number)	

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name)	201 W. 155th STREET (Hauler Address)	S.W.H. Registration Number 0079018 (25–31)	
SOUTH HOLLAND, IL 60473	3125963377 (Phone Number)	ILD 005061660 (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 SER.~~ (Facility Name)	~~420 S. COLFAX AVE.~~ (Address)			9180890 2 (39 Site Number 46)
GRIFFITH (City)	INDIANA (State)	46319 (Zip)	3127683400 (Phone Number)	IND 016360265 (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: 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	HAZARD CLASS		
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN1993 (UN or NA Number)	K086 (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: 005000 (47–52) (1) GALLONS (Circle One) / (2) CU. YDS 1 (53–55)

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 Michael T. Shoven (Authorized Signature) DATE 7-29-83

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) [signature] (Authorized Signature) DATE: 07/29/83 (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 1/29/83 (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 K T-50 BRW 7-29-83

005004

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

0889665

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

OUT OF STATE

Authorization Number

SUN CHEMICAL CORPORATION	3200 FESTIVAL DRIVE	815 939 0136	091 055 0012 G
(Company Name)	Address	Phone Number	Generator Number
KANKAKEE	ILLINOIS 60901		ILD 075 603 886
City	State / Zip		EPA Number

WASTE HAULER(S)

MR. FRANK INC.	201 W. 155th STREET		S.W.H. Registration Number 0 079 018
Hauler Name	Hauler Address		
SOUTH HOLLAND, IL 60473		312 596 3377	ILD069506160
		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 SER.	420 S. COLFAX AVE.			9 18 08 902
(Facility Name)	Address			Site Number
GRIFFITH	INDIANA	46319	312 768 3400	IND 016 360 265
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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN 1993	K 086

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: 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 Michael T. Shoven (Authorized Signature) DATE: 8-1-83

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) [signature] (Authorized Signature) DATE: 08 01 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: 08 01 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 TO210KT-50 GRM 8-1-83

005665

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

TO BE COMPLETED BY WASTE GENERATOR
ATT: MICHAEL SHOVEN

0889667
1 7

Authorization Number OUT OF STATE
8 13

SUN CHEMICAL CORP. (Company Name) | 3200 FESTIVAL DR. (Address) | 8159390136 (Phone Number) | 0910550012 (Generator Number) G
14 24

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155TH ST. (Hauler Address) | S.W.H. Registration Number 0079001
25 31

SOUTH HOLLAND, ILL. 60473 | 3125963377 (Phone Number) | ILD069506160 (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 SER. (Facility Name) | 420 COLFAX AVE. (Address) | 91808902 (Site Number)
39 46

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: 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: WASTE INK SOLVENT
HAZARD CLASS: FLAMMABLE LIQUID
UN 1993 (UN or NA Number) | K086 (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 003000 (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 Michael T. Shoven (Authorized Signature) DATE 8-9-83

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) Mike Bogfer (Authorized Signature) DATE: 08 09 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: 08 09 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 TC211 KT-50 GRM 8.9.83

005056

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

0889666

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

OUT OF STATE

Authorization Number

(Company Name)	Address	Phone Number	Generator Number
SUN CHEMICAL CORPORATION	3200 FESTIVAL DRIVE	8159390136	09105500 12 G

City	State	Zip	EPA Number
KANKAKEE	ILLINOIS	60901	ILD0756038 86

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number
MR. FRANK INC.	201 W. 155th STREET	0079019

Hauler Name	Hauler Address	Phone Number	EPA Number
SOUTH HOLLAND, IL. 60473		3125963377	ILD069506160

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

Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number
AMERICAN CHEMICAL SER.	420 S. COLFAX AVE.	91808902

City	State	Zip	Phone Number	EPA Number
GRIFFITH	INDIANA	46319	3127683400	IND016360265

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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN 1993	K086

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: 004500 (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 Michael Shoven (Authorized Signature) DATE: 8-5-83

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) [signature] (Authorized Signature) DATE: 08/05/83 (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: 8/5/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS

145

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 R T-50 EPM 8-5-83

005657

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

0889671

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

OUT OF STATE

Authorization Number

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8 1 5 9 3 9 0 1 3 6 (Phone Number) | 0 9 1 0 5 5 0 0 1 2 G (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | I L D 0 7 5 6 0 3 8 8 6 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 2 8

SOUTH HOLLAND, IL. 60473 | 3 1 2 5 9 6 3 3 7 7 (Phone Number) | I L D 0 6 9 5 0 6 1 6 0 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (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: 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: WASTE INKS SOLVENT

HAZARD CLASS: FLAMMABLE LIQUID

U N 1 9 9 3 (UN or NA Number) | K 0 8 6 (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: 003000 (47–52) 0 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 Michael Shoven (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) Robert Perkins (Authorized Signature) DATE: 09/01/83 (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: 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 To 210 R T=50 GRM 9.1.83

005658

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

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MIHAEL SHOVEN

OUT OF STATE

0889673

Authorization Number OUT OF STATE

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 815 93 90136 (Phone Number) | 091 05 500 12 G (Generator Number)

KANKAKEE (City) | ILLINOIS 60901 (State, Zip) | ILD 075 603 886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 0 079 001

SOUTH HOLLAND, IL. 60473 | 312 59 63377 (Phone Number) | ILD 069 506 160 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9 18 08 902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 76 834 00 (Phone Number) | IND 016 360 265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE INK 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 INKS SOLVENT

HAZARD CLASS: FLAMMABLE LIQUID

UN 1993 (UN or NA Number) | K086 (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: 003,000 (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: 10/5/83

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) [signature] (Authorized Signature) DATE: 10 05 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: 10 05 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 K T-50 GRM 10.5.83

005059

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

0670672

Authorization Number

ATT: MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name)	3200 FESTIVAL DRIVE (Address)	8 1 5 9 3 9 0 1 3 6 (Phone Number)	0 9 1 0 5 5 0 0 1 2 G (Generator Number)
KANKAKEE (City)	ILLINOIS (State)	60901 (Zip)	I L D 0 7 5 6 0 3 8 8 6 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name)	201 W. 155th ST. (Hauler Address) SOUTH HOLLAND, IL. 60473	3 1 2 5 9 6 3 3 7 7 (Phone Number)	S.W.H. Registration Number 0 0 7 9 0 2 1 (EPA Number) I L D 0 9 5 0 6 1 6 0
(Hauler Name)	(Hauler Address)	(Phone Number)	S.W.H. Registration Number (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name)	420 S. COLFAX AVE. (Address)			9 1 8 0 8 9 0 2 (Site Number)
GRIFFITH (City)	INDIANA (State)	46319 (Zip)	3 1 2 7 7 8 3 4 0 0 (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: 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	HAZARD CLASS	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	U N 1 9 9 3	K 0 8 6

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: 0 0 4 0 0 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 Michael T Shoven (Authorized Signature) DATE: 2-22-83

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) Michael Morton (Authorized Signature) DATE 02/22/83 (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:

Bob Mauck (Authorized Signature) DATE 02/22/83 (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

T0210FT-50GMU 2-22-83

005044

010
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

0670673
1 7

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

Authorization Number ___ 8 13

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 09105500 12 G (14 Generator Number 24)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET SOUTH HOLLAND, IL. 60473 (Hauler Address) | 3125963377 (Phone Number) | S.W.H. Registration Number 0079/027 (25 31) | ILD095061600 (EPA Number)

Hauler Name | Hauler Address | Phone Number | S.W.H. Registration Number (32 38) | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9180 8902 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (Phone Number) | IND001636265 (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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INK SOLVENT	FLAMMABLE LIQUID	UN1993	K086

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: 3000 (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 Michael K Shoven (Authorized Signature) DATE: 3-2-83

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) [illegible] (Authorized Signature) DATE: 03/02/83 (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.

[illegible] (Authorized Signature) DATE: 03/02/83 (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 212 F 7 - CO 6/84 3.2.83

OU5040

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

0670674

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

Authorization Number

SUNCHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 0910550012 G (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD0756038 86 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 0079029

SOUTH HOLLAND, IL. 60473 | 3125963377 (Phone Number) | ILD09506160 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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: Waste INK SOLVENT | HAZARD CLASS: FLAMMABLE LIQUID | UN or NA Number: UN1993 | EPA HW Number: K086

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 5000 | (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 Michael Shoven (Authorized Signature) DATE: 3-3-83

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) Mike Pfeifer (Authorized Signature) DATE: 3/3/83

(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: 3/3/83

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 211K-7-50 6AM 3-3-83 & 202K

005047

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

0670675
1 7

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

Authorization Number ____ 8 13

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8 1 5 9 3 9 0 1 3 6 (Phone Number) | 0 9 1 0 5 5 0 0 1 2 G (14 Generator Number 24)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | I L D 0 7 5 6 0 3 8 8 6 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155TH STREET (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 2 9 (25 31)

SOUTH HOLLAND, IL 60473

3 1 2 5 9 6 3 3 7 7 (Phone Number) | I L D 0 9 5 0 6 1 6 0 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	LIQUID FLAMMABLE ~~XXXX~~	U N 1 9 9 3	K 0 ~~0~~ 8 6

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: 0 0 3 0 0 0 (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 Michael Shoven (Authorized Signature) DATE 3-4-83

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) Michael Martin (Authorized Signature) DATE 03/04/83 (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.

Bob Mauck (Authorized Signature) DATE 03/1/83 (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

To 210 E T-50
GAM 3.4.83

005045

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

0670676
1 7

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

Authorization Number OUTSTATE
8 13

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8 1 5 9 3 9 0 1 3 6 (Phone Number) | 0 9 1 0 5 5 0 0 1 2 G (14 Generator Number 24)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | I L D 0 7 5 6 0 3 8 8 6 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 20 W. 155th STREET (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 2 7 (25 31)

SOUTH HOLLAND, IL 60473 | 3 1 2 5 9 6 3 3 7 7 (Phone Number) | I L D 0 9 5 0 6 1 6 0 (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 SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 9 1 8 0 8 9 0 2 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (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: 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:	HAZARD CLASS.		
WASTE INKS SOLVENT	FLAMMABLE LIQUID	U N 1 9 9 3 (UN or NA Number)	K 0 8 6 (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 0 0 2 8 0 0 . 0 (47 52 . 2) 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/OR E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION _____ (Authorized Signature) DATE 3-17-83

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) _____ (Authorized Signature) DATE: 03/17/83 (54 59)

(2) _____ (Authorized Signature) DATE: / / (60 65)

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: 03/17/83 (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 I T-50 GPM 3-17-83

005048

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

0670677
Out of State
Authorization Number 000000 (8–13)

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name)	3200 FESTIVAL DRIVE (Address)	8159390136 (Phone Number)	0910550012 G (Generator Number)
KANKAKEE (City)	ILLINOIS (State)	60901 (Zip)	ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name)	201 W. 155th STREET (Hauler Address)		S.W.H. Registration Number 0X079027
SOUTH HOLLAND, IL 60473		3125963377 (Phone Number)	ILD095061 60 (EPA Number)
(Hauler Name)	(Hauler Address)		S.W.H. Registration Number
		(Phone Number)	(EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHAMICAL SER. (Facility Name)	420 S. COLFAX AVE. (Address)			918089 02 (Site Number)
GRIFFITH (City)	INDIANA (State)	46319 (Zip)	3127683400 (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	HAZARD CLASS.	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN 1993X	K086

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 3000 (47–52) 0 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 Michael Shoven (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) Ronald Bridgewater (Authorized Signature) DATE 04/19/83 (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 04/19/83 (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

T0211KT-~~63~~ 50 6RM 4.19.83

005049

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

0670678
Out of State 000000
Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

attn: MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8195390136 (Phone Number) | 09105500125 (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. ~~XXX~~ 155th STREET (Hauler Address) | S.W.H. Registration Number 0179027

SOUTH HOLLAND, IL. 60473 | 3125963377 (Phone Number) | ILD095061160 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN ~~XXXXX~~ CHEMICAL SER. 420 S. COLFAX AVE. (Facility Name) | (Address) | 9180902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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:	HAZARD CLASS:	UN 1993 (UN or NA Number)	K086 (EPA HW Number)
WASTE INKS SOLVENT	FLAMMABLE LIQUID		

WEIGHT FOR D.O.T. USE 24,760 LBS / TONS (circle one)

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

QUANTITY OF WASTE DELIVERED 003000 (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/OR D.O.T.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Michael Shoven (Authorized Signature) DATE 5-9-83

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) Ronald Buckmaster (Authorized Signature) DATE 05/09/83

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

HAZARDOUS WASTE SUBJECT TO FEE YES NO

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

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 5.9.83

005650

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

0670679
OUT OF STATE
Authorization Number

TO BE COMPLETED BY WASTE GENERATOR

ATTN: MICHAEL SHOVEN

SUN CHEMICAL CORPORATION (Company Name) | 3200 FESTIVAL DRIVE (Address) | 8159390136 (Phone Number) | 09105500126 (Generator Number)

KANKAKEE (City) | ILLINOIS (State) | 60901 (Zip) | ILD075603886 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155TH STREET (Hauler Address) | S.W.H. Registration Number 0079021

SOUTH HOLLAND, IL. 60473 | 3125963377 (Phone Number) | ILD095506160 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | 420 S. COLFAX AVE. (Address) | 91808902 (Site Number)

GRIFFITH, (City) | INDIANA (State) | 46319 (Zip) | 3127683400 (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	HAZARD CLASS	UN or NA Number	EPA HW Number
WASTE INKS SOLVENT	FLAMMABLE LIQUID	UN1993	K086

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 005100 (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 Michael T Shoven (Authorized Signature) DATE: 6-15-83

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) _____ (Authorized Signature) DATE: 06/15/83

(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: 6/15/83

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 T6210RT-50 GRM 6.15.83

005651

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL
LIQUID WASTE
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761
ATTN: MIKE SH
IL532-0010
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 7-3-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 7 5 6 0 3 8 8 6 | Manifest Document No. 00003
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
SUN CHEMICAL CORPORATION
3200 Festival Drive
KANKAKEE, ILLINOIS 60901
4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number IL 1116169
B. Illinois Generator's ID 0 91 0 5 5 0 0 1 1
C. Illinois Tranporter's ID 0 0 7 9
D. (312) 596-3377 Transporter's Phone

5. Transporter 1 Company Name: MR. FRANK INC.
6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0
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, 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 INKS SOLVENT, UN 1993, FLAMMABLE	X	1	T T	04500	1	EPA HW Number K086 / Authorization Number OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

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: MICHAEL T. SHOVEN | Signature: Michael T Shoven | Date Month Day Year: 10 09 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT PERKINS | Signature: Robert Perkins | Date Month Day Year: 10 09 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 DUNFEE | Signature: F Dunfee | Date Month Day Year: 10 9 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

205RT-50

006289

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL ATT? MIKE SHOVEN
LIQUID WASTE 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 7 5 6 0 3 8 8 6 | Manifest Document No.: 0 0 0 0 6
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
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, IL 60901
4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number: IL 1141732
B. Illinois Generator's ID: 0 9 1 0 5 5 0 0 1 1

5. Transporter 1 Company Name: MR. FRANK INC.
6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0
C. Illinois Tranporter's ID: 0 0 7 9
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 SERVICE
420 S. COLFAX AVE.
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.	XXX WASTE INKS SOLVENT, UN 1993, FLAMMABLE	1	T T	0 1 0 0 0	GAL	EPA HW Number: K 0 8 6 / Authorization Number: OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

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)
MICHAEL T. SHOVEN	Michael T Shoven	12 6 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
RON BRIDGEWATER	Ron Bridgewater	12 6 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	Signature	Date (Month Day Year)
EDWARDS	EDwards	12 14 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

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FACILITY COPY - PART 3

210 KT-50

006290

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

LIQUID WASTE 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

ATTN: MIKE SHOVEN
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 7 5 6 0 3 8 8 6 — Manifest Document No. 0009

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
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, ILLINOIS 60901

4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number: IL 1141735

B. Illinois Generator's ID: 0 9 1 0 5 5 0 0 1 1

5. Transporter 1 Company Name: MR. FRANK INC.

6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

C. Illinois Tranporter's ID: 0 0 7 9

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 SERVICE
420 S. COLFAX AVE.
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 INKS SOLVENT, UN 1993, FLAMMABLE Liquid	X	001	T T	04700	1	EPA HW Number: K 0 8 6 Authorization Number: OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

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: MICHAEL T. SHOVEN — Signature: Michael T Shoven — Date: Month 04 Day 17 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John VanVlymen — Signature: John VanVlymen — Date: Month 04 Day 17 Year 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: FDUFEE — Signature: F Dufee — Date: Month 4 Day 17 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 U.S. Management Center.

FACILITY COPY - PART 3

210RT-50 009211

STATE OF ILLINOIS
LIQUID WASTE

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

ATTN: MIKE SHOVEN
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 7 5 6 0 3 8 8 6
Manifest Document No.: 0 0 1 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
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, ILLINOIS 60901
4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number: IL 1141737

B. Illinois Generator's ID: 0 9 1 0 5 5 0 0 1 1

5. Transporter 1 Company Name: MR. FRANK INC.

6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

C. Illinois Tranporter's ID: 0 0 7 9

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 SERVICE
420 S. COLFAX AVE.
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 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 INKS SOLVENT, UN 1993, FLAMMABLE	X	001	TT	03500	1	EPA HW Number: K 0 1 8 1 6 Authorization Number: OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE LISTED IN ITEM 11-A IS UNDELIVERABLE, RETURN 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)
MICHAEL T. SHOVEN	Michael T. Shoven	05 22 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Duane Shaw	[signature]	5 22 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	Signature	Date (Month Day Year)
F DUNFEE	F Dunfee	5 22 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

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FACILITY COPY - PART 3

212 E T-50

009278

STATE OF ILLINOIS
LIQUID WASTE

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

ATTN: MIKE SHOVEN
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.: ILD075603886 — 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:
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, ILLINOIS 60901
4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number: IL 1358443
B. Illinois Generator's ID: 0910550011

5. Transporter 1 Company Name: MR. FRANK INC.
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 SERVICE
420 S. COLFAX AVE.
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.	WASTE INKS SOLVENT, UN 1993, FLAMMABLE	X	001	TT	03000	1	EPA HW Number: K086; Authorization Number: OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE LISTED IN ITEM 11-A IS UNDELIVERABLE, RETURN 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: MICHAEL T. SHOVEN — Signature: Michael T Shoven — Date: Month 08 Day 21 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOE WEBER — Signature: J Weber — Date: Month 8 Day 21 Year 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: F Dunfee — Date: Month 8 Day 21 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

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FACILITY COPY - PART 3

210K T-50 13000.310 0.37. Cl.

009279

STATE OF ILLINOIS
LIQUID WASTE

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL ATTN: MIKE SHOVEN
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. ILD075603886 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
SUN CHEMICAL CORPORATION
3200 Festival Drive
Kankakee, Illinois 60901
4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number: IL 1358444
B. Illinois Generator's ID: 0910550011

5. Transporter 1 Company Name: MR. FRANK INC.
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 SERVICE
420 S. COLFAX AVE.
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 INKS SOLVENT, UN 1993, FLAMMABLE N.O.S.	001	TT	03000	1	EPA HW Number: K086; Authorization Number: OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
~~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.

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: MICHAEL T. SHOVEN
Signature: Michael T. Shoven
Date: Month 09 Day 04 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOE WEBER
Signature: Joe Weber
Date: Month 9 Day 4 Year 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: F Dunfee
Date: Month 9 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

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FACILITY COPY - PART 3

210 E T-50 9100 STD 17 CD.

009280

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 7 5 6 0 3 8 8 6 — Manifest Document No. 3 0 9 2 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
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, ILLINOIS 60901

4. Generator's Phone (815) 939-0136

A. Illinois Manifest Document Number: IL 1430923

B. Illinois Generator's ID: 0 9 1 0 5 5 0 0 1 1

5. Transporter 1 Company Name: MR. FRANK INC.

6. US EPA ID Number: I L D 0 6 9 5 0 6 1 6 0

C. Illinois Tranporter's ID: 0 0 7 9

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 SERVICE
420 SOUTH COLFAX AVE.
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 (812) 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.
GENERATOR a.	WASTE FLAMMABLE LIQUID N.O.S. WASTE INKS SOLVENT, UN 1993, FLAMMABLE LIQUID	X	001	TT	03000	1	EPA HW Number: K018 6; Authorization Number: OUT OF STATE
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. WASTE INK SOLVENT, FLAMMABLE

K. Handling Codes for Wastes Listed Above
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
IF WASTE LISTED IN ITEM 11 (a THROUGH D) IS UNDELIVERABLE FOR ANY REASON, RETURN 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)
MICHAEL T. SHOVEN	Michael T. Shoven	11 21 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
RICH WHITE		11 20 95

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)
FDUNFEE	F Dunfee	12 15 95

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

2007-T-30
009282

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.: ILD 075603886 / 70952
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, ILLINOIS 60901
4. Generator's Phone (815) 939-0136

A. State Manifest Document Number: IN070952
B. State Generator's ID: 0910550011

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
420 S. COLFAX AVE.
GRIFFITH, INDIANA 46319
10. US EPA ID Number: IND016360264
G. State Facility's ID: 918089000 2
H. Facility's Phone: (312) 768-3400

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. X WASTE INK SOLVENTS, UN 1993, FLAMMABLE	001	TT	0,4,2,5	L	K086
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. WASTE INK SOLVENT, FLAMMABLE

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE LISTED IN ITEM 11 (a through d) IS UNDELIVERABLE FOR ANY REASON, RETURN 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.

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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
MICHAEL SHOVEN	Michael T. Shoven	11	26	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
LANCE Glowacki	Lance Glowacki	11	26	87

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
F DUNFEE	F Dunfee	11	26	87

IN 070952

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

2. RETURN

T.S.D. DETACH AND RETAIN THIS COPY

012356

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 7 5 6 0 3 8 8 6 | Manifest Document No. 1 7 4 1 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
SUN CHEMICAL CORPORATION
3200 FESTIVAL DRIVE
KANKAKEE, ILLINOIS 60901
4. Generator's Phone (815) 939-0136

A. State Manifest Document Number: INA 0117419
B. State Generator's ID: 0 9 1 0 5 5 0 0 1 1
C. State Transporter's ID: 0 0 7 9
D. Transporter's Phone: (312) 720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9 1 8 0 8 9 0 0 0 2
H. Facility's Phone: (212) 768-3400

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 SERVICE
420 S. COLFAX AVE.
GRIFFITH, INDIANA 46319
10. Use EPA ID Number: I N D 0 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 INKS ~~EXCEPT~~ SOLVENT, UN 1993, FLAMMABLE	0 0 1	T T	0 5 4 0 0	G	D001 ~~K086~~
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. WASTE INK SOLVENT, FLAMMABLE

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE IS LISTED IN ITEM 11 (a through d) IS UNDELIVERABLE FOR ANY REASON, RETURN 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.

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: MICHAEL T. SHOVEN — Signature: Michael T Shoven — Date: Month 03 Day 29 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL F MILBURN — Signature: Carl F Milburn — Date: Month 03 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
11. A. FLAMMABLE IS TO BE PUT BEFORE I.D. NUMBER
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: T DUNLEE — Signature: T Dunlee — Date: Month 03 Day 29 Year 88

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11065

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 ITC TSO 3/29 M

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 0117419

0015191

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: A 00376

TO: T/S/D/F: American Chemical Services	FROM: Generator: Sun Chemical-GPI Div.
E.P.A. ID Code No. IND 016360285	E.P.A. ID Code No. WID 080498769
Address: 420 S. Colfax, Griffth, Ind.	Address: 450 Milwaukee St., Menasha, Wi.54952
Destination: Griffth, Ind.	Origin: Menasha, Wi.
Phone:	Phone: (414) 722-4331

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.)
1 load	FLAMMABLE LIQUID NOS	FLAMMABLE	UN 1193		40000# (5000 Gal)	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 [X] 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: RETURN TO SHIPPER AS ABOVE!
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name: Jerome Johnson
Phone: (414) 722-4331 (

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: [signature] Date: 11/25/1980

TRANSPORTER #1 Mr. Frank / EJF W. 155th Street E.P.A. ID No. ILD 009506160
Address: S. Holland
City _____ State ILL Zip 60473 Phone (312)596-3377

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 Pumped to east 11-25

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D/F Signature [signature] Date 11-25-80

T/S/D/F COPY

HAZARDOUS WASTE

0000265

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 00376

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Sun Chemical-GPI Div.
2. EPA IDENTIFICATION NO.: WID 080498769
3. COMMENTS/SPECIAL INSTRUCTIONS: F003
4. P.O. BOX OR STREET ADDRESS: 450 Milwaukee St.
5. CITY, STATE, ZIP CODE: Menasha, Wi.
6. TELEPHONE NUMBER: (414) 722-4331

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)
1 Tank Wagon	5000	Flammable Liquids NOS	Flammable	UN-1193	1. Solid 3. Mixture 2. Liquid [2]	XXXXXXXX	40,000
					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: Jerome Johnson
16. NAME (Print): Jerome Johnson
17. DATE SHIPPED (M D Y): 11/25/80

TRANSPORTER SECTION

18. COMPANY NAME: Mr. Frank
19. EPA IDENTIFICATION NO.: ILD069506160
20. P.O. BOX OR STREET ADDRESS: 201 W. 155th St.
21. CITY, STATE, ZIP CODE: S. Holland, Ill
22. TELEPHONE NUMBER: (312) 596-3377
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: Donald H Bylt
25. NAME (Print): Donald H Bylt
26. Date Accepted (M D Y): 11/25/80

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: 420 S. Colfax
35. CITY, STATE, ZIP CODE: Griffith, Ind.
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: H.F. Schmidt
39. NAME (Print): H.F. Schmidt
40. Date Accepted (M / D / Y): 11/25/80

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

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 36096

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Sun Chemical *
2. EPA IDENTIFICATION NO.: WID080498769
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 450 Milwaukee St.
5. CITY, STATE, ZIP CODE: Menasha, Wisc. 54952
6. TELEPHONE NUMBER: (414) 722-4331

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)
Tank Truck 1-Load	5000	Waste & Flamable Liquid N.O.S.	Flamable	UN 1993	1. Solid 3. Mixture 2. Liquid [2]	K086	
					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: [signature]
16. NAME (Print): Edward Flukaszka
17. DATE SHIPPED M D Y: 5/28/81

TRANSPORTER SECTION

18. COMPANY NAME: Mr. Frank Inc
19. EPA IDENTIFICATION NO.: ILD069506160
20. P.O. BOX OR STREET ADDRESS: 201 W 155th St.
21. CITY, STATE, ZIP CODE: South Holland, Ill 60473
22. TELEPHONE NUMBER: (312) 596-3377
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: 5/28/81

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 Service
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 So. Colfax Ave.
35. CITY, STATE, ZIP CODE: Griffith, Indiana 46319
36. TELEPHONE NUMBER: (219) 924-4370
37. COMMENTS: TO EAST AGIT T-50 5/28/81 JTM

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): FDUNFEE
40. Date Accepted M / D / Y: 5/29

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

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 36098

002015

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Sun Chemical
2. EPA IDENTIFICATION NO.: WID 080498769
3. COMMENTS/SPECIAL INSTRUCTIONS:
4. P.O. BOX OR STREET ADDRESS: 450 Milwaukee St
5. CITY, STATE, ZIP CODE: Menasha, Wisc 54952
6. TELEPHONE NUMBER: (414) 722-4331

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)
1 Tank Truck	5,000	Waste Flamable Liquid N.O.S.	Flamable	UN 1993	1. Solid 3. Mixture 2. Liquid [X]	K086	
					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: [signature]
16. NAME (Print): Edward F Lukaszka
17. DATE SHIPPED: M D Y 6 / 3 / 81

TRANSPORTER SECTION

18. COMPANY NAME: Mr Frank Inc
19. EPA IDENTIFICATION NO.: ILD 069506160
20. P.O. BOX OR STREET ADDRESS: 201 W. 155th St
21. CITY, STATE, ZIP CODE: South Holland, Ill 60473
22. TELEPHONE NUMBER: (312) 596-3377
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): Dennis H Bult
26. Date Accepted: M D Y 6 / 3 / 81

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 Service
33. EPA IDENTIFICATION NO.: IND 016360265
34. P.O. BOX OR STREET ADDRESS: 420 So Colfax Ave
35. CITY, STATE, ZIP CODE: Griffith Indiana 46319
36. TELEPHONE NUMBER: (219) 924-4370
37. COMMENTS: To 112E T-63 6/3/81 [initials]

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): H.F. Schmidt
40. Date Accepted: M D Y 6 / 3 / 81

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

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 36099

002016

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME: Sun Chemical
2. EPA IDENTIFICATION NO.: WID080498769
3. COMMENTS/SPECIAL INSTRUCTIONS
4. P.O. BOX OR STREET ADDRESS: 450 Milwaukee St.
5. CITY, STATE, ZIP CODE: Menasha, Wisc 54952
6. TELEPHONE NUMBER: (414) 822 4331

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)
1 Load Tank Truck	5,000	Waste Flammable Liquid N.O.S.	Flammable	UN 1993	1. Solid 3. Mixture 2. Liquid [2]	K086	
					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: [signature]
16. NAME (Print): Edward F Lukaszka
17. DATE SHIPPED M D Y: 8 17 81

TRANSPORTER SECTION

18. COMPANY NAME: Mr. Frank Inc
19. EPA IDENTIFICATION NO.: 12D067506160
20. P.O. BOX OR STREET ADDRESS: 201 W 155th St
21. CITY, STATE, ZIP CODE: South Holland, Ill 60473
22. TELEPHONE NUMBER: (312) 596-3377
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): [signature]
26. Date Accepted M D Y: 8 17 81

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 Service
33. EPA IDENTIFICATION NO.: IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 So. Cedar Ave.
35. CITY, STATE, ZIP CODE: Griffith Indiana 46319
36. TELEPHONE NUMBER: (219) 924 4370
37. COMMENTS

2400 TO 112R T-63 8/17/81
2600 TO 210R T-50 8/17/81 JTM

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): [signature]
40. Date Accepted M / D / Y: 8 17 81

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

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 36100

002018

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME	2. EPA IDENTIFICATION NO.	3. COMMENTS/SPECIAL INSTRUCTIONS
Sun Service	WID 005 444 269	
4. P.O. BOX OR STREET ADDRESS: 4 [illegible]		
5. CITY, STATE, ZIP CODE: [illegible]	6. TELEPHONE NUMBER: (414) 722 4351	

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)
1-Custom Tnk	5000	Waste Diesel Fuel with Sediment	Flam Liq	NA 1993	1. Solid 3. Mixture 2. Liquid [2]	K086	
					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	16. NAME (Print)	17. DATE SHIPPED M D Y
[signature]	Edward F. Lukasiak	9 / 23 / 81

TRANSPORTER SECTION

18. COMPANY NAME	19. EPA IDENTIFICATION NO.
Mr Fuel Inc	WID 044 [illegible]
20. P.O. BOX OR STREET ADDRESS: 211 W 155th St	
21. CITY, STATE, ZIP CODE: Country Hills, Ill 60478	22. TELEPHONE NUMBER: (312) 596-3377
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
[signature]	[illegible]	9 / 23 / 81

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	33. EPA IDENTIFICATION NO.
[illegible]	
34. P.O. BOX OR STREET ADDRESS: [illegible]	
35. CITY, STATE, ZIP CODE: [illegible]	36. TELEPHONE NUMBER: [illegible]
37. COMMENTS: To 210% T-50 9/24/81 JMM	

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
[signature]	E DUNCAN	9 24 81

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

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 DOCUMENT NUMBER: A 40484

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME	2. EPA IDENTIFICATION NO.	3. COMMENTS/SPECIAL INSTRUCTIONS
Sun Chemical	WI1008049869	
4. P.O. BOX OR STREET ADDRESS: 450 Milwaukee Street		
5. CITY, STATE, ZIP CODE: Menasha Wisc 54952	6. TELEPHONE NUMBER: (414) 722 4331	

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)
1 Tank Truck	5000	Waste Flammable Liquid NOS	Flammable	UN 1993	1. Solid 3. Mixture 2. Liquid [2]	K086	
					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: [signature]

16. NAME (Print): Edward F. Lowman

17. DATE SHIPPED M D Y: 1 16 82

TRANSPORTER SECTION

18. COMPANY NAME	19. EPA IDENTIFICATION NO.
Ace Trans Inc	ILD067206160
20. P.O. BOX OR STREET ADDRESS: 201 W 155th St	
21. CITY, STATE, ZIP CODE: South Holland, Ill 60473	22. TELEPHONE NUMBER: 312 596 3371

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
[signature]	CE Milburn	1 / 6 / 82

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	33. EPA IDENTIFICATION NO.
American Chemical Service	IND 048 [illegible]
34. P.O. BOX OR STREET ADDRESS: 420 So Clinton Ave	
35. CITY, STATE, ZIP CODE: East Chicago, Indiana 46312	36. TELEPHONE NUMBER: (219) 397-4371

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
[signature]	TOSIC	

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 210 K T-50
GRM 1/7/82

00543

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

0396762

Authorization Number 996200

ILD 051093367

Sun Chemical (Company Name) — 135 W. Lake (Address)

Northlake (City) — Ill (State) — 60164 (Zip)

0314710004 G (Generator Number)

WASTE HAULER(S)

Mr. Franks (Hauler Name) — 201 W155 Th S. Holland (Hauler Address)

S.W.H. Registration Number 007902

ILD 069506160

Hauler Name — Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith (City) — Ind (State) — Zip

91808902 (Site Number)

IND ~~91808902~~ 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: waste 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

WEIGHT FOR D.O.T. USE 35,000 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 004800

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: 2-1-82 — Les Levin (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) Robert Perkins (Authorized Signature) DATE: 02/01/82

(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:

[illegible] (Authorized Signature) DATE: [illegible]

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 205 R T-50 GPM 2/1/82

SITE COPY - PART 3

002900

METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 093630

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

TYPE OF WASTE ▶ [X] LIQUID [ ] SLUDGE [ ] SOLID | TYPE OF CONTAINER ▶ [X] BULK (TANK TRUCK) [ ] DRUMS [ ] OTHER (SPECIFY) | VOLUME Unk GALS / CU. YDS. / LBS.

WASTE CONTAINS:

[ ] FATS, OILS OR GREASE [ ] ACID [ ] ALKALI [ ] CYANIDE [ ] ZINC [ ] CADMIUM [ ] COPPER [ ] CHROME [ ] IRON [ ] NICKEL [ ] LEAD [ ] SELENIUM [ ] MERCURY [X] OTHER (SPECIFY)

DISPOSAL METHOD ▶ [ ] LANDFILL [X] DESTRUCTION (SPECIFY) Burn [X] OTHER (SPECIFY)

NAME OF COMPANY Sun Chemical | FEDERAL TAX I. D. NUMBER

LOCATION 135 W Lake Bensenville IL

TYPE OF INDUSTRY Printing Ink | DATE REMOVED 2-1-82 | TIME REMOVED 7:45

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 [illegible] | PHONE [illegible]

NAME M. Funk | FEDERAL TAX I. D. NUMBER

ADDRESS 204 [illegible] | DATE RECEIVED 2-1-82 | TIME RECEIVED [illegible]

WASTE HAULER'S REGISTRATION NO. [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 [illegible] | PHONE [illegible]

DISPOSAL SITE

NAME American [illegible] Chemical | FEDERAL TAX I. D. NUMBER

ADDRESS 1420 S Cole Ray | DATE RECEIVED | 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

DISPOSAL SITE'S COPY

003160

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: 1001

TO: T/S/D/F AMERICAN CHEMICAL SERVICES	FROM: Generator SUN CHEMICAL CORP.
E.P.A. ID Code No. IND 016360265	E.P.A. ID Code No.
Address 420 SOUTH COLFAX	Address 1540 FAIRVIEW AVENUE
Destination GRIFFITH IND. 46319	Origin ST. LOUIS, MISSOURI 63132
Phone #312-768-3400	Phone #314-427-6805

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.)
DRUMS 11	WASTE INK	COMBUSTABLE	UN 2267	K086		NONE 173.118A
RUMS 11	WASTE INK SOLVENTS	FLAMMABLE LIQUID	UN 1210	D001 K086		FLAMMABLE
	24 DR TO DUMP BOX 9/3/81	3005				
	T-50					

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 [X] 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 SUN CHEMICAL CORP.
E.P.A. ID Code No.
Address 1540 FAIRVIEW AVENUE
Destination ST. LOUIS, MISSOURI, 63132

EMERGENCY RESPONSE INFORMATION

CONTACT Name LYNN WINEBERGER
Phone 314-427-6850
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 8/ / 81

TRANSPORTER #1 MR. FRANK INC. E.P.A. ID No. ILD 069506160
Address 201 WEST 155TH ST.,
City SOUTH HOLLAND State ILL. Zip 60473 Phone 312-596-3377

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

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
T/S/D/F Signature [signature] Date 8/21/81

UNLOADED AT DOCK 8/27/81 23 T/S/D/F COPY 24 TO 204 R 8/28/81 T-50 GRM
TO 210 R T-50 GRM 7-13-82

002017

HAZARDOUS WASTE

HAZARDOUS WASTE

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 0 2 1 7 7 6 0 7 — 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
SUN PROCESS CONVERTING, INC.
1660 KENNETH DRIVE
MT. PROSPECT IL 60056
4. Generator's Phone ( ) (312)593-0447

A. State Manifest Document Number: INA 0160060
B. State Generator's ID:
C. State Transporter's ID: 0311
D. Transporter's Phone: (312)345-8446

5. Transporter 1 Company Name: STRAND TRUCKING CO.
6. Use EPA ID Number: I N D 0 0 0 6 4 6 8 1 0

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 INC
P. O. BOX 180
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. WASTE ADHESIVE FLAMMABLE N.O.S. UN 1993 S/C 02794	23	DM	1265	/	F003-5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. 02794 IFR / STREAM CODE

K. Handling Codes for Wastes Listed Above
T50 1-645

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: RONALD WEINGARDT — Signature — Date: Month 01 Day 23 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS P STRAND — Signature — Date: Month 01 Day 25 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 ALVIN — Signature — Date: Month 01 Day 30 Year 89

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.

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 of 7

INA 0160060

0016653

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.	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.
I L D 1 0 2 1 7 7 6 0 7	6 0 0 0 5 1		

3. Generator's Name and Mailing Address
SUN PROCESS CONVERTING INC.
1660 KENNETH DRIVE MT. PROSPECT IL 60056
4. Generator's Phone (312) 593-0447

A. State Manifest Document Number: INA 0160061
B. State Generator's ID:

5. Transporter 1 Company Name	6. Use EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
STRAND TRUCKING COMPANY	I L D 0 0 0 6 4 6 8 1 0	0311	312-385-8440

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	10. Use EPA ID Number	G. State Facility's ID	H. Facility's Phone
AMERICAN CHEMICAL SERVICE INC P. O. BOX 1908 GRIFFITH IN 46319	I N D 0 1 6 3 6 0 2 6 5	ASS-0018	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 ADHESIVE FLAMMABLE N.O.S. UN 1993 S/C 02794	018	DM	00990 1386	1	F003-5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
S.C. 02794 IFR # STREAM CODE

K. Handling Codes for Wastes Listed Above
T50-1-gals

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
RONALD WEINGARDT				

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	Signature	Month	Day	Year
STEVE KUIPERS				

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 0160061

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

12-123K163 4/6 6-204K150 6

0016654

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.	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.
I:L D1·0 2 177 607	6·0·0 61		

3. Generator's Name and Mailing Address
SUN PROCESS CONVERTING INC
1660 KENNETH DR MT. PROSPECT IL 60056

4. Generator's Phone (312) 593-0447

A. State Manifest Document Number INA 0192891

B. State Generator's ID

5. Transporter 1 Company Name STRAND TRUCKING COMPANY

6. Use EPA ID Number I·D·D·0018646·8·1·0

C. State Transporter's ID 0311

D. Transporter's Phone 312-385-8440

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 INC
P. O. BOX 190 GRIFFITH IN 46319

10. Use EPA ID Number IND016360265

G. State Facility's ID

H. Facility's Phone 219-925-4370

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 ADHESIVE R.Q. N.O.S. UN 1993 S/C 02794	006	DM	01430	P	F003-5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. 02794 IPRF STREAM CODE

K. Handling Codes for Wastes Listed Above
T50 1 gals

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
RONALD WEINGARDT		04	30	89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible] STRAND		04	30	89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space
5 PAILS (30 GAL) ASHCROVE 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	Signature	Month	Day	Year
STEVE KULAVICK		04	25	89

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 DEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

6-123TCT63 7/6 10-204TCT50 7/6 9-204RT50 7/7 25 GAL 204 x T50 8/15/89

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 - 0192891

0016655

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.D1.02.1.7.7.6.07
Manifest Document No.: 6.0.0.6.1
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
SUN PROCESS CONVERTING, INC.
1660 KENNETH DRIVE
MT. PROSPECT, ILLINOIS 60056

4. Generator's Phone (312) 593-0447

A. State Manifest Document Number: INA 0335065
B. State Generator's ID:

5. Transporter 1 Company Name: STRAND TRUCKING COMPANY
6. Use EPA ID Number: I.L.D0.0.0.6.4.6.8.1.0
C. State Transporter's ID: 0311
D. Transporter's Phone: 312/331-8440

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, INC.
P.O. BOX 190
GRIFFITH, IN 46319

10. Use EPA ID Number: ILD 984774489
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 ADHESIVE R.Q. N.O.S. UN 1993 8/C 02794	029	D. M	01595	1	F003-5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: A. 02794 IFR# STREAM CODE
K. Handling Codes for Wastes Listed Above: T50 1=gals

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: RONALD WEINGARDT
Signature:
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Levan Brayton
Signature: Levan Brayton
Date: Month 10 Day 30 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: Whitaker A
Signature:
Date: Month 10 Day 30 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.

INA0335065

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

11-204 TSD 11/2 (-MARINE SHALE 2/13/90 915939

COPY 5. TSD COPY 17-204 TSD 11/2

0016656

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.: IL D 10 2 17 7 60 7
Manifest Document No.: 6.00 61
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
SUN PROCESS CONVERTING, INC.
1660 KENNETH DRIVE
MT. PROSPECT, ILLINOIS 60056
4. Generator's Phone (708) 593-0447

A. State Manifest Document Number: INA 0379904
B. State Generator's ID:

5. Transporter 1 Company Name: STRAND TRUCKING COMPANY
6. Use EPA ID Number: ~~I L D 0 8 0 6 4 6 8 1 0~~ ILD 984774459
C. State Transporter's ID: 0311
D. Transporter's Phone: 312/331-8440

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, INC.
P.O. BOX 190
GRIFFITH, IN 46319
10. Use EPA ID Number: I D L 9 8 4 7 7 4 4 8 9
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 ADHESIVE R.Q. N.O.S. UN 1993 S/C 02794	027	DM	01535	1	F003-5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. 02794 IFR# STREAM CODE

K. Handling Codes for Wastes Listed Above
T50 1=GALS

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: RONALD WEINGARDT — Signature — Date: Month 02 Day 07 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEN STRAND — Signature — Date: Month 02 Day 08 Year 90
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 — Date: Month 2 Day 15 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.

INA 0379904

EPA Form 8700-22
Previous editions are obsolete.
Form 11865 (R/4-88)

5 MARINE SINGLE 3/6/90 01088)

COPY 5. TSD COPY 19 204TCT50 2/7 3 204TCT50 3/20

0018198

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.: IL D 10 2 17 7 60 7
Manifest Document No.: 6 00 61
2. Page 1: 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
SUN PROCESS CONVERTING, INC.
1660 KENNETH DRIVE
MOUNT PROSPECT, IL. 60056 (708) 593-0447

4. Generator's Phone

A. State Manifest Document Number: INA 0379905
B. State Generator's ID

5. Transporter 1 Company Name: STRAND TRUCKING COMPANY
6. Use EPA ID Number: IDL 984774489
C. State Transporter's ID: 0311
D. Transporter's Phone: 312/331-8440

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, INC.
P.O. BOX 190
GRIFFITH, IN. 46319
10. Use EPA ID Number: IDL 98.47.7.44.8.9.
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 ADHESIVE R.Q. N.O.S. UN 1993 S/C 02794 Flammable Liquid	030	DM	01653		F003-5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: A. 02794 IFR# STREAM CODE
K. Handling Codes for Wastes Listed Above: T50 1+GALS

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: RONALD WEINGARDT
Signature: [signature]
Month / Day / Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Len Strand
Signature: Len Strand
Month / Day / Year: 06 05 90

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: [illegible]
Signature: [signature]
Month / Day / Year: 6.5.90

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 0379905

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

28-204 TC T50 6/6 (1543 GALS)
10 GAL 212 TC T50 6/25/90
2 (100 GAL) MARINE SHALE 6/26/90
0018199 T11010

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

0352108

Authorization Number 998991

SUNBEAM CORP (Company Name) — 5400 W Roosevelt Rd (Address) — IL D001315134

Chicago (City) — ILL (State) — 60650 (Zip) — 0316000166 (Generator Number)

WASTE HAULER(S)

Mr Frank Inc (Hauler Name) — 201 W. 155th Street South Holland, Ill (Hauler Address) — S.W.H. Registration Number 0079/005

IL D069 506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — P.O. Box 190 (Address) — 91808902 (Site Number)

Griffith (City) — INDIANA (State) — Zip — IND016 360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Roofing Fluid 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: Chlorinated Solvents — HAZARD CLASS: F001 — 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: 3000 ~~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: 2-12-81 — J. Evelyn (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) Tom Berry (Authorized Signature) — DATE: 02 12 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: 2 12 81

COMMENTS OR SPECIAL INSTRUCTIONS: 4 TO 1A + 5 DRUMS T-63 Jim Murphy 2/12/81

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

002019

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

0352109

Authorization Number 998991

SUNBEAM CORP (Company Name) — 5400 W Roosevelt Rd (Address) — IL D001315134

Chicago (City) — IL (State) — 60650 (Zip) — 0316000166 (Generator Number)

WASTE HAULER(S)

Mr Frank INC (Hauler Name) — 201 W 155th St (Hauler Address) — S.W.H. Registration Number 0079004

SOUTH HOLLAND, IL — IL D069 506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) — P.O. Box 190 (Address) — 91808902 (Site Number)

Griffith (City) — IND (State) — Zip — IND01636025

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: LIQUID DEGREASER 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: Chlorinated Solvent — HAZARD CLASS: (F001) ORME

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: 003000 — 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: 5/6/81 — B Olone (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) Ronald Bridgewater (Authorized Signature) — DATE: 5/6/81

(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: 5/6/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 1A T-63 5/6/81 JM

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

002020

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

0352110

Authorization Number 998991

SUNBEAM CORP (Company Name) — 5400 W Roosevelt Rd (Address) — EPA# ILD001315134

CHICAGO (City) — IL (State) — 60650 (Zip) — Generator Number 0316000166

Phone 312-854-2618

WASTE HAULER(S)

MY FRANK INC (Hauler Name) — 201 W 155th St (Hauler Address) — S.W.H. Registration Number 0079/004

SOUTH HOLLAND, IL 60473 — EPA # ILD069506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) — P.O. BOX 190 (Address) — Site Number 91808902

GRIFFITH (City) — IND (State) — 46319 (Zip) — EPA # IND016360265

Ph # 219-924-4370

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: DEGRESING FLUID 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: CHLORINATED SOLVENT — HAZARD CLASS: F001

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: 003000 — 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: 7-7-81 — [signature] (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) Ronald B [signature] (Authorized Signature) — DATE: 7/7/81

(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: 7/7/81

COMMENTS OR SPECIAL INSTRUCTIONS: To 14 T-63 7/7/81 JAM

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

002021

STATE OF ILLINOIS

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

0433445 (1–7)

Authorization Number 228991 (8–13)

SUNBEAM CORP. (Company Name) | 5400 W. ROOSEVELT RD. (Address) | 3128543616 (Phone Number) | 0316000166 G (14 Generator Number 24)

CHICAGO (City) | ILL (State) | 60650 (Zip) | ILD069506160 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155th ST SOUTH HOLLAND ILL. (Hauler Address) | S.W.H. Registration Number 0079009 (25)

Phone Number | ILD069506160 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (35–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. SERVICE (Facility Name) | P.O. 190 (Address) | 2180890 (39 Site Number 46)

GRIFFITH (City) | IND (State) | 46319 (Zip) | 2199244220 (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 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: TANK TRUCK | HAZARD CLASS. F001 | NA9189 (UN or NA Number) | F011 (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: 3000 (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 B. Olson (Authorized Signature) DATE 9-10-81

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) Duke Lind (Authorized Signature) DATE 09 10 81 (54–59)

(2) _____ (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

(Authorized Signature) DATE (60–65) 9/10/81

COMMENTS OR SPECIAL INSTRUCTIONS 1500 TO IA 1500 TO IA 9/10/81 T-63 gpm

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

002022

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

0433448

Authorization Number 998991

SUNBEAM CORP. (Company Name) 5400 W. ROOSEVELT (Address) 3128543616 (Phone Number) 0316000166 (Generator Number)

CHICAGO (City) ILL (State) 60650 (Zip) ILD01315134 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) 201 W 155th ST S. HOLLAND ILL (Hauler Address) S.W.H. Registration Number 0079004

3125963377 (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) IND (State) 46319 (Zip) 2199244270 (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 PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: CHLORINATED SOLVENT

HAZARD CLASS: F001

UN or NA Number: NA9189

EPA HW Number: F017

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: 003000 (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 R.D. Patel (Authorized Signature) DATE 12-2-81

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] (Authorized Signature) DATE 12 02 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 2 81

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-6760

DISTRIBUTION: PART - 1 GENERATOR

REV. # 3

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

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

SITE COPY - PART 3

TO 122 TK T-63 GRM 12/2/81

002023

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

21. Generator's US EPA ID No. [redacted] Manifest Document No. 001

2. Page 1 of 6

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address GAD.033585316
Sunbelt Nissan
3139 Peach Orchard Rd. Augusta, GA 30906

4. Generator's Phone (404) 798-7730

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD000646810

C. State Transporter's ID

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 S. Colfax
Griffith, IN 46319

10. US EPA ID Number: INDO16360265

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Waste Paint Related Material Flammable Liquid NA1263	X	04	DM	0220	1	[redacted] 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	Signature	Month	Day	Year
[illegible]	[signature]	03	03	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JAMES BATTEY	[signature]	03	03	87

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	Signature	Month	Day	Year
[illegible]	[signature]			

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

4-12 STR TGJ 5

TSDF COPY M.R.

012359

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER: 001

HAZARDOUS WASTE

TO:	FROM:
T/S/D FACILITY American Chem. Services	Generator Sundstrand Heat Transfer, Inc.
E.P.A. ID Code No. IND016360265	E.P.A. ID Code No. MID005068507
Address 420 S. Colfax 46319	Address 415 E. Prairie Ronde St.
Destination Griffith, Indiana,	Origin Dowagiac, Michigan 49047
Phone	Phone (616) 782-2141

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.)
1	Methyl Chloroform	ORM-A	UN2831 ~~NNN~~	F001	500gal	

PLACARDS REQUIRED Combustible

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)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY	CONTACT Name R. L. Ballou
E.P.A. ID Code No.	Phone (616) 782-2141
Address	National Response Center 1-800-424-8802
Destination	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 E.P.A.

Generator Signature R. L. Ballou R. L. Ballou Date _____

TRANSPORTER #1 W.R. FRANK, INC. E.P.A. ID No. ILD 069506160

Address 201 W 155th ST.

City SOUTH HOLLAND, Ill. State Ill. Zip 60473 Phone 596-3377

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date 01-19-81

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 4200 GALS TO #1 STILL 1/19/81 T-63 Jim Mugg
800 GALS TO DRUMS

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ 800 GALS IN DRUMS Date 1-19-81
TO #1 STILL 1/20/81

TRANSPORTER #1 COPY

00 00002

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: 001

TO:		FROM:	
T/S/D FACILITY	American Chem. Services	Generator	Sundstrand Heat Transfer, Inc.
E.P.A. ID Code No.	IND016360265	E.P.A. ID Code No.	MID005063507
Address	420 S. Colfax 46319	Address	415 E. Prairie Ronde St.
Destination	Griffith, Indiana	Origin	Dowagiac, Michigan 49047
Phone		Phone	(616) 782-2141

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.)
1	Methyl Chloroform	ORM-A	UN2831 ~~NA~~	F001		

PLACARDS REQUIRED

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 class[illegible]. Shipper hereby certifies that he is familiar with all the bi[illegible] and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

5,000 gal. (see note @ bottom of page)

ALTERNATE DESTINATION

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

TACT Name R. L. Ballou
Phone (616) 732-2141
onal Response Center 1-800-424-8802
in D. C. 426-2675

N

This is to certify that the above named [illegible] for transportation according to the appl[illegible]

ibed, packaged, marked and labeled, and are in proper condition Transportation and the E.P.A.

Generator Signature R. L. Ballou Date _____

TRANSPORTER #1 [illegible] E.P.A. ID No. [illegible]
Address [illegible]
City [illegible] State [illegible] Zip [illegible] Phone [illegible]
This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature [illegible] Date [illegible]

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
~~200~~ GALS TO #1 STILL 1/19/81 T-63 Jim Mungly
800 GALS TO DRUMS
This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
T/S/D FACILITY Signature [illegible] 800 GALS IN DRUMS Date 1-19-81
TO #1 STILL 1/20/81

T/S/D F COPY

002006

HAZARDOUS WASTE

HAZARDOUS WASTE

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: 002

TO:	FROM:
T/S/D FACILITY: American Chem. Services	Generator: Sundstrand Heat Transfer, Inc.
E.P.A. ID Code No.: IND016360265	E.P.A. ID Code No.: MID005068507
Address: 420 S. Colfax 46219	Address: 415 E. Prairie Ronde Street
Destination: Griffith, Indiana	Origin: Dowagiac, Michigan 49047
Phone:	Phone: (616) 782-2141

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.)
1	Methyl Chloroform	ORM-A	UN2831	F001	4999gal.	

PLACARDS REQUIRED

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 FACILITY ____
E.P.A. ID Code No. ____
Address ____
Destination ____

EMERGENCY RESPONSE INFORMATION

CONTACT Name R. L. Ballou
Phone (616) 782-2141
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 E.P.A.

Generator Signature R. L. Ballou Date 4-22-81

TRANSPORTER #1 ____ E.P.A. ID No. ____
Address ____
City ____ State ____ Zip ____ Phone ____
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 #1 STILL T-63 3/23/81 Jim Mugg
This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
T/S/D FACILITY Signature ____ Date 5-15-81

HAZARDOUS WASTE

HAZARDOUS WASTE

T/S/D F COPY

002008

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

NO. 79852

002057

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER MID005068507

NAME Sundstrand Heat Transfer, Inc.

ADDRESS 415 E. Prairie Ronde St., Dowagiac, MI 49047

PRODUCER ORDER NO. 37652 SHIPMENT DATE 0 3 (mo.) 2 3 (da.) 8 1 (yr.)

PERSON TO CONTACT R. Ballou PHONE (616) 782-2141

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: T

SHIPPING NAME: (DOT OR EPA) Methyl Chloroform ORM-A

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
3362	2	21	00400	2	06	01

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify) _____

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify) _____

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	CONCENTRATION Upper %	Lower %
1. Methyl Chloroform	95	90
2. Petroleum Oil		
3.		
4.		
5.		
6.		

4,000 gal

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TAB

PARAMETER NO.

EMERGENCY SPILL INFORMATION Protective Equipment required. Dike area and pump to storage. Absorb with sand, clay, earth or floor absorbent.

C. NAME OF HAULER Mr. Frank ILD069506160

BUSINESS ADDRESS South Holland, Illinois 60437 Lic. 334

NAME OF PROCESSOR American Chemical Services

SITE ADDRESS Griffith, Indiana IND016360265

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B 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.

NAME & TITLE (please print)	SIGNATURE	DATE
R. Ballou Mgr. of Labs	R. Ballou	3-23-81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME MR. FRANK

ADDRESS 201 W. 155th St. So. HOLLAND, ILL

TELEPHONE NUMBER 312 596 3377 PICK-UP DATE 3 (mo.) 23 (da.) 81 (yr.)

B. HAULER JOB NUMBER 0079/026 FACILITY NUMBER ILD 069506160

C. VEHICLE LICENSE NO. 33387 STATE ILL.

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
CE MILBURN	CE Milburn	3-23-81

Keep canary copy for your records.

PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME AMERICAN CHEMICAL FACILITY NUMBER IND016360265

ADDRESS 420 So. Colfax, GRIFFITH IND

TELEPHONE NUMBER _____ ACCEPTANCE DATE 3 (mo.) 23 (da.) 81 (yr.)

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify) _____

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
		3-23-81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To #1 STILL T-63 3/23/81 Jim Murphy

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

R-4896 11/78

Mr. Frank

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 79855

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER MID005068507

NAME Sundstrand Heat Transfer, Inc.

ADDRESS 415 E. Prairie Ronde St., Dowagiac, MI 49047

PRODUCER ORDER NO. 37652 SHIPMENT DATE (mo. da. yr.) 01 19 81

PERSON TO CONTACT R. Ballou PHONE (616)782-2141

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: T

SHIPPING NAME: (DOT OR EPA) Methyl Chloroform ORM-A

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
3362	2	2	1005000	2	06	01

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

C. MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Methyl Chloroform	95	90
2.	Petroleum Oil	9	4
3.			
4.			
5.			
6.			

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION

EMERGENCY SPILL INFORMATION Protective Equipment required. Dike area and pump to storage. Absorb with sand, clay, earth or floor absorbant.

C. NAME OF HAULER Mr. Frank ILD069506160

BUSINESS ADDRESS So. Holland, Ill. 60437 Lic.334

NAME OF PROCESSOR American Chemical Services

SITE ADDRESS Griffith, Ind. IND016360265

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B 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.

NAME & TITLE (please print)	SIGNATURE	DATE
Mgr. of Labs R. L. Ballou	R. L. Ballou	1-19-81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME MR. FRANK INC

ADDRESS 201 W. 155th So. HOLLAND IL 60473

TELEPHONE NUMBER 596-3377 PICK-UP DATE (mo. da. yr.) 01 19 81

B. HAULER JOB NUMBER 007 008 FACILITY NUMBER ILD069506160

C. VEHICLE LICENSE NO. 42152 STATE IL.

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
CE MILBURN		01-19-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME AMERICAN CHEMICAL FACILITY NUMBER IND016360265

ADDRESS 420 So. COLFAX GRIFFITH, IND.

TELEPHONE NUMBER ACCEPTANCE DATE (mo. da. yr.)

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
T DUMBEE	EDUNTEE	1-19-81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

5,000 gal

R-4896 11/78

002055

STATE OF MICHIGAN

Rev. 3/81

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0010806

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
SUNDSTRAND HEAT TRANSFER	MR. FRANK	AMERICAN CHEMICAL SERVICES
Site Address	**Transporters Address**	**Facility Address**
415 E. Prairie Ronde Street Dowagiac, MI 49047	201 W. 155th South Holland, Illinois 60637	420 S. Colfax Griffith, Indiana 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 782-2141	(312) 596-3377	(219) 838-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID005068507	ILD069506160	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	1,1,1 - Trichloroethane	ORM-A	UN2831	NONE	1	Tr		X			4510	GAL	005 R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

TO #1 STILL T-63 6/2/81 JTM

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Richard Smith — Date Shipped MO. DAY YEAR: 06 28 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 FLL 007902G

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Donald L Bult — /Date(s) Received 06 29 81

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ J A Miller — ☐ Accepted ☐ Rejected — Date Received 6 29 81

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

00200

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0010867

002010

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer	Mr. Frank	American Chemical Services
Site Address 415 E. Prairie Ronde Dowagiac, MI 49047	Transporters Address 201 W. 155th South Holland, Illinois 60437	Facility Address 420 S. Colfax Griffith, Indiana 46319
Phone Number (616) 782-2141	Phone Number (312) 596-3377	Phone Number (219) 838-4370
Generator's Site EPA I.D. Number MID005068507	Transporter's EPA I.D. Number ILD069506160	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	1,1,1 - Trichloroethane	ORM-A	UN2831	None	1	Tr		X			4000	Gal.	005R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① R. L. Ballou

Date Shipped MO. DAY YEAR 06 30 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 334-26

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Robert Perkins

Subsequent transporter(s) signature(s) ③

Date(s) Received 06 30 81

If the shipment cannot be delivered, describe the reasons for non-delivery.

TO #1 STILL T-63 6/30/81 JRM.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number

☑ Accepted ☐ Rejected

Date Received 6 30 81

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

STATE OF MICHIGAN

Rev. 3/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0010878

002611

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer	Mr. Frank	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
415 E. Prairie Ronde Dowagiac, MI 49047	201 W. 155th South Holland, Illinois 60437	420 S. Colfax Griffith, Indiana 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 782-2141	(312) 596-3377	(219) 838-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID005068507	ILD069506160	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	1,1,1 - Trichloroethane	ORM-A	UN2831	None	1	Tr.		X			4000	Gal.	005R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Richard Smith

Date Shipped MO. DAY YEAR: 10 05 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 10079026

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ②

Subsequent transporter(s) signature(s) ③

Date(s) Received: 10 05 81

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④

Facility Site EPA I.D. Number: IND016360265

☑ Accepted ☐ Rejected

Date Received: 10 5 81

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

To #1 STILL-T-63 10/5/81 JJM

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0010840

003557

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer	Mr. Frank	American Chemical Services
Site Address: 415 E. Prairie Ronde, Dowagiac, MI 49047	Transporters Address: 201 W. 155th, South Holland, IL60437	Facility Address: 420 S. Colfax, Griffith, IN 46319
Phone Number: (616) 782-2141	Phone Number: (312) 596-3377	Phone Number: (219) 838-4370
Generator's Site EPA I.D. Number: MID005068507	Transporter's EPA I.D. Number: ILD069506160	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	1,1,1 - Trichloroethane	ORMA-A	UN2831	None	1	Tr		X			004000	Gal	005R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① R. L. Ballou

Date Shipped MO. DAY YEAR: 01 18 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 0079019

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Robert Arkins

Subsequent transporter(s) signature(s) ③

Date(s) Received: 01 18 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 1 18 82

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

To #1 Still T-63 GRM 1/18/82

Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0233804

0037

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer, Inc.	Mr. Frank	American Chemical Services
Site Address 415 E. Prairie Ronde St. Dowagiac, MI 49047	**Transporters Address** 201 W. 155th Street South Holland, IL 60473	**Facility Address** P. O. Box 190 Griffith, Indiana 46319
Phone Number 616) 782-2141	**Phone Number** (312) 596-3377	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MID005068507	**Transporter's EPA I.D. Number** MID #055885373 ILD069506160	**Facility Site EPA I.D. Number** IND016602655

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	1, 1, 1 trichloroethane waste	ORMA-A	UN2831	none	1	TK		X			3100 ~~2800~~	gal	005 R
2.													
3.													
4.													
5.													
6.													

COMMENTS Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① R. L. Ballou — Date Shipped MO. DAY YEAR: 02 25 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1334-8

Transporter Signature ② — Date(s) Received: 02 25 83

Subsequent Transporter Vehicle I.D. No's

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ Bob Mauck — Facility Site EPA I.D. Number IND 016602655 — ☒ Accepted ☐ Rejected — Date Received 02 25 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 117 RT-50 GPM 2.25.83

TSDF COPY

Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0233974

003712

IDENTIFICATION

Generator's Name: Sundstrand Heat Transfer, Inc.	Primary Transporter's Name: Mr. Frank	Treatment, Storage or Disposal Facility: American Chemical Services
Site Address: 415 E. Prairie Ronde St. Dowagiac, MI 49047	Transporters Address: 201 W. 155th St. So. Holland, IL 60473	Facility Address: P. O. Box 190 Griffith, IN 46319
Phone Number: (616) 782-2141	Phone Number: (212) 596-3377	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID005068507	Transporter's EPA I.D. Number: MID #005885373 IL006950616 0	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	1, 1, 1 trichloroethane waste	ORMA-A	UN2831	none	1	TK		X			3500	gal	005 R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① R. L. Ballou

Date Shipped MO. DAY YEAR: 08 17 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 0079011

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ②

Subsequent transporter(s) signature(s): ③

Date(s) Received: 08 17 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 8 17 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To/AR T-63 GRM 8-17-83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

Rev. 8/81

MI 0233946

003773

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
SUNDSTRAND HEAT TRANSFER, INC.	MR. FRANK	AMERICAN CHEMICAL SERVICES
Site Address 415 E. PRAIRIE RONDE STREET DOWAGIAC, MI 49047	Transporters Address 201 W. 155TH STREET SO. HOLLAND, IL 60473	Facility Address P. O. BOX 190 GRIFFITH, IN 46319
Phone Number (616) 782-2141	Phone Number (312) 596-3377	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID005068507	Transporter's EPA I.D. Number IL0069506160	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	1,1,1, trichloroethane waste	ORMA-A	UN2831	none	1	TK		X			2600	gal	005R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① R. L. Ballou — R. L. Ballou

Date Shipped MO. DAY YEAR 120583

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 0079025

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Ron Bridgewater

Subsequent Transporter(s) signature(s) ③

Date(s) Received 120583

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] X

Facility Site EPA I.D. Number IND016360265

[X] Accepted [ ] Rejected

Date Received 12583

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 120 Ft. 636 RM 12.5.83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0233918

Rev. 8/81

006280

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer, Inc.	Mr. Frank	American Chemical Services
Site Address: 415 E. Prairie Ronde St. Dowagiac, MI 49047	Transporters Address: 201 W. 155th Street South Holland, IL 60473	Facility Address: P.O. Box 190 Griffith, IN 46319
Phone Number: (616) 782-2141	Phone Number: (312) 596-3377	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID005068507	Transporter's EPA I.D. Number: IL0069506160	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	1,1,1 Trichloroethane waste	ORMA - A	UN 2831 ~~none~~	13	1.	TK		X			3875 ~~3600~~		005R
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① R. L. Ballou - R. Staley

Date Shipped MO. DAY YEAR: 020684

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 0079008

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature]

Subsequent transporter(s) signature(s): ③

Date(s) Received: 020684

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☐ Accepted ☐ Rejected

Date Received: 020684

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 120 FT-63 GRM 2-6-84 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

DO NOT WRITE IN THIS SPACE

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0364107

PH 4890 Rev. 10/83

006281

GENERATOR COMPLETES — IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer, Inc.	Mr. Frank	American Chemical Services
Site Address: 415 E. Prairie Ronde St. Dowagiac, MI 49047	Transporters Address: 201 W. 155th Street South Holland, IL 60473	Facility Address: P.O. Box 190 Griffith, IN 46319
Phone Number: (616) 782-2141	Phone Number: (312) 596-3377	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID005068507	Transporter's EPA I.D. Number: IL0069506160	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	T Units (circle one)	Hazardous or Liquid Waste Number
1.	1,1,1 Trichloroethane Waste	ORMA - A	UN 2831	13	1	TK		X			4000	lb. gal. yd.	005R
2.												lb. gal. yd.	
3.												lb. gal. yd.	
4.												lb. gal. yd.	
5.												lb. gal. yd.	
6.												lb. gal. yd.	

COMMENTS

Include Safety precautions and special handling instructions.

Is waste subject to Act 64 "SOLD FOR RECYCLE" exemption? ☐ YES ☐ NO

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA 64 as amended and/or 1969 PA 136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① R. L. Ballou — Date Shipped: MO DAY YEAR 041084

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 0079011

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Miguel Garcia — Date(s) Received: 041084

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

Describe any significant discrepancies between manifest and shipment.

TSDF Signature: ④ [signature] — Date Received: 041084

Facility Site EPA I.D. Number: IND016360265 ☒ Accepted ☐ Rejected

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T0117KT-636RM 4/10/84 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

DO NOT WRITE IN THIS SPACE

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0364127

PR 4890 Rev. 10/83

006282

GENERATOR COMPLETES — IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Sundstrand Heat Transfer, Inc.	Mr. Frank	American Chemical Serbices
Site Address: 415 E. Prairie Ronde St. Dowagiac, MI 49047	Transporters Address: 201 W. 155th Street South Holland, IL 60473	Facility Address: P.O. Box 190 Griffith, IN 46319
Phone Number: (616) 782-2141	Phone Number: (312) 596-3377	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID005068507	Transporter's EPA I.D. Number: IL006950616 0	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	T Units (circle one)	Hazardous or Liquid Waste Number
1	1,1,1 Trichloroethane Waste	ORMA-A	UN 2831	none	1	TK		X			HOPP	lb. gal. yd.	005R
2												lb. gal. yd.	
3												lb. gal. yd.	
4												lb. gal. yd.	
5												lb. gal. yd.	
6												lb. gal. yd.	

COMMENTS

Include Safety precautions and special handling instructions.

Is waste subject to Act 64 "SOLD FOR RECYCLE" exemption? ☒ YES ☐ NO

GENERATOR CERTIFICATION: I 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 U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA 64 as amended and/or 1969 PA 136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① R. L. Ballou — Date Shipped MO. DAY YEAR: 081484

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 DNR 0252 0079011

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Michael Martin — Date(s) Received: 081484

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

Describe any significant discrepancies between manifest and shipment.

TSDF Signature: ④ [signature] — Date Received: 081484

Facility Site EPA I.D. Number: IND016360265 ☒ Accepted ☐ Rejected

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY

1A & 1B R T-63

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. M I D 0 0 5 0 6 8 5 0 7 — Manifest Document No. 0 0 0 0 7

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Sundstrand Heat Transfer, Inc.
415 E. Prairie Ronde Street
Dowagiac, MI 49047

4. Generator's Phone ( ) (616) 782-2141

A. State Manifest Document Number: MI 0485208

B. State Generator's ID: MID005068507

5. Transporter 1 Company Name: Mr. Frank

6. US EPA ID Number: I L 0 0 6 9 5 0 6 1 6 0

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 Services
P.O. 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: 918089000 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	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	1,1,1 Trichloroethane Waste, ORMA - A UN 2831	001	TT	03400	G	005	R H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above: None

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: None

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	Signature	Date (Month Day Year)
R. L. Ballou	R. L. Ballou	10 12 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
John Van Klyneveld	John Van Klyneveld	10 12 84

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)
EDUNFEE	EDunfee	10 12 84

GENERATOR

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

#1 Still T-63

PR 5110 Rev. 7/84

006283

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.: MID005068507 — Manifest Document No.: 00080
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Sundstrand Heat Transfer, Inc.
415 E. Prairie Ronde Street
Bowagiac, MI 49047

4. Generator's Phone: (616) 782-2141

A. State Manifest Document Number: MI 0511630
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. US EPA ID Number: IL006950616 0
C. State Transporter's ID: 0009
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 Services
P.O. Box 190
Griffith, IN 46319

10. US 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).	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	1,1,1 Trichloroethane Waste ORMA - A UN 2831	001	TT	03500	G	0058	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: R. L. Ballou — Signature: R. L. Ballou — Date: Month 01 Day 14 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ron Bridgewater — Signature: Ron Bridgewater — Date: Month 01 Day 14 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: FD UNFEE — Signature: [signature] — Date: Month 1 Day 14 Year 85

GENERATOR / TRANSPORTER / FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4708 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)

PR 5110 Rev. 7/84

TSDF COPY #1 Still T-63

009276

IL 532-610
LPC 62 8 81

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
217/782-6762
SPECIAL WASTE HAULING MANIFEST

TO BE COMPLETED BY WASTE GENERATOR

1004810
Authorization Number [redacted]

SUNDSTRAND PRESSED STEEL | 8030 SOUTH CHICAGO AVE | (312)721 2237 | IL0 3 1 6 5 1 5 0 0 2
(Company Name) | Address | Phone Number | Generator Number

CHICAGO | IL | 60617 | ILD005144175
City | State | Zip | EPA Number

WASTE HAULER(S)

H. ROSKIN | 4710 W. ROOSEVELT RD CHICAGO, IL | (312)CO17236 | S.W.H. Registration Number 1400001
Hauler Name | Hauler Address | Phone Number | EPA Number

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE | | 918 08 9 0 2
(Facility Name) | Address | Site Number

GRIFFITH | IND | | (312)768 3400 | IND016360265
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: PERCHLOR ETHYLENE | 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
PERCHLOR ETHYLENE	ORM-A	UN1897	F001

WEIGHT FOR D.O.T. USE 4000 (LBS) 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. 1

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 10/16/84

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 10/16/84

(2) [signature] (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 10/18/84

COMMENTS OR SPECIAL INSTRUCTIONS:

1004810

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

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additional civil penalty up to $1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

IBKT-63

006279

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.: ILD005144175 — 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
SUNDSTROM PRESSED STEEL CO.
8030 SOUTH CHICAGO AVE., CHICAGO, IL. 60617
4. Generator's Phone (312) 721-2237

A. Illinois Manifest Document Number: IL 1158851
B. Illinois Generator's ID: 0316515002
C. Illinois Tranporter's ID: 1400
D. (312) 261-7236 Transporter's Phone

5. Transporter 1 Company Name: H. ROSKIN — 6. US EPA ID Number: ILD045695715
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
GRIFFITH, IND. — 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. PERCHLORETHYLENE ORM-A UN1897	T	6	DM	330	1	EPA HW Number: F001 / 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: RICHARD F. SUNDSTROM — Signature: [signature] — Date: Month 12 Day 16 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL — Signature: [signature] — Date: Month 12 Day 16 Year 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 — Signature: [signature] — Date: Month 12 Day 23 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

7-63 Hold 000975

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. ILD005144175 — 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.

GENERATOR

3. Generator's Name and Mailing Address
Sundstrom Pressed Steel Co.
8030 South Chicago Avenue Chgo, Il. 60617

4. Generator's Phone (312) 721-2237

A. Illinois Manifest Document Number: IL 1158852

B. Illinois Generator's ID: 0 3 1 6 5 1 5 0 0 2

5. Transporter 1 Company Name: H. Roskin — 6. US EPA ID Number: ILD045695715

C. Illinois Tranporter's ID: 1 4 0 0

D. (312) 861-7236 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
Griffith, IND — 10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9 1 8 0 8 9 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	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	T Perchlorethylene ORM-A UN 1897	4	DM	220		EPA HW Number: F 0 0 1 / 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: Richard F. Sundstrom — Signature: Richard F. Sundstrom — Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL — Signature: Clarence Neal — Date: Month Day Year 2 24 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: STEVE KULAUICK — Signature: Steve Kulauick — Date: Month Day Year 10 30 5 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

120 T-T-530 1601

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.: ILD005144175 — 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.

GENERATOR

3. Generator's Name and Mailing Address:
Sundstrom Pressed Steel Co.
8030 South Chicago Avenue Chgo, Il. 60617

4. Generator's Phone ( )

A. Illinois Manifest Document Number: IL 1158853

B. Illinois Generator's ID: 0 3 1 6 5 1 5 0 0 2

5. Transporter 1 Company Name: H. Roskin — 6. US EPA ID Number: ILD045695715 — C. Illinois Tranporter's ID: 1 4 0 0 — D. (312) 261-7236 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
Griffith, IN — 10. US EPA ID Number: IND016360265 — G. Illinois Facility's ID: 9 1 8 0 5 9 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	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	T Perchlorethylene CRM-A UN 1897	2	DM	110		I. EPA HW Number: F001; J. Authorization Number
b.						I. EPA HW Number; J. Authorization Number
c.						I. EPA HW Number; J. Authorization Number
d.						I. EPA HW Number; J. 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: RICHARD F. SUNDSTROM — Signature: Richard F. Sundstrom — Date (Month Day Year): 8 12 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL — Signature: Clarence Neal — Date (Month Day Year): 8 20 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: G R MURPHY — Signature — Date (Month Day Year): 08 25 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

IBE 763

011668

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.: ILD005144175
Manifest Document No.:
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name
Sundstrom Pressed Steel
8030 South Chicago Av. Chicago Il 60617
4. Generator's Phone (312) 721 2237

A. State Manifest Document Number: IN 089304
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
6. US EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9343

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
Griffith Ind 46319
10. US EPA ID Number: IND016360562
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	Waste No.
a. Perchlor ORM-A UN 1897	4	DM	200	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.

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

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 12 15 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: [illegible] Signature: [illegible] Month Day Year: 12 22 87

GENERATOR / TRANSPORTER / FACILITY

IN 089304

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

2-1BE T-63 2/3/88 T.S.D. DETAILS AND RETAIN THIS COPY
2-204TCT50 5/19/88

012353

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. I L D 0 0 5 1 4 4 1 7 5 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name
Sundstrom Pressed Steel
8030 South Chicago Av. Chicago Il 60617
4. Generator's Phone (312) 721 2237

A. State Manifest Document Number IN 089304
B. State Generator's ID

5. Transporter 1 Company Name: H Roskin Motor Service — 6. US 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 376 9343

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
Griffith Ind 46319
10. US 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

GENERATOR

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	15. Waste No.
a. Perchlor ORM-A UN 1897	4	DM	200	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.

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Willie C Henry | Signature | Date: Month 12 Day 15 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 in Item 19.

Printed/Typed Name: Howard F Sundt | Signature | Month 12 Day 21 Year 87

IN 089304

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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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005144175
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Sundstrom Pressed Steel
8030 South Chicago Ave Chicago Il 60617
4. Generator's Phone (312) 721 2237

A. State Manifest Document Number: IN 089268
B. State Generator's ID: 0316515002

5. Transporter 1 Company Name: H Roskin Motor Service
6. US EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 261 7236

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
Griffith In 46319
10. US EPA ID Number:
G. State Facility's ID: 9180890002
H. Facility's Phone: 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. Per-chlor O R M-A UN 1897	43	DM	~~150~~ 200	~~P~~ 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.

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: Richard F. Sundstrom
Signature:
Month Day Year: 4 1 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year: 4 2 8 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clarence Neal
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. Clancy
Signature:
Month Day Year: 4 1 D 87

GENERATOR / TRANSPORTER / FACILITY

IN 089268

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY MRL 4-1182 763 B

012355

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.: ILD 005 14 4 1 7 5
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
Sundstrom Pressed Steel
8030 South Chicago Av. Chicago Il 60617
4. Generator's Phone (312) 721 2237

A. State Manifest Document Number: INA 0205900
B. State Generator's ID:
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9343
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: H Roskin Motor Service
6. Use EPA ID Number: ILD 045 695 715
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 016 360 562

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. Perchlor ORM-A UN 1897	3	DM	150	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: RICK SUNDSTROM
Signature: Rick Sundstrom
Date: Month 08 Day 04 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RAY ZALL
Signature: [signature]
Date: Month 8 Day 9 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: MILTON POPA
Signature: [signature]
Date: Month 08 Day 10 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 0205900

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

204TCT50 8/24

0015179

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

00202 / 1

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005144175	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
Sundstrom Pressed Steel
8030 South Chicago Av. Chicago IL 60617
4. Generator's Phone (312) 721 2237

A. State Manifest Document Number: INA 0249468
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 876 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: IND016360562
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. Perchlor ORM-A UN 1897	2	DM	100	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.

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
RICHARD F. SUNDSTROM		12	08	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
CLARENCE NEAL				

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
WHITAKER A	Whitaker A	12	16	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 0249468

EPA Form 8700-22 (Rev. 9-86) DISTRIBUTION:
Previous editions are obsolete.
State Form 11865

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

2-720Te T63 1/19/89

0015180

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 0 0 5 1 4 4 1 7 5 — Manifest Document No.: 0 4 1 1 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
Sundstrom Pressed Steel
8030 South Chicago IL 60617

4. Generator's Phone (312) 721 2237

A. State Manifest Document Number: INA 0322625
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
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. Perchlorethylene ORM-A UN 1897	4	DM	200	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.

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Printed/Typed Name: Richard F. Sundstrom — Signature: [signature] — Date: Month 4 Day 12 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL — Signature: [signature] — Date: Month 4 Day 12 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 from 19.
Printed/Typed Name: Harrold F. Schmidt — Signature: [signature] — Date: Month 4 Day 14 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.

INA0322625

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

2-1 BJCT63 4/19 2-204JCT50 4/19

COPY 5. TSD COPY

0016651

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.: IN 0 1 4 7 9 3 6 7 4 5 — Manifest Document No.: 0 0 0 0 6 2

2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Sunglass Corp 22501 Pine Creek Rd Elkhart IN

4. Generator's Phone (219) 293 4610 PO Box 188

A. State Manifest Document Number: IN 096825

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: Frank's Transportation

6. US EPA ID Number: IN 0 7 5 0 6 1 6 0

C. State Transporter's ID: 0079

D. Transporter's Phone: 312 [illegible] 3327

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 Gulfity Ind 46219

10. US EPA ID Number: IN 0 0 1 6 3 6 0 2 6 5

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	15. Waste No.
a. Waste Acetone Flammable Liquid UN1090	0013	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.

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Printed/Typed Name: Craig Conner — Signature: [signature] — Month Day Year: 08 24 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Dave Voss — Signature: [signature] — Month Day Year: 08 25 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: [signature] — Month Day Year: 08 25 87

GENERATOR — TRANSPORTER — FACILITY

IN 096825

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

3 121R T-63B 8/29 T.S.D. DETACH AND RETAIN THIS COPY

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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.

2. Page 1 of

Information in the shaded areas is not required by Federal law

3. Generator's Name: SUNGLASS

A. State Manifest Document Number: IN096824

4. Generator's Phone ( )

B. State Generator's ID

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: 46319

G. State Facility's ID

H. Facility's Phone

GENERATOR

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.	003	DM	1165	GAL.	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

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 | Signature | Month Day Year

IN096824

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY MRK 3-12-86 FG3 6

012352

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.: IN0147[illegible]1748 — Manifest Document No.: 00003

2. Page 1 of 7 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Sunglass Corp, 22501 PINECREEK Rd. ELKHART, IND. 46515

4. Generator's Phone (219) 293-1610

A. State Manifest Document Number: IN 096826

B. State Generator's ID:

5. Transporter 1 Company Name: Mc FRANKS

6. US EPA ID Number: IL0069505V60

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, 420 SOUTH COLFAX, GRIFFITH IND

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. WASTE ACETONE (I) Flammable Liquid UN1090	002	DM	00110	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.

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Printed/Typed Name: [illegible] Pietzger — Signature: [illegible] — Month Day Year: 02 16 88

17. Transporter 1 Acknowledgement of Receipt of Materials — Date:

Printed/Typed Name: JACK McCLEVERTY — Signature: [illegible] — Month Day Year: 02 16 88

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: HARRY F. Schmidt — Signature: [illegible] — Month Day Year: 02 [illegible]

GENERATOR / TRANSPORTER / FACILITY

IN 096826

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

2-1215 T-63 2/11/88

T.S.D. DETACH AND RETAIN THIS COPY

0015182

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.: IN 0 1 4 7 9 3 1 7 4 8
Manifest Document No.: 0 0 0 0 6
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
Sunglass corp.
22501 Pinecreek Rd
Elkhart, IND
4. Generator's Phone (219) 293-4610

A. State Manifest Document Number: INA 0314126
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Franks
6. Use EPA ID Number: IL 0 0 6 9 5 0 6 1 6 0
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
420 S. Colfax Ave
Griffith, Ind 46319
10. Use EPA ID Number: IN 0 0 1 6 3 6 0 2 6 5
G. State Facility's ID: 918090002
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 ACETONE Flammable Liquid UN 1090	004	DM	00200	G	7003
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: Wendy Metzger
Signature: Wendy Metzger
Date: Month 03 Day 13 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Perkins
Signature: Robert Perkins
Date: Month 03 Day 13 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: Whitaker A
Signature: [signature]
Date: Month 3 Day 14 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 0314126

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12 IVCT 63 3/17

COPY 5. TSD COPY

0015185

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.: IND147931748 00666 H

2. Page 1 of: 7

Information in the shaded areas is not required by Federal law

3. Generator's Name: Sunglass corp
2251 Pinecreek Rd. 46516
Elkhart Ind.

4. Generator's Phone: (219) 293-4610

A. State Manifest Document Number: IN 096827

B. State Generator's ID:

5. Transporter 1 Company Name: Mr Franks

6. US EPA ID Number: IND068506160

C. State Transporter's ID: 0077

D. Transporter's Phone: 312 220-0200

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. Calfax ave.
Griffith Ind. 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 918090002

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 Acetone Flammable Liquid UN 1090	014	DM	01212	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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Wendy Metzger	Wendy Metzger	05	18	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JACK MCELVERTY		05	18	88

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 Item 19

Printed/Typed Name	Signature	Month	Day	Year
JAMES MURPHY	James Murphy	05	19	88

IN 096827

EPA Form 8700-22A (Rev. 11-85)

T.S.D. DETACH AND RETAIN THIS COPY

UHWM 2/LP2

1-122-T63 X-3V
1-004-T50 X-3V

2-(MGAL) - 004Z T-50 10/-1/81
40 CFR 1 - REPORTING YEAR 10/-1/81 Rule 2-

0015163

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·1·4·T·9·3·1·7·4·8 | Manifest Document No. 0·0·0·2·5 | 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
Sunglass CORP.
22501 Pinecreek Rd.
Elkhart Indiana

A. State Manifest Document Number: INA 0247927

B. State Generator's ID

4. Generator's Phone (219) 293-4610

5. Transporter 1 Company Name: MR Franks | 6. US EPA ID Number: I·L·0·0·6·9·5·0·6·1·6·0 | C. State Transporter's ID: 0079 | D. Transporter's Phone: 312-720-0700

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 IND. 46319

10. US EPA ID Number: I·N·D·0·0·1·6·3·6·0·2·6·5

G. State Facility's ID: 918090002

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 ACETONE UN 1090 Flammable	0·0·4	D·M	0·0·2·2·0	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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GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
Wendy Metzger		0·8	2·5	8·8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Dave Voss		08	25	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 in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
A Whitaker		8	12	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 0247927

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 (22 GAL) - 121 KT63 8
23 PAILS - 126 GAL ASH GROVE 11-1-88 AM 2:32

0015184

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.: IND147497748 — Manifest Document No.: 00006
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: Sunglass Corp. 22501 Pinecreek Rd PO 1064 Elkhart Ind. 46515
4. Generator's Phone (219) 2[illegible]
5. Transporter 1 Company Name: [illegible]
6. Use EPA ID Number: [illegible]
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 Ind. 46319
10. Use EPA ID Number: [illegible]

A. State Manifest Document Number: INA 0314128
B. State Generator's ID: 0079
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 918090002
H. Facility's Phone: 219 [illegible]

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 ACETONE FLAMMABLE LIQUID UN 1090	003	[illegible]	0165	6	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] — Signature: [illegible] — Date: Month / Day / Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss — Signature: Dave Voss — Date: Month 12 Day 05 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: Whitaker Alvin — Signature: Whitaker Alvin — Date: Month 12 Day 16 Year 88

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 0314128

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 12/TCT63 12/8

0015186

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. IND 047931748 — Manifest Document No. 00008
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
Sunglass Corp
22509 Pinecreek Rd Elkhart, Indiana 46516

A. State Manifest Document Number: INA 0314129

4. Generator's Phone (219) 293-4610

B. State Generator's ID:

5. Transporter 1 Company Name: M.r Franks
6. Use EPA ID Number: IND 984775049 IL NOO69506160
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
420 S Colfax Ave
Griffith Ind 46319
10. Use EPA ID Number: IND 001636265
G. State Facility's ID: 918090002
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 ACETONE UN 1090 Flammable Liquid	004	DM	200	G	7003
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: Wendy Metzger — Signature: Wendy Metzger — Date: Month 11 Day 02 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: PETER C. PAUEN — Signature: Peter C Pauen — Date: Month 11 Day 02 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: STEVE WINICK — Signature: — Date: Month 11 Day 2 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.

INA U314129

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

120763 1/6

0016657

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. IN·D1·47·9·31·7·48 | Manifest Document No. 0·0·0·7
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
Sunglass Corp.
22507 Pinecreek Rd EIKHART, IND
4. Generator's Phone (219) 293-4610

A. State Manifest Document Number: INA 0314127
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANKS
6. Use EPA ID Number: IL·N·069·5·061·60
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
420 S. COLFAX AVE.
GRIFFITH, IND. 46319
10. Use EPA ID Number: IN·D0·1·63·60·265
G. State Facility's ID: 918090002
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 ACETONE FLAMMABLE LIQUID UN 1090	004	DM	0·0220	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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GENERATOR
Printed/Typed Name: WENDY METZGER | Signature: Wendy Metzger | Date Month Day Year: 06 28 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK MCCLEVERTY | Signature: [signature] | Date Month Day Year: 06 28 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: STEVE KUNUCK | Signature: [signature] | Date Month Day Year: 7 19 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

3-120CT63 2/5 TOTAL 20YDTSO 8/15/89
8 DRUMS (42GAL) ASHCLOUDE 8/15/89 9:03

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 0314127

0016658

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. IN D 1 4 7 9 3 1 7 4 8	Manifest Document No. b 0 0 0 9	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
Sunglass Corporation
22501 Pinecreek Rd. Elkhart, Indiana 46516

4. Generator's Phone (219) 293-4610

A. State Manifest Document Number: INA 0314130
B. State Generator's ID:

5. Transporter 1 Company Name: Mr Franks
6. Use EPA ID Number: I N D 9 8 4 7 7 5 0 4 9
C. State Transporter's ID: 0079
D. Transporter's Phone: 708-720-0700

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
420 S. Colfax Ave
Griffith, Ind 46319
10. Use EPA ID Number: I N D 0 0 1 6 3 6 0 2 6 5
G. State Facility's ID: 918090002
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 ACETONE UN 1090 (FLAMMABLE LIQUID)	004	DM	00220	G	7003
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	Signature	Date Month	Day	Year
Wendy Metzger	Wendy Metzger	02	25	90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Walter C Klauba	Walter C Klauba	02	25	90

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	Signature	Date Month	Day	Year
WHITAKER A	C. Whitaker	02	27	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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

120TC6327

0018196

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IN 01 4793 17 48 | Manifest Document No.: 000101 | 2. Page 1 of 8 | Information in the shaded areas not required by Federal law, b Items D, F, H and I are required t State law.

3. Generator's Name and Mailing Address: Sunglass Corporation, 22501 Pinecreek Rd, Elkhart, Ind. 46516

4. Generator's Phone (219) 293-4610

A. State Manifest Document Number: INA 0314131

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANKS, INC.

6. Use EPA ID Number: ILD 9 84 775 049

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-720-0[illegible]

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 IND 46319

10. Use EPA ID Number: IN D 01 6360265

G. State Facility's ID: 918090002

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 ACETONE (FLAMMABLE LIQUID) UN1090	003	DM	00155	G	7003
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 hav determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to m 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 fait 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: WENDY METZGER | Signature: Wendy Metzger | Date Month 05 Day 07 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert PERKINS | Signature: Robert Perkins | Date Month 05 Day 07 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 5 Day 9 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

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120126379

0018197

INA 0237283

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.0.0.2.9.5.9.0.0.5 — Manifest Document No.: 2.5.6.9.4
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: Sunrise Packaging, 9770 S. 20th Street, Oak Creek WI 53154
4. Generator's Phone (414) 761 2600

A. State Manifest Document Number: INA 0309744
B. State Generator's ID:
C. State Transporter's ID: 11608
D. Transporter's Phone: 414 4586030
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: E+K Hazardous Waste Services Inc
6. Use EPA ID Number: W.I.D.9.8.2.2.1.9.5.2.9
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: 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. RQ Hazardous Waste Liquid N.O.S., ORM-E, NA9189 (F001)	0.0.3	D.M	0.0.1.4.0	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a Also Waste NO. F005 5.5 gal Drums
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: Notify CBC Transport 414/7647005 with any load discrepancies

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: PHILLIP SCHULTZ - Q.C. M.R. — Signature: [signature] — Date: Month 02 Day 06 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter Arthurs — Signature: [signature] — 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: STEVE KULAVICK — Signature: Steve Kulavick — Date: Month 02 Day 13 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.

INA0309744

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

204TCT50 2/13

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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. (HAS BEEN APPLIED FOR) Manifest Document No. 001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Superior Bath Products, Inc.
1730 W. Bike St.
Bremen, IN 46506

4. Generator's Phone (219) 546-5022

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD 000646810

C. State Transporter's ID

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
Box 420
Griffith, IN

10. US EPA ID Number: IND0163602605

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.	X	Waste Acetone EPA #-F 003 Flammable Liquid Haz. Mat. #UN1090	05	DM	00275	1	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Unless I am a small quantity generator who has been exempted by statue 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

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
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.

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.

Printed/Typed Name	Signature	Date Month	Day	Year
Steve D. Mann	[signature]	4	9	86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
JAMES BATTON	[signature]	04	09	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	Signature	Date Month	Day	Year
[signature]	[signature]	4	9	86

GENERATOR

TRANSPORTER

FACILITY

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

118KT63

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND144665890
Manifest Document No.: 002
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Superior Bath Products, Inc.
1730 W. Bike St. - Bremen, IN 46506
4. Generator's Phone (219) 54605022

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 000646810
C. State Transporter's ID
D. Transporter's Phone 312 [illegible]

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
Box 420 - Griffith, IN
10. US EPA ID Number: IND0163602605
G. State 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Acetone Flammable Liquid EPA #F 003 Haz. Mat.#UN1090	X	07	DM	00385	1	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 governmental regulations.

Printed/Typed Name	Signature	Date Month	Day	Year
Ray Sheppard		9	2	86

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	Signature	Date Month	Day	Year

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

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117 E T63
011690

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. IND44665870 | Manifest Document No. 007 | 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
SUPERIOR BATH PRODUCTS INC.
1730 WEST BIKE STREET BREMEN IN. 46506

A. State Manifest Document Number INA 0162832

4. Generator's Phone (219) 546 5022

B. State Generator's ID

5. Transporter 1 Company Name MR FRANK | 6. Use EPA ID Number ILD069506160 | C. State Transporter's ID 9670 | D. Transporter's Phone 312-596-5377

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. COLPAX GRIFFITH IN.
46319 | 10. Use EPA ID Number IND 0 1 63 6 02 65 | G. State Facility's ID 918089000? | 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.	State Use Waste No.
a. WASTE ACETONE FLAMMABLE UN 1090	6	DM	00330	GAL	12-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
ACETONE WASTE EPA #F 003

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: JOYCE CRIPPS | Signature | Date: Month 11 Day 2 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JACK McCLEVERTY | Signature | Date: Month 11 Day 2 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: Harrison F. Schmidt | Signature | Date: Month 11 Day 12 Year 87

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 0162832

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

53 (315) 1227R T-63 11/3/87
(15GAL) - MARINE SHALE - 12/7/87 78525

012350

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.	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.
IND44665890.	0006 . .		

3. Generator's Name and Mailing Address
SUPERIOR BATH PRODUCTS INC.
1880 W. Bike St. Bremen In. 46506

A. State Manifest Document Number: INA 0162728

4. Generator's Phone (219) 546-5022

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

7. Transporter 2 Company Name

8. Use EPA ID Number

D. Transporter's Phone: 312-396-5377

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical
420 S. colfax - Griffith, IN
46319

10. Use EPA ID Number: IND 0 1 63 6 02 65

G. State Facility's ID: 915089000X

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. Waste Flamible Liquid N.O.S. UN1090	013	DM	00715	G	F003
b.					
c. accepted 12 Dr	012	DM	00660	G	F003
d. Rejected 1 Dr					

J. Additional Descriptions for Materials Listed Above
Waste Acetone EPA # F 003

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name	Signature	Date Month	Day	Year
Barbara J. Danielson	Barbara J. Danielson	8	27	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Jack McClevertz		08	27	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space
Rejected 1 Dr. NOT Pumpable.
MH

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
Arleen F Schmidt	Arleen F Schmidt	08	27	87

GENERATOR

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 0162728

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

12 12/E T-63 8/24 M

012349

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.: [illegible] Manifest Document No.: 0003
2. Page 1 of: 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: SUPERIOR BATH [illegible]
4. Generator's Phone: [illegible]
A. State Manifest Document Number: IN 085234
B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: STRAND TRUCKING
6. US EPA ID Number: [illegible]
C. State Transporter's ID:
D. Transporter's Phone:
7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID: [illegible]
F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL BOX 430 GRIFFITH, IN
10. US EPA ID Number: IN0061636040005
G. State Facility's ID: [illegible]
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 ACETONE FLAMMABLE LIQUID UN 1090	008	DM	00440	1	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
[illegible]	[illegible]	02 25 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
[illegible]	[illegible]	02 25 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	Signature	Month Day Year
HARRIED F Schmidt	Harold F Schmidt	02 27 87

GENERATOR / TRANSPORTER / FACILITY

IN 085234

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY MRK 8-122R T63 B

012346

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 O

Superior Bath

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IMD[illegible]
Manifest Document No.: [illegible]
2. Pa

3. Generator's Name: [illegible]
4. Generator's Phone: [illegible]
A. Sta: IN
B. Sta
C. Stat
D. Tran

5. Transporter 1 Company Name: STRAND TRUCKING
6. US EPA ID Number: IN[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL BOX 420 GRIFFITH IN
10. US EPA ID Number: IMD[illegible]

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 Acetone Flammable Equal EPA # F003 [illegible]	012	DM	00110	1	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: [illegible]
Signature: [illegible]
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Date
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year

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: [illegible]
Month Day Year: OCT 01 87

GENERATOR

TRANSPORTER

FACILITY

IN085250

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 2-121R T63 B

012347

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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Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND144665890
Manifest Document No.: 005
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Superior Bath Products, Inc.
1730 W. Bike St. - Bremen, IN 46506
4. Generator's Phone (219) 546-5022

A. State Manifest Document Number: IN 085249
B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD000646810
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: American Chemical
Box 420 - Griffith, IN
10. US EPA ID Number: IND016360260 5
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	Waste No.
a. Waste Acetone EPA #F 003 Flammable Liquid Haz. Mat. #UN1090	6	DR	BRD	1	F-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above: 1 = GALS

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: Ray Sheppard
Signature: [signature]
Month 6 Day 4 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month [illegible] Day [illegible] 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 Item 19.
Printed/Typed Name: MILT POPA
Signature: Milton Popa
Month 6 Day 4 Year 87

GENERATOR / TRANSPORTER / FACILITY

IN 085249

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 6-12IR T63 B

012348

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.1.4.4.6.6.5.8.9.0
Manifest Document No.: 010
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
SUPERIOR BATH PRODUCTS, INC.
1730 W. Bike St. Bremen, IN 46506

4. Generator's Phone ( )

A. State Manifest Document Number: INA 0253850
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: I.L.D.0.6.9.5.0.6.1.6.0
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377

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
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5
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. WASTE ACETONE FLAMMABLE LIQUID UN 1090	3.	D.M	0.0.1.5.0	G	F-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ACETONE WASTE EPA #F-003
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: JACK SPICER
Signature: [signature]
Date: Month 8 Day 24 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature: [signature]
Date: Month 8 Day 24 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]
Month 8 Day 26 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 0253850

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
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PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

121TCT63 8/25/88

0015177

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·1 4 ·4·6·6·5·8·9·0 | Manifest Document No. ·0·1·1· | 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
SUPERIOR BATH PRODUCTS, INC.
1730 W. Bike St. Bremen, IN 46506

4. Generator's Phone (219) 546-5022

A. State Manifest Document Number: INA 0253851
B. State Generator's ID:
C. State Transporter's ID: 0879
D. Transporter's Phone: 312-596-3377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312-768-3400

5. Transporter 1 Company Name: Mr. Frank
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, 420 S. Colfax-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.	L Waste No.
a. WASTE ACETONE FLAMMABLE LIQUID UN 1090	004	D.M	0.8 [illegible]0	G	F-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ACETONE WASTE - EPA #F-003
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: DAVE CALDWELL | Signature: Dave Caldwell | Date: Month 11 Day 01 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: John Van Vlymen | Signature: John Van Vlymen | Date: Month 11 Day 01 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: A. WHITAKER | Signature: A. Whitaker | Date: Month 11 Day 2 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 0253851

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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PAGE 8 (white) TRANSPORTER 2 COPY

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0015178

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 élite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IIMDB44665870 | Manifest Document No. 008 | 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
SUPERIOR BATH PRODUCTS, INC.
1730+W. Bike Street, Bremen, IN 46506
4. Generator's Phone (219) 546-5022

A. State Manifest Document Number: INA 0162833
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312-768-3400

5. Transporter 1 Company Name: MR. FRANK | 6. Use EPA ID Number: ILD069506160
7. Transporter 2 Company Name | 8. Use EPA ID Number
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL, 420 S. Colfax Griffith, IN 46319 | 10. Use 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. WASTE ACETONE FLAMMABLE ~~UN 1090~~ LIQUID UN 1090	8	DM	0040	G	F-003
b.					
c.					
d. ACCEPT 6 DR REJECT 2 DR	006	DM	00330	G	F003

J. Additional Descriptions for Materials Listed Above: ACETONE WASTE EPA #F-003
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: FRANK MOWBRAY | Signature: Frank Mowbray | Date: Month 4 Day 5 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JACK McCLEVERTY | Signature: | Date: Month 4 Day 5 Year 88
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: JOE WEBER | Signature: | Date: Month 04 Day 18 Year 88

FACILITY
19. Discrepancy Indication Space: REJECT 2 DR - 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 in Item 19.
Printed/Typed Name: HAROLD FISHMAN | Signature: | Date: Month 04 Day 26 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 0162833

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
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PAGE 8 (white) TRANSPORTER 2 COPY

121 TK T63.5 4/1M
204 TK T50.1 4/1M

0015175

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.	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.
I·N·D·0·0·4·6·5·8·7·0	0 0 9		

3. Generator's Name and Mailing Address
SUPERIOR BATH PRODUCTS, INC.
1730 W. BIKE STREET, BREMEN, IN 46506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0162834
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK
6. Use EPA ID Number: I·L·D·0·6·9·5·0·6·1·6·0
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377

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. COLFAXTGRIFFITH, IN 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5·
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. WASTE ACETONE FLAMMABLE LIQUID UN 1090	.5.	D M	275	G	F-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
ACETONE WASTE EPA #F-003

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	Signature	Date Month	Day	Year
FRANK MONBRAY	Frank Monbray	6	2	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
CARL E. MILLIRON ~~JACK McCLEVERTY~~	Carl E. Milliron	6	2	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	Signature	Date Month	Day	Year
John S. MIDDA	John S. Midda	06	27	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 0162834

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865

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PAGE 8 (white) TRANSPORTER 2 COPY

2-121K T63 6/17
3-204K TSD 6/27

0015176

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.1.4.4.6.6.5.8.9.0 | 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
SUPERIOR BATH PRODUCTS, INC.
1730 W. Bike St. Bremen, IN 46506
4. Generator's Phone (219) 546-5022

A. State Manifest Document Number: INA 0253852
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: I.L.D.0.6.9.5.0.6.1.6.0
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377

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
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5
G. State Facility's ID: 9180890002
H. Facility's Phone: 317-768-3400

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 ACETONE, FLAMMABLE LIQUID UN 1090	0.0.2	DM	0.0.1.1.0	G	F-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ACETONE WASTE EPA #F-003
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: DAVE CALDWELL Anita Blom | Signature: Anita Blom | Date: Month 10 Day 09 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Dave Voss | Signature: Dave Voss | Date: Month 10 Day 09 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] | Date: Month 10 Day 10 Year 89

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 0253852

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 121CT63 1/12

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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

00016649

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-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I N D 1 4 4 6 6 5 8 9 0
Manifest Document No.: 000013
2. Page 1 of 1
Information in the shaded areas not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
SUPERIOR BATH PRODUCTS, SINC.
1730 W. Bike St. - Bremen, IN 46506

4. Generator's Phone (219) 546-5022

A. State Manifest Document Number: INA 0330236
B. State Generator's ID:

5. Transporter 1 Company Name: mr. frank
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: 312-596-3377

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
10. Use EPA ID Number: IND016360265
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. RQ WASTE ACETONE FLAMMABLE LIQUID UN 1090	006	DM	00330	G	F-003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
ACETONE WASTE EPA #F-003

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: BARBARA J. DANIELSON
Signature: [signature]
Month 10 Day 19 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD W. CROSSER
Signature: [signature]
Month 10 Day 19 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: WHITAKER A
Signature: A Whitaker
Month 10 Day 20 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12 OCT 63 13/24

COPY 5. TSD COPY

0016650

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 6 4 3 9 7 7 4 8
Manifest Document No.: 0 0 0 0 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
Superior Carriers Inc
2105 W 162nd St. Markham Il 60426
4. Generator's Phone (312) 210-2170

A. State Manifest Document Number: INA 0160150
B. State Generator's ID: 0 3 1 0 5 1 0 5 9 6

5. Transporter 1 Company Name: Landgrbe Motor Transit
6. Use EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
C. State Transporter's ID:
D. Transporter's Phone: 219-462-4181

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 Co.
320 S Colfax Av
Griffith In 46398170
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 FLAMMABLE LIQUID UN-1993	0 1 0	d m	0 0 5 0 0	gals	F ~~0005~~ 005
b.					
c.					
d. ACCEPT 9 DRUMS	009	DM	0 0 4 5 0	GAL	F005

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: Joseph Benes
Signature: [signature]
Month 0 8 Day 1 7 Year 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year

19. Discrepancy Indication Space
REJECT 1 DR 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: ALVIN WHITAKER
Signature: [signature]
Month 8 Day 1 7 Year 8 8

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 0160150

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

9-2047CT50 9/22/88
1 DRUM REJECTED 8/29/88

0015173

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 6 4 3 9 7 7 4 — Manifest Document No.: 0 0 0 0 0 7 1 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
SUPERIOR CARRIERS INC
2105 W 162nd St MARKHAM IL, 60426
4. Generator's Phone 312-210-2170

A. State Manifest Document Number: INA 0160041
B. State Generator's ID: 0 3 1 0 5 1 0 5 9 6
C. State Transporter's ID:
D. Transporter's Phone: 219-924-4370
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: LANDGREBE MOTOR TRANSIT CO
6. Use EPA ID Number: IN D 0 0 9 8 4 2 8 2 4
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES CO.
320 Colfax Av
Griffith In 46398170
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. WASTE FLAMMABLE LIQUID UN-1993	0.1.3	d-m	0.0.6.60	gals	F 0005
b. nM PYROL PYRROLIDONE (SPENT) NON HAZARDOUS	0.12	d m	0.0.6.90	GALS	
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: JOSEPH BENES — Signature: [signature] — Date: Month 11 Day . Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature] — Signature: [signature] — Date: Month 11 Day 11 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month . Day . Year .

19. Discrepancy Indication Space
2A DRUMS REJECTED - MATERIAL 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: James Murphy — Date: Month 11 Day 30 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 0160041

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

12B-204TR TSD 11/30/88
11A-204TR TSD 11/1/88

0015174

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 0 6 4 3 9 7 7 4 8
Manifest Document No.: 0 0 0 0 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:
Superior Carriers Inc
2105 W 162nd St
Markham Il. 60426

4. Generator's Phone (312-210-2170

A. State Manifest Document Number: INA 0346213
B. State Generator's ID: 0 3 1 0 5 1 0 5 9 6
C. State Transporter's ID: 1270
D. Transporter's Phone: 219-462-4181
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: Landgrebe Motor Transit
6. Use EPA ID Number: I N 0 0 0 9 8 4 2 8 2 4
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address:
American Chemical Service
320 Colfax Av
Griffith In
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. Waste Flammable Liquid UN 1993	0 2 1	dm	0 1 0 0 0	gls	F 0 0 0 5
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: Joseph Benes
Signature: J. Benes
Date: Month 06 Day 20 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM [illegible]
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: BRYAN POPA
Signature: Bryan Popa
Month 06 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.

INA 0346213

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

18-204 TCT 50 6/24
3-204 TCT 50 6/24 (20)

COPY 5. TSD COPY

0016646

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·0·6·4·3·9·7·7·4·8
Manifest Document No.: 0 0 0 0 8
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:
SUPERIOR CARRIERS INC
2105 W 162nd St.
MARKHAM IL, 60426

4. Generator's Phone (312) 210-2170

A. State Manifest Document Number: INA 0346211
B. State Generator's ID: 0 3 1 0 5 1 0 5 9 6

5. Transporter 1 Company Name: Landgrebe Motoe Transit
6. Use EPA ID Number: I·N·D·0·0·9·8·4·2·8·2·1
C. State Transporter's ID:
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID: 219-462-4181
F. Transporter's Phone:

9. Designated Facility Name and Site Address:
AMERICAN CHEMICAL SERVICES CO.
320 S Colfax Av
Griffith In,46398170
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 FLAMMABLE LIQUID UN-1993	0·2·3	D·M	0·1·1·5·0	gls	F 0 0 0 5
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: JOSEPH BENES
Signature: Benes
Date: Month 0 3 Day Year 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM DUITMALL
Signature:
Date: Month 0 3 Day Year 8 9

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 Alvin
Signature: Alvin Whitaker
Date: Month 3 Day 16 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 0346211

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

15-204TCT50 3/31 20
7-204TCT50 2/17

MARINE SHALE 8/2/89 914152

COPY 5. TSD COPY

0016647

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 0 6 4 3 9 7 7 4 8
Manifest Document No.: 0 0 0 0 8
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: SUPERIOR CARRIERS INC
2105 W 162nd St
MARKHAM IL,60426

4. Generator's Phone (312-210-2170

A. State Manifest Document Number: INA 0346215
B. State Generator's ID: 0 3 1 0 5 1 0 5 9 6

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. Use EPA ID Number: IN D 0 0 9 8 4 2 8 2 4
C. State Transporter's ID: 1875
D. Transporter's Phone: ~~219-924-4370~~

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID: 312-458-3723
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemicl Services Co.
320 S Colfax Av
Griffith In, 46398170
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 FLAMMABLE LIQUID UN-1993	19 ~~19~~	D M	01045	gls	F 0 0 0 5
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: ~~Joseph Benes~~ SUPERIOR CARRIERS
Signature: J Benes
Date: Month 1 0 Day 2 5 Year 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LANDGREBE STEVEN WYPYSZCZAK
Signature: Steven Wypyszczak
Date: Month 1 0 Day 2 5 Year 8 9

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 KULAVICK
Signature: Steve Kulavick
Date: Month 10 Day 26 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 0346215

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12-204 RCF 50 10/27
7-204 RCF 50 15/30

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0016648

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.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD064397748
Manifest Document No.: 000101 of 1

3. Generator's Name and Mailing Address: SUPERIOR CARRIERS INC, 2105 W 162nd St, Markham Il.,60426
4. Generator's Phone (708-210-2170

A. State Manifest Document: INA 0346217
B. State Generator's ID: 0310510596
C. State Transporter's ID: 1875
D. Transporter's Phone: 312-458-3723
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 790549
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: LLAndgrebe Motor Transit
6. Use EPA ID Number: IND000942824
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services, 320 Colfax Av, Griffith In., 46398170
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 FLAMMABLE LIQUID UN 1993	021	DM	0.8400	Lbs WT	F0005
b.			790549		
c.					790549
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 790549

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: Joseph Benes / Superior Carriers Inc
Signature: Benes
Month: 07 Day: 10 Year: 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LANDGREBE JEARL THOMPSON
Signature: [signature]
Month: 07 Day: 10 Year: 90

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: STEVE KULAVICK
Signature: Steve Kulavick
Month: 07 Day: 11 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.

INA0346217

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

2-212TCT50 7/16 1-MARINE SNALE 7/24/90 909922
3-212TCT50 7/12 15-212TCT50 7/13

0018194

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

774

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 0 6 4 3 9 7 7 4 8
Manifest Document No.: 0 0 0 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: SUPERIOR CARRIERS INC
2105 W 162nd St
MARKHAM IL, 60426

A. State Manifest Document Number: INA 0346216

B. State Generator's ID: 0 3 1 0 5 1 0 5 9 6

4. Generator's Phone (708-210-2170

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. Use EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
C. State Transporter's ID: 1 8 7 5
D. Transporter's Phone: 312-458-3723

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 Co.
320 Colfax Av
Griffith In, 46398170
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 FLAMMABLE LIQUID UN 1993	024	DM	01320	gls	F0005
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: Joseph Benes / Superior Carriers
Signature: J. Benes
Date: Month 02 Day 16 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mitch Mullins / Landgrebe Mtn
Signature: M. Mullins
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: STEVE KULANICK
Signature: Steve Kulanick
Month 02 Day 17 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.

INA0346216

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

5-MARINE SHALE 3/6/90 010881

COPY 5. TSD COPY 19.204 TCTSD 3/20

0018193

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.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I L D 0 6 4 3 9 7 7 4 8	0 0 0 2	1 of 1	

3. Generator's Name and Mailing Address
D.& L. TRANSPORT /SUPERIOR CARRIERS
2105 W 162nd St Markham Il. 60426

4. Generator's Phone (312-210-2170

A. State Manifest Document Number: INA 0117779

B. State Generator's ID: 0-3 1 0 5 1 0 5 9 6

5. Transporter 1 Company Name: Landgrebe Motor Transit

6. Use EPA ID Number:

C. State Transporter's ID:

D. Transporter's Phone: 219-462-4181

7. Transporter 2 Company Name:

8. Use EPA ID Number: I N D 0 0 9 8 4 2 6 2 4

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
320 Colfax Av
Griffith In

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE METHYLENE CHLORIDE UN 1593	0 0 1	d r	0 0 0 5 0	gals	f-0002
b. WASTE FLAMMABLE LIQUID UN 1993	0 0 1	d r	0 0 0 5 0	gals	f-0 0 05
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	Signature	Date Month	Day	Year
		06	23	88

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 Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
		06	23	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.

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

INA 0117779

88-204-TSO 6 1-1187 7-63 8/2/88

015009

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

0389880

SPECIAL WASTE HAULING MANIFEST

Authorization Number 99 1623

D&L TRANSPORT INC (Company Name) 3500 So. LARAMIE AVE. (Address) ILD 064 397 748

CICERO (City) IL (State) 60650 (Zip)

03 10 51 00 95 G (14 Generator Number 24)

WASTE HAULER(S)

D&L TRANSPORT INC (Hauler Name) 3500 So. LARAMIE AVE. (Hauler Address) S.W.H. Registration Number T C C (25 31)

(Hauler Name) (Hauler Address) S.W.H. Registration Number (32 38)

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. SERV. (Facility Name) 420 COLFAX AVE. (Address) 91 08 902 (39 Site Number 46)

CRESTWOOD (City) IL (State) 60419 (Zip) IND 016 360 265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ETHYL ACETATE 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.
ETHYL ACETATE	FLAMMABLE

WEIGHT FOR D.O.T. USE 4000 (LBS / TONS (circle one))

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

QUANTITY OF WASTE DELIVERED: 400 (47 52)

(1 GALLONS / CU. YDS.) (Circle One) (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: 4-8-81 J Bemes (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: (54 59)

(2) (Authorized Signature) DATE: 4/8/81

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: 4/12/81 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 4/8/81

PUMPED TO 112E 4/14/81 T-63 gjm

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

001420

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.: IL0064397748 | Manifest Document No.: 0001 | 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
D. & L. TRANSPORT INC
2105 W 162nd St MARKHAM IL 60426

4. Generator's Phone (312) 210-2170

A. State Manifest Document Number: INA 0117785
B. State Generator's ID: 0310510596

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT
6. Use EPA ID Number: IND009842824
C. State Transporter's ID:
D. Transporter's Phone: 219 462 4181

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 8190
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 METHYLENE CHLORIDE UN-1593	003	dr	00150	cal	F0002
b. WASTE FLAMMABLE LIQUID UN-1993	004	dr	00200		F0005
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: JOSEPH BENES | Signature: [signature] | Date: Month 7 Day 12 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [signature] | Date: Month 4 Day 12 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: [illegible] | Signature: [signature] | Date: Month 4 Day 5 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 0117785

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

6-204 RC TSD 4/26
1a-118R T-63 8/18/88

015008

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.	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.
I.L.D.0.8.1.0.2.9.4.7.2	00001		

GENERATOR

3. Generator's Name and Mailing Address
SUPERIOR MATCH CO.
7530 S. GREENWOOD CHICAGO IL 60619

A. State Manifest Document Number: INA 0162782

4. Generator's Phone (312) 723 2800

B. State Generator's ID: 031665 [illegible]

5. Transporter 1 Company Name: M. FRANK INC

6. Use EPA ID Number: I.L.D.0.6.5.0.6.1.6.0

C. State Transporter's ID: [illegible]

D. Transporter's Phone: [illegible]

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
CALFAX AVE AT THE C+O R.R.
P.O. BOX 190
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: 018624.0008

H. Facility's Phone: [illegible]

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 LIQUID UN1993	006	DM	00330	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
ADED AREAS IS REQUIRED BY INDIANA STATE LAW

K. Handling Codes for Wastes Listed Above
E FOLLOWING INFORMATION IN THE S

15. Special Handling Instructions and Additional Information

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Printed/Typed Name	Signature	Month	Day	Year
CHARLES MURPHY	Charles Murphy	10	6	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JOHN VAN VLYMEN	John Van Vlymen	10	07	87

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	Signature	Month	Day	Year
HAROLD F. SCHMIDT	Harold F. Schmidt	10	07	87

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 0162782

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 6-2042-T-50 10/8/87

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
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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

012345

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.: ILD081029472 — Manifest Document No.: 00001
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Superior Match Co.
7530 S. Greenwood, Chicago, IL 60619

4. Generator's Phone (312) 723-2800

A. State Manifest Document Number: IN 095514
B. State Generator's ID: 0316695001

5. Transporter 1 Company Name: Mr. Frank Inc.
6. US EPA ID Number: ILD059506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312 56 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 Services
Colfax AV at the C & O R.R.
P.O. Box 190
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: 9180890006
H. Facility's Phone: 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	15. 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

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: Charles Murphy — Signature: Charles Murphy — Month 02 Day 25 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: John Van Wyman — Signature: John Van Wyman — Month 02 Day 25 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 F. Schmidt — Signature: Harold F. Schmidt — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

IN 095514

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 8-116F T63 13

012344

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.: KYD 98 180 411 5 — Manifest Document No.: 1290A

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Superior Van
4734 Rockford Plaza Dr. Louisville, KY 40216

4. Generator's Phone (502) 447-8267

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: ILD047267363

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 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)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003 & F005) FLAMMABLE LIQUID NA1263	X	93	DM	157	G	F003 F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
G = Gallons

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: David T. Howard — Signature: David T Howard — Month Day Year: 03 09 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Lawrence A. Godbold — Signature: Lawrence A. Godbold — Month Day Year: 01 31 10

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: STEVE KULAVICK — Signature: Steve Kulavick — Month Day Year: 02 07 90

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.

126TCT63 2/5

TSDF COPY

0018192

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.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
IND064702988	000006	1 of 2	

3. Generator's Name and Mailing Address
Supreme Corporation
16500 CR. 38
Goshen, Ind.
4. Generator's Phone (219) 642-4888

A. State Manifest Document Number: INA 0283296
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: (312)924-4370

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.
Griffin In. 46319
10. Use 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 Paint Related Material, Flammable Liquid, UN1263	015	DM	00825	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

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GENERATOR

Printed/Typed Name: James Yoder
Signature:
Date: Month 01 Day 03 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Kos
Signature:
Date: Month 01 Day 03 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 in Item 19.
Printed/Typed Name: Whitaker
Signature:
Date: Month Day Year

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 124TCT63 1/1x

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 0283296

0016640

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND064702988 Manifest Document No. 0011
2. Page 1 of 1
Information in the shaded areas not required by Federal law, b items D, F, H and I are required t State law.

3. Generator's Name and Mailing Address
Supreme Corporation
16500 CR 38
Goshen IN. 46526
4. Generator's Phone (219) 642-4888

A. State Manifest Document Number: INA 0283291
B. State Generator's ID: [redacted]

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: (312) 924-4370

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.
Griffin IN. 46319
10. Use EPA ID Number: INDB016360265
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 Paint Related Material, Flammable Liquid, UN1263	010	DM	00550	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 hav determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to m 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 fait 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: Jim Yoder
Signature
Date: Month 02 Day 16 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month 02 Day 17 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
Signature
Date: Month . 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

124 T 63 2/23

COPY 5. TSD COPY

0016641

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.: IND064702988 / 000002

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: SUPREME CORPORATION
16500 COUNTY ROAD 38, PO BOX 463
4. Generator's Phone (GOSHEN, INDIANA 46526
(219) 642-4888

A. State Manifest Document Number: IN 085263

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANKS

6. US EPA ID Number: IND069506160

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
420 SOUTH COLFAX AVENUE
GRIFFIN, INDIANA 46319

10. US EPA ID Number: IND011636026 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 PAINT, RELATED MATERIAL FLAMMABLE LIQUIDS UN 1263	03	DM	01660	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.

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.

GENERATOR

Printed/Typed Name: JAMES YODER — Signature — Month/Day/Year: 04/19/82

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: JACK McCLEVERTY — Signature — Month/Day/Year: 04/19/82

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: HAROLD F. SCHMIDT — Signature — Month/Day/Year: 04/22/82

IN 085263

EPA Form 8700-22A (Rev. 11-85) — UHWM 2/LP2

2-3-123R-T63 4/22 M
3-2047C T50 4/21 M

T.S.D. DETACH AND RETAIN THIS COPY

0016645

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 9-3

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND064702988 — Manifest Document No. 10589 — 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
Supreme Corp.
16500 CR 38
Goshen, IN 46526

A. State Manifest Document Number: INA 0343128

B. State Generator's ID:

4. Generator's Phone (219) 642-4888

5. Transporter 1 Company Name: MR. FRANKS — 6. Use EPA ID Number: ILD069506160 — C. State Transporter's ID: 0079 — D. Transporter's Phone: (312)596-3377

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
Griffin, IN 46319

10. Use 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. Waste paint related material Flammable Liquid, UN1263	020	DM	01100	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
See attached form regarding standard 40CFR Part 268

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 hav determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to m 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 fait 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: James Yoder — Signature — Date: Month 05 Day 18 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month 05 Day 18 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 — Month 5 Day 19 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

19-123RT63 5/85
1-20 RT TSD 5/85

0016642

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.0.6.4.7.0.2.9.8.8 | Manifest Document No. 0.0.0.0.3 | 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
Supreme Corporation PO Box 463 16500 CR 38
Goshen IN 46526

A. State Manifest Document Number INA 0228014

4. Generator's Phone (219) 642 4888

B. State Generator's ID

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 | C. State Transporter's ID 0079

D. Transporter's Phone (312)596 3377

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.
Griffin IN. 46319

10. Use EPA ID Number I.N.D.0.6.9.5.0.6.1.6.0

G. State Facility's ID 918039D002

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 UN 1263	020	D M	01100	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.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
JAMES YODER		07	26	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Dave Voss		07	26	88

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 Item 19.

Printed/Typed Name	Signature	Month	Day	Year
FRANK PRICE		7	27	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 0228014

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

123KT63 7/88

0016638

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.: IN D 0 6 4 7 0 2 9 8 8
Manifest Document No.: 0 0 0 1 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
Supreme Corp.
16500 Cr. 38
Goshen, IN. 46526
4. Generator's Phone (219) 642-4888 x

A. State Manifest Document Number: INA 0343130
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: I L D 9 8 4 7 7 5 0 4 9 / I L D 0 6 9 5 0 6 1 6 0
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
420 S. Colfax
Griffin, IN. 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
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 Paint Related Material Flammable Liquid UN1263	0 1 4	D M	0 0 7 7 0	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
See attatched form regarding standard 40CFR Part 268

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 X Yoder
Signature: [signature]
Date: Month 1 0 Day 0 5 Year 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jon Porter
Signature: [signature]
Date: Month 1 0 Day 0 5 Year 8 9

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 1 0 Day 6 Year 8 9

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 0343130

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 1237063 10/

0016643

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 6 4 7 0 2 9 8 8
Manifest Document No.: 0 0 0 0 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
Supreme Corporation
P.O. Box 463 C.R. 38 — GOSHEN, IN 46526
4. Generator's Phone: Goshen, In 219 642-4888

A. State Manifest Document Number: INA 0228019
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: (312[redacted]596-3377
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: Mr. Frank Inc.
6. Use EPA ID Number: IL 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
420 S. Colfax
Griffin, Indiana 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

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 Paint, Related Material Flammable Liquid, UN1263	023	DM	01265	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: James Yoder
Signature:
Date: Month 09 Day 13 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E MILBURN
Signature:
Date: Month 10 Day 11 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: A Whitaker
Signature: Alvin Whitaker
Month 10 Day 14 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 0228019

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

22-124TCT63 10/14
1-204TCT50 1/14

0016639

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.	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.
IND064702988	2189		

3. Generator's Name and Mailing Address
SUPREME CORP.
16500 C.R. 38
GOSHEN, IN
4. Generator's Phone (219) 642-4888

A. State Manifest Document Number: INA 0283290
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK
6. Use EPA ID Number: ILD984775049
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
420 S. COLFAX
GRIFFIN, IN. 46319
10. Use 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. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID - UN1263	01	DM	00605	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
SEE ATTACHED FORM REGARDING STANDARD 40CFR PART 269

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	Signature	Date (Month / Day / Year)
JIM YODER		12/9/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month / Day / Year)
JACK McCLEVERTY		12/9/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (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	Date (Month / Day / Year)
[illegible]		12/10/89

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 0283290

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

123TCT63 12/21

COPY 5. TSD COPY

0016644

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.: IN D 0 64 7 0 29 88
Manifest Document No.: 2 0 09 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
Supreme Corporation
16500 County Road 38
Goshen, IN 46526
4. Generator's Phone (219) 642-4888

A. State Manifest Document Number: INA 0386616
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Mr. Frank, INC.
6. Use EPA ID Number: I L D 98477 5049 ~~06 9 50 6 16 0~~
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical
420 S. Colfax
Griffin, IN 46319
10. Use EPA ID Number: I ND 0 16 36 0 2 65

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, NA1263 Related Materials	0 0 9	D M	0 04 9 5	G	F005 F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Land Disposal Restriction Notification attached
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: STEPHEN PERKINS
Signature: Stephen Perkins
Date: Month 05 Day 07 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert PERKINS
Signature: Robert Perkins
Date: Month 05 Day 07 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 5 Day 9 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 0386616

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

123 TCT63 5/9

COPY 5. TSD COPY

0018191

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 D 0 6 4 7 0 2 9 8 8 | Manifest Document No.: 1 0 0 9 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
Supreme Corporation
16500 C.R. 38
Goshen, IN 46526
4. Generator's Phone (219) 642-4888

A. State Manifest Document Number: INA 0386615
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: I L D 0 6 9 5 0 6 1 6 0
C. State Transporter's ID: 0079
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
420 S. Colfax
Griffin, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
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 Paint, Flammable liquid, NA1263 Related Materials	0 1 1	D M	0 0 6 0 5	G	F005 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.

GENERATOR
Printed/Typed Name: STEPHEN TERRY
Signature:
Date: Month 03 Day 22 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY
Signature:
Date: Month 03 Day 22 Year 90

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: WHITAKER - A
Signature:
Date: Month 03 Day 23 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.

INA 0386615

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

123TCT63 3/26

0018190

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.: IND.088742184
Manifest Document No.: 0001
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
SWARTZENDRUBER HARDWOOD CREATIONS
1100 Chicago Avenue, Goshen, IN 46526
4. Generator's Phone (219) 534-2502

A. State Manifest Document Number: INA 0165983
B. State Generator's ID
C. State Transporter's ID: 0079
D. Transporter's Phone: 512 596 5377
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 INDUSTRIAL DISPOSAL
6. Use EPA ID Number: IL069506180
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: INDD016360265

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 Liquid UN 1993 F005 (RQ Toluene Mixture)	025	DM	001375	gal	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Handling Codes for Wastes Listed Above

1375 gal

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the conte... ...curately described above by proper shipping name and are classified, packed, marked, and ... proper condition for transport by highway according to applicable international and national government r...

If I am a large quantity generator, I certify that I have a progra... ...ce 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 09 Day 02 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss Signature: Dave Voss Date: Month 09 Day 02 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 09 Day 23 Year 87

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 0165983

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 25-123R-T-63 9/24/87

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

012343

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. IND088742184 | Manifest Document No. 0001 | 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
SWARTZENDRUBER HARDWOOD CREATIONS
1100 Chicago Avenue, Goshen, IN 46526
4. Generator's Phone (219) 534-2502

A. State Manifest Document Number INA 0165988
B. State Generator's ID
C. State Transporter's ID 0079
D. Transporter's Phone (312)720-0700
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name: MR FRANK INDUSTRIAL DISPOSAL | 6. Use EPA ID Number: ILD069506160
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: IND016360265

G. State Facility's ID 918089000 2
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 Liquid UN 1993 F005 (RQ Toluene Mixture)	006	DM	00330	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

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GENERATOR — Printed/Typed Name: Kevin Beck | Signature | Date: Month 7 Day 26 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Dennis Voss | Signature | Date: Month 07 Day 26 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: FRANK PRICE | Signature | Date: Month 7 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 0165988

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 5-123-R-T63 7/28 1 204-R-T63 7/28

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

C015171

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.: IND 088742184
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
SWARTZENDRUBER HARDWOOD CREATIONS
1100 Chicago Avenue, Goshen, IN 46526
4. Generator's Phone (219) 534-2502

A. State Manifest Document Number: INA 0165984
B. State Generator's ID: 0079
C. State Transporter's ID: ~~(312)596-3377~~ 0079
D. Transporter's Phone: 312-596-3377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219)924-4370

5. Transporter 1 Company Name: MR FRANK INDUSTRIAL DISPOSAL
6. Use EPA ID Number: IL069506160
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: INDD016360265

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 flammable Liquid N.O.S. Flammable Liquid UN 1993 F005 (Rq Toluene Mixture)	10	55	550	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

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Printed/Typed Name: [illegible] Signature: [illegible] Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY Signature: [illegible] Date: Month 1 Day 12 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] 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 0165984

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

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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

123RT62 12/15

0015172

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 8 8 7 4 2 1 8 4
Manifest Document No.: 0 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
SWARTZENDRUBER HARDWOOD CREATION S
1100 Chicago Avenue, Goshen, IN 46526
4. Generator's Phone (219) 534-2502

A. State Manifest Document Number: INA 0165987
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: (312)720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219)924-4370

5. Transporter 1 Company Name: MR FRANK INDUSTRIAL DISPOSAL
6. Use EPA ID Number: I L 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 SERVICE
420 S Colfax
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.	I. Waste No.
a. Waste Flammable liquis N.O.S. Flammable Liquid UN1993 F005 (Rq Toluene Mixture)	0 0 4	D M	0 0 2 2 0	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

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Printed/Typed Name: [illegible] Signature: [illegible] Month: [illegible] Day: [illegible] Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jon [illegible] Signature: [illegible] Month: 02 Day: 21 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 Item 19.
Printed/Typed Name: Whitaker A Signature: [illegible] Month: 12 Day: 22 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 0165987

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11065

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

(196 GAL) 124 CT63 [illegible]
4 PAILS (24 GAL) [illegible] 3/13/89 [illegible]

0016635

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. IND088742184 | Manifest Document No. 000001 | 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
SWARTZENDRUBER HARDWOODS CREATIONS
1100 Chicago, Goshen, IN 46526

A. State Manifest Document Number: INA 0370291

B. State Generator's ID:

4. Generator's Phone (219) 534-2502

5. Transporter 1 Company Name: Mr Frank Industrial Disposal

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
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: 918089000Z

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 Liquid UN 1993 F005 (Rg Toluene Mix)	07	55	00385	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

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GENERATOR — Printed/Typed Name: KEVIN BECK | Signature: Kevin Beck | Date: Month 08 Day 24 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: PETER CRISAN | Signature: Peter Crisan | Date: Month 08 Day 24 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 in Item 19.
Printed/Typed Name: A WHITAKER | Signature: A Whitaker | Date: Month 8 Day 25 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.

INA 0370291

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

7-123T T63 8/28/89

COPY 5. TSD COPY

0016636

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 D 0 8 8 7 4 2 1 8 4 — Manifest Document No.: 0 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
SWARTZENDRUBER HARDWOOD CREATIONS
1100 Chicago, Goshen, IN 46526
4. Generator's Phone (219) 534-2502

A. State Manifest Document Number: INA 0397409
B. State Generator's ID:

5. Transporter 1 Company Name: Mr Frank Industrial Disposal
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: (708) 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
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: 9180890002
H. Facility's Phone: (212) 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 liquid UN 1993 F005 (rq toluene mix)	005 0 07	5 5	275 0 0 3 8 5	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.

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Printed/Typed Name: Kevin Beck — Signature: [signature] — Date: Month 11 Day 28 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss — Signature: [signature] — Date: Month 11 Day 28 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: Whitaker A — Signature: [signature] — Date: Month 11 Day 29 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 0397409

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12 37 CT 63 11/30

COPY 5. TSD COPY

0016637

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 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND088742184 — 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
SWARTZENDRUBER HARDWOOD CREATIONS
1100 Chicago Ave, Goshen, IN 46526

A. State Manifest Document Number: INA 0410478
B. State Generator's ID:

4. Generator's Phone (219) 534-2502

5. Transporter 1 Company Name: Mr Frank Industrial Disposal
6. Use EPA ID Number: ILD984775049
C. State Transporter's ID: 0079
D. Transporter's Phone: 708 720-0700

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
420 S Colfax
Griffith, IN 46319

10. Use EPA ID Number: IND016302 65
G. State Facility's ID: 9180890002
H. Facility's Phone: 212 924-4370

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 liquid UN 1993 F005 (rq toluene mix)	005	55	00275	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.

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Printed/Typed Name: Helen Benedict — Signature: Helen Benedict — Date: Month 05 Day 07 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert PERKINS — Signature: Robert Perkins — Date: Month 05 Day 07 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 H — Signature: [signature] — Date: Month 5 Day 9 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.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-89)

4-123TCT635/5

15 GAL 204TC TSD 6/11/90
40 GAL MARINE SHALE 6/20/90 91101

COPY 5. TSD COPY

INA 0410478

0018189

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.	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.
I N D 0 8 8 7 4 2 1 8 4	0 0 0 0 1		

3. Generator's Name and Mailing Address
Swartzendruber Hardwood Creations
1100 Chicago Ave Goshen, IN 46526
4. Generator's Phone (219) 534-2502

A. State Manifest Document Number: INA 0410477
B. State Generator's ID:

5. Transporter 1 Company Name: Mr Frank Industrial Disposal
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: (708)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
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: 9180890002
H. Facility's Phone: (212) 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 liquid UN 1993 F005 (rq toluene mix)	0 0 4	5 5	0 0 2 2 0	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.

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GENERATOR
Printed/Typed Name: Kevin Beck
Signature:
Date: Month 01 Day 29 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY
Signature:
Date: Month 01 Day 29 Year 90

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:
Month 1 Day 26 Year 90

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-89)

123 CT 63 15

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 0410477

0018188

IL 532-61
LPC 62 8/..

STATE OF ILLINOIS

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

TO BE COMPLETED BY WASTE GENERATOR

0954173 (1–7)

Authorization Number (8–13)

SWELL PICTURES | 233 E. WALKER | 3126499000 | 0316320001 (14–24) G
(Company Name) | Address | Phone Number | Generator Number

CHICAGO | ILL | 60601 | EPA Number
City | State | Zip

WASTE HAULER(S)

JAYAR HOAG CHEMICAL CO | 9620 FERRIS MORTON GROVE | 3129656650 | S.W.H. Registration Number 0247001 (25–31) | ILD022988389 EPA Number
Hauler Name | Hauler Address | Phone Number

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)
Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. SERV. | 4120 CLEARY AVE | 91808902 (39–46) Site Number
(Facility Name) | Address

GRIFFITH | IND. | 46319 | 2199244370 | IND016360265
City | State | Zip | Phone Number | 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: 1-1-1 TRICHLOROTHENE | 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: STEEL DRUM | HAZARD CLASS:

UN2831 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 650 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 60 (47–52) (1 GALLONS (Circle One) 2 CU. YDS.) (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 1/2 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: March 29, 1984

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: 3/29/84 (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: 4/9/84 (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 8 4

SITE COPY - PART 3

On dock - - - IA T-63

006277

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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT
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: SWELL PICTURES INC 233 E WACKER CHICAGO IL 60601
4. Generator's Phone (312) 649-9000
Illinois Manifest Document Number: [illegible]

5. Transporter 1 Company Name: JAYOR HOAG CO
6. US EPA ID Number: 16D022988384
Illinois Transporter ID: [illegible]
Transporter's Phone: [illegible]

7. Transporter 2 Company Name:
8. US EPA ID Number: [illegible]
Illinois Transporter ID: [illegible]
Transporter's Phone: [illegible]

9. Designated Facility Name and Site Address: AMERICAN CHEM SER GRIFFITH IND
10. US EPA ID Number: IND016360265
Illinois Facility ID: [illegible]
Facility's Phone: [illegible]

	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 1-1-1 TRICHLOROETHANE	21	DM	0005	1	
b						
c						
d						

J. Additional Descriptions for Materials Listed Above: ORM-A UN2831
K. Handling Codes for Wastes Listed Above: 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 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: SWELL PICTURES S. KAVERON
Signature: [signature]
Date: Month 08 Day 12 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J Smith
Signature: [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: HAROLD F. SCHMIDT
Signature: [signature]
Date: Month 08 Day 19 Year 87

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.

1-119E T-63 FACILITY COPY - PART 3 M

012342

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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Exempt | 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: SWELL PICTURES INC, 233 E WACKER DR CHGO IL 60601
4. Generator's Phone (312) 649-9000
A. Illinois Manifest Document Number: IL 16 95 363
B. Illinois Generator's ID: 0316325001
C. Illinois Transporter's ID: 00[illegible]
D. Illinois Transporter's Phone
E. Illinois Transporter's ID
F. Illinois Transporter's Phone
G. Illinois Facility's ID
H. Facility's Phone

5. Transporter 1 Company Name: JAYAR HOAG C
6. US EPA ID Number: IL 00 22 988 384
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address: AMERICAN CHEM SER GRIFFITH, IND
10. US EPA ID Number: IND016360705

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	WASTE [illegible] 1-1-1 Trichloroethane [illegible]	3	DM	00090	1	EPA HW Number XX Authorization Number
b.							EPA HW Number XX Authorization Number
c.							EPA HW Number XX Authorization Number
d.							EPA HW Number XX Authorization Number

d. Additional Descriptions for Materials Listed Above: CRM-A UN 2831

K. Handling Codes for Wastes Listed Above in Item 14: 1 — Gallons 2 — Cubic Yards

15. Special Handling Instructions and Additional Information

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Printed/Typed Name	Signature	Date (Month Day Year)
SWELL PICTURES S. KAVENOW	Swell Pictures [signature]	04 07 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Luther Smith	L Smith	04 07 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 in item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
HARROLD F. Schmidt	Harrold F. Schmidt	04 16 87

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.

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FACILITY COPY - PART 3

MAK 3-1B TG3 B

012341

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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — 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: SWELL PICTURES, 233 E WACKER DR, CHICAGO IL 60601

4. Generator's Phone: (312) 649-9000

A. Illinois Manifest Document Number: IL 1695363

B. Illinois Generator's ID: 0316325991

5. Transporter 1 Company Name: JAYAR HOAG CO

6. US EPA ID Number: 16D022988384

C. Illinois Tranporter's ID: 0247

D. (312) 540-5811 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 SER. GRIFFITH, IND

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 968-3400

	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.	HM X 2 WASTE 1-1-1 TRICHLOROETHANE	2	DM	00090	1	EPA HW Number: XXF001 Authorization Number:
b.						EPA HW Number: XX Authorization Number:
c.						EPA HW Number: XX Authorization Number:
d.						EPA HW Number: XX Authorization Number:

J. Additional Descriptions for Materials Listed Above: ORMA- UN 2831

K. Handling Codes for Wastes Listed Above in Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information: filler

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.

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Printed/Typed Name: SWELL PICTURES S. KAVENOW — Signature: — Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: L Smith — Signature: L Smith — Date: Month Day Year: 5 9 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 in item 19.

Printed/Typed Name: John S. MIRDA — Signature: John S. Mirda — Date: Month Day Year: 05 8

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.

1BTCT63 5/19/ FACILITY COPY - PART 3

0015170

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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — Manifest Document No.: 1695364

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:
SWELL PICTURES INC.
233 EAST WACKER DR. CHICAGO, IL. 60601

4. Generator's Phone (312) 649-9000

A. Illinois Manifest Document Number: 1695364

B. Illinois Generator's ID: [illegible]

C. Illinois Transporter's ID: [illegible]

D. Illinois Transporter's Phone: [illegible]

E. Illinois Transporter's ID: [illegible]

F. Illinois Transporter's Phone: [illegible]

G. Illinois Facility's ID: [illegible]

H. Facility's Phone: 312 768-3400

5. Transporter 1 Company Name: JAMAR HOAG CO.

6. US EPA ID Number: 16D022988384

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address:
AMERICAN CHEMICAL SERVICE
GRIFFITH, IND

10. US 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	15. Waste No.
a.	HM X WASTE 1-1-1 TRICHLOROETHAN	1	DM	00050 00890	1	EPA HW Number: XX; Authorization Number:
b.						EPA HW Number: XX; Authorization Number:
c.						EPA HW Number: XX; Authorization Number:
d.						EPA HW Number: XX; Authorization Number:

J. Additional Descriptions for Materials Listed Above: [illegible]

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 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: SWELL PICTURES, SID KAVENOW EARL SMITH — Signature: Earl S Smith — Date: Month Day Year: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month Day 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 in Item 19. — Printed/Typed Name: HAROLD F. Schmidt — Signature: Harold F. Schmidt — Date: Month Day Year: 010588

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.

1 A ICT 632/15

GENERATOR COPY - PART 6

0016633

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. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EXEMPT — Manifest Document No.: 0002
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: SWELL PICTURES, 233 E WACKER DR. CHICAGO, IL 60601
4. Generator's Phone (312) 649-9000

A. Illinois Manifest Document Number: IL 1095365
B. Illinois Generator's ID: 0316325001
C. Illinois Transporter's ID: 02447
D. (312) 540-5811 Transporter's Phone
E. Illinois Transporter's ID
F. Transporter's Phone
G. Illinois Facility's ID: 9180890002
H. Facility's Phone: (312) 468-3400

5. Transporter 1 Company Name: JAYAR HOAG CO
6. US EPA ID Number: 16D022988384
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMSER, GRIFFITH, IND
10. US EPA ID Number: IND016360265

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 1-1-1 TRICHLOROETHANE	1	DM	00050	1	EPA HW Number: XXF001 / Authorization Number
b.							EPA HW Number: XX / Authorization Number
c.							EPA HW Number: XX / Authorization Number
d.							EPA HW Number: XX / Authorization Number

J. Additional Descriptions for Materials Listed Above: ORM-A UN 2831

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 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: E. SMITH SWELL PICTURES — Signature: [signature] — Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [signature] — Signature: — Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: L Smith — Signature: L Smith — Date: Month Day Year: 03 30 89

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: Harrold F Schmidt — Signature: [signature] — Date: Month Day Year: 04 05 89

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 120RT634/19

00:6634

HAZARDOUS WASTE MANIFEST

00101
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK INC
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND006390660	SWISS PLYWOOD CORP 345 7th TELL CITY, INDIANA	11-3-82
TRANSPORTER # 1	ILD 069506160	MR. FRANK INC 201 W 155th SOUTH HOLLAND, IL	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY	IND 016360265	AMERICAN CHEMICAL SERVICE INC COLFAX AVE GRIFFITH, INDIANA 46319	11.4.82
TSDF TREATMENT STORAGE OR DIS— POSAL 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)
1 tank truck		P-005	Flammable liquids N.O.S.	1993			gals	4.850		

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 11/4/82

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 211 RT-50 GRM 11.4.82

TSDF COPY

003791

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. IL D005983589 — 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: SWITCHCRAFT INC.
5555 ELSTON AVE
CHICAGO, IL. 60630

4. Generator's Phone (312) 792-2700

A. Illinois Manifest Document Number: IL 1240974

B. Illinois Generator's ID: 03160000284

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT — 6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 18175

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

	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	FLAMMABLE LIQUID N.O.S. IGNITABLE UN1993	1	DM	55	1	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

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. 3-20-86 Date

Printed/Typed Name: HECTOR DE JESUS THOMAS L OANKO — Signature: [signature] — Month Day Year: 3 14 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: C. LLERO — Signature: [signature] — Month Day Year: 3 20 86

18. Transporter 2 Acknowledgement or 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. — Date

Printed/Typed Name: FRANK PRICE — Signature: [signature] — Month Day Year: 3 21 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 Emergency Management Center.

FACILITY COPY - PART 3

204K T50

01 1000

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

0357477

Authorization Number 991974

SYMONS CORP. FIBERGLASS DIV. (Company Name) | Glenridge Ind. Park (Address) | Centralia, I (City) | Illinois (State) | 62801 (Zip)

1214220004 (Generator Number)

ILD 075888743

WASTE HAULER(S)

MR. FRANK, INC. (Hauler Name) | 201 W 155th St. S. Holland, Ill (Hauler Address)

S.W.H. Registration Number 0079/027

ILD 069506160

Hauler Name | Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 420 S. Colfax Ave. Griffith, Ind. (Address)

91808902 (Site Number)

LND 016360265

City | State | Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ACETONE ORGANIC 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 Liquid

HAZARD CLASS: UN 1090

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: 3000

(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: 6/16/81

Billie L. McKinney (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: 6/16/81

(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: 6/17/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO 202E T-50 6/17/81 JPM

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

002002

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

0357478

Authorization Number 991974

SYMONS CORP. FIBERGLASS DIV. (Company Name) Glenridge Industrial Park (Address)

Centralia, (City) Illinois (State) 62801 (Zip)

1214220004 (Generator Number)

ILD # 075888743

WASTE HAULER(S)

UR. FRANE, INC. (Hauler Name) 201 W. 155th St. S. Holland (Hauler Address) Illinois

S.W.H. Registration Number 0079/027

ILD # 069506160

(Hauler Name) (Hauler Address)

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) 420 E. Colfax Ave. Griffith, Ind. (Address)

91808902 (Site Number)

LND # 016360265

(City) (State) (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ACETONE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

Organic Solvent

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

SHIPPING DESCRIPTION:	HAZARD CLASS:
Flammable Liquid	UN 1090

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: 2500

(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: 9/24/81

Patricia A McKinney (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) Arthur Robertson (Authorized Signature) DATE: 09 24 81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES X NO ____

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

(Authorized Signature) DATE: 9-24-81

COMMENTS OR SPECIAL INSTRUCTIONS: To 2042 T-50 9/24/81 JM

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

002003

TO BE COMPLETED BY WASTE GENERATOR

STATE C

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

SPECIAL WASTE HAULING MANIFEST

0357479

Authorization Number 991974

SYMONS CORPORATION-FIBERGLASS DIV. (Company Name) Glenridge Industrial Park (Address)

1214220004 G (Generator Number)

Centralia (City) Illinois (State) 62801 (Zip)

ILD # 075888743

WASTE HAULER(S)

MR. FRANK, INC. (Hauler Name) 201 W. 155th St. S. Holland Ill. (Hauler Address)

S.W.H. Registration Number 0079/027

ILD # 069506160

Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERV. (Facility Name) 420 S. Colfax Ave. Griffith, Ind. (Address)

91808902 (Site Number)

LND # 016360265

City State Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ACETONE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

Organic Solvent

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

SHIPPING DESCRIPTION: Flammable Liquid

HAZARD CLASS: UN 1090

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: 1300

(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: 12/18/81

Bobbie D. McKinney (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) [illegible] (Authorized Signature) DATE: 12/18/81

(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:

[signature] (Authorized Signature) DATE: 12/18/81

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 211 K T-50 6RM 12/18/81 SITE COPY - PART 3

002004

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

0335490

Authorization Number 998775

SYNCHRO-START PRODUCTS (Company Name) | 8109 N. LAWNDALE AVE Address
SKOKIE ILL. City | ILLINOIS State | 60076 Zip

0312880029 Generator Number

WASTE HAULER(S)

TAJAR-HOAG CHEMICAL Hauler Name | 8620 FERRIS ST Hauler Address | MORTON GROVE, ILL. 60053
S.W.H. Registration Number IL 247001

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX Address
GRIFFITH City | INDIANA State | Zip
Site Number 918089 02
IND016360765

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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: 1-1-1 TRICHLOROETHANE
HAZARD CLASS: ORM-A
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: 000162
(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: 3-2-82 (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: 03/03/82

(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:

_____ (Authorized Signature) DATE: 3/10/82

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

On dock 3/10/82 GR-M
To # 1 Still T-63 GRM 4.1.82

SITE COPY - PART 3

003553

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

0335494

Authorization Number ~~9798775~~

SYNCHRO-START (Company Name) | 8109 N. LAWNDALE AVE (Address)
SKOKIE (City) | ILL (State) | 60076 (Zip)

0312880029 G (Generator Number)

WASTE HAULER(S)

JAYAR-HOAG CHEM. (Hauler Name) | 8620 FERRIS ST (Hauler Address)
S.W.H. Registration Number 0247001

MORTON GROVE, ILL (Hauler Address)
S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERVICE (Facility Name) | 420 S. COLFAX (Address) | 312-7653400
GRIFFITH (City) | INDIANA (State) | 46319 (Zip)
91808902 (Site Number)
IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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: 1-1-1 TRICHLORETHANE
HAZARD CLASS: ORM-A
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: 000216
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: 7-16-82
W K Goodwin (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: 07/21/82
(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:

_____ (Authorized Signature) DATE: 7/21/82

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

On dock 7.21.82
To IBE T-63

SITE COPY - PART 3

003554

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

0335498

SPECIAL WASTE HAULING MANIFEST

Authorization Number ____

SYNCHRO-START (Company Name) | 8109 N LAWNDALE AVE (Address)
SKOKIE (City) | ILLINOIS (State) | 60076 (Zip) | 312-673-7780
0312880029 (Generator Number)

WASTE HAULER(S)

JAYAR-HOAG-CHEM. (Hauler Name) | 8620 FERRIS ST. (Hauler Address) | S.W.H. Registration Number 0247001
MORTON GROVE, ILL. | 312-966-3400

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERV. (Facility Name) | 420 S. COLFAX (Address) | 9180890 2 (Site Number)
GRIFFITH (City) | IND (State) | 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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: 1-1-1 TRICHLORETHANE | HAZARD CLASS: ORM-A | 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: 000216 | (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: 10-8-82 | (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: 11/6/82

(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 James Price (Authorized Signature) DATE: 11/17/82

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

On dock 11-17-82
To 118E 7-63 GKM 11-23-82

SITE COPY - PART 3

003556

METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 132075

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

TYPE OF WASTE ▶ [X] LIQUID [ ] SLUDGE [ ] SOLID
TYPE OF CONTAINER ▶ [ ] BULK (TANK TRUCK) [X] DRUMS [ ] OTHER (SPECIFY)
VOLUME 210 GALS / CU. YDS. / LBS.

WASTE CONTAINS:

[ ] FATS, OILS OR GREASE [ ] ACID [ ] ALKALI
[ ] CYANIDE [ ] ZINC [ ] CADMIUM
[ ] COPPER [ ] CHROME [ ] IRON
[ ] NICKEL [ ] LEAD [ ] SELENIUM
[ ] MERCURY [X] SOLVENTS [ ] PAINT RESIDUE
[ ] OTHER (SPECIFY)

DISPOSAL METHOD ▶ [ ] LANDFILL [ ] DESTRUCTION (SPECIFY) [ ] OTHER (SPECIFY)

NAME OF COMPANY: SYNTHO-STAT PRODUCTS
FEDERAL TAX I. D. NUMBER: 36-1675463
LOCATION: 2424 N. NAGLE AVE. 60635
FEDERAL GENERATOR I. D. NUMBER: ILD984902879
TYPE OF INDUSTRY: MANUFACTURER
DATE REMOVED:
TIME REMOVED:

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: [illegible]
PHONE: 773-[illegible]-7730

NAME:
FEDERAL TAX I. D. NUMBER:
ADDRESS:
DATE RECEIVED:
TIME RECEIVED:
FEDERAL HAULER I. D. NUMBER:
STATE:
TRUCK LICENSE NO.:

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: [illegible]
PHONE: [illegible]

DISPOSAL SITE

NAME: Frank Pure Rail Mineral Works
FEDERAL TAX I. D. NUMBER: 36-0646072
ADDRESS: Griffith
FEDERAL DISPOSAL SITE I.D. NUMBER: IND063464464
DATE RECEIVED: 11-17-92
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:
PERMIT NO.:
PHONE: 219-924-4370

DISPOSAL SITE'S COPY

003555

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

0335499

Authorization Number

SYNCHRO-START (Company Name) — 8109 N. LAWNDALE AVE (Address)

SKOKIE (City) — ILLINOIS (State) — Zip

0312880029 G (Generator Number)

WASTE HAULER(S)

JAYAR-HOAG-CHEM. (Hauler Name) — 8620 FERRIS ST (Hauler Address) — S.W.H. Registration Number 0247001

MORTON GROVE, ILL. 212-768-2400

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERV. (Facility Name) — 420 S. COLFAX (Address) — 91808902 (Site Number)

GRIFFITH (City) — IND- (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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: 1-1-1 TRICHLORETHANE

HAZARD CLASS: ORM-A

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: 00 0 ~~216~~ 165

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: 3-1-83

A H Goodwin (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) Thomas Cohen (Authorized Signature) DATE: 3/1/83

(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: / /

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 117 Fe T-63
GRM 4-25-83

SITE COPY - PART 3

003977

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

0335493

Authorization Number

SYNCHRO-START (Company Name) — 8109 N LAWNDALE AVE (Address)
SKOKIE (City) — ILLINOIS (State) — (Zip)

0312880029 G (Generator Number)

WASTE HAULER(S)

JAYAR-HOAG CHEM. (Hauler Name) — 8620 FERRIS ST (Hauler Address) — S.W.H. Registration Number 0247001
MORTON GROVE, ILL. 312-768-3400

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM. SERV. (Facility Name) — 420 S. COL FAX (Address) — 91808902 (Site Number)
GRIFFITH (City) — IND (State) — 46319 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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: 1-1-1 TRICHLORETHANE

HAZARD CLASS: ORM-A

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: 000165

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: 10-6-83

W H Gordon
(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 [signature] (Authorized Signature) DATE: 10 7 83

(2) [signature] (Authorized Signature) DATE: 10 18 83

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: / /

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 118 RT-63 GRW 10-28-83

SITE COPY - PART 3

003970

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

0335497 (1–7)

SPECIAL WASTE HAULING MANIFEST

Authorization Number ____ (8–13)

SYNCHRO-START (Company Name) | 2109 N HAWNDALE AVE (Address)
SKOKIE (City) | ILLINOIS (State) | 60076 (Zip)
03128800029 G (14–24) Generator Number
312-673-7730

WASTE HAULER(S)

JAYAR-HOAG-CHEM (Hauler Name) | 4620 FERRIS ST (Hauler Address) MORTON GROVE ILL.
S.W.H. Registration Number 0247001 (25–31)
312-768-2400

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERV. (Facility Name) | 420 S. COLFAX (Address)
GRIFFITH (City) | IND. (State) | 46319 (Zip)
7180890 02 (39–46) Site Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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:
1-1-1 TRICHLORETHYLENE	ORM-A

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: 00138 (47–52)
1 GALLONS (Circle One) / 2 CU. YDS. ____ (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: 4-21-84 (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: 4/25/84 (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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

____ (Authorized Signature) DATE: 4/25/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: R Rusk 5-7-84

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

PART-6 ENV

SITE COPY - PART 3

006276

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
SYNCHRO-START PRODUCTS
8109 N LAWNDALE AVE - SKOKIE, ILL - 60076

4. Generator's Phone (312) 673-7730

A. Illinois Manifest Document Number: IL 1282525

B. Illinois Generator's ID: 0321828550 29

5. Transporter 1 Company Name: JAYAR-HOAG LAKE ZURICH ILL | 6. US EPA ID Number: ILD 002 928 394

C. Illinois Tranporter's ID: 024 7001

D. (312) 540-5811 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
AMERKAN CHEMICAL SERVICE
420 S. COLFAX
GRIFFITH, IND - 46319

10. US EPA ID Number: IND 016 360 265

G. Illinois Facility's ID: 9180889 02

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.
GENERATOR a.	1-1-1 TRICHLORETHANE ORM-A UN-2831		2	DR	110	1	EPA HW Number F002 / 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: W. H. Goodwin | Signature | Date: Month Day Year 7 24 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 | Date: Month Day Year 7 31 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

Hold T-63

009274

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. IL0312885029 — 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.

GENERATOR

3. Generator's Name and Mailing Address
SYNCHRO-START PRODUCTS INC.
8109 N. LAWNDALE AVE. SKOKIE, IL 60076

4. Generator's Phone (312) 673-7730

A. Illinois Manifest Document Number: IL 1393638

B. Illinois Generator's ID: 0 3 1 2 8 8 5 0 2 9

5. Transporter 1 Company Name: JAYAR HOAG (Lake Zurich, IL)

6. US EPA ID Number: ILD002988384

C. Illinois Tranporter's ID: 024700

D. (312) 540-5811 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, IND. 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9 1 1 8 0 8 9 0 0 0 2

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.	1-1-1- TRICHLOROETHANE ORM-A UN-2831	0 0 1	D M	0 0 0 5 5	1	EPA HW Number: F 0 0 1 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: C. ROBERTS — Signature: C. Roberts — Date (Month Day Year): 6 9 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature: L Smith — Date (Month Day Year): 6 9 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: AR MURPHY — Signature: A Murphy — Date (Month Day Year): 6 11 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

IAK, T-63 011685

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

0335491

Authorization Number 998775

SYNCHRO-START PRODUCTS (Company Name) — 8109 N. LAWNDALE AVE (Address)

SKOKIE (City) — ILLINOIS (State) — 60076 (Zip)

0312880029 G (Generator Number)

WASTE HAULER(S)

JAYAR-HOAG CHEMICAL (Hauler Name) — 8620 FERRIS ST. MORTON GROVE, ILL- 60053 (Hauler Address)

S.W.H. Registration Number 0247001

Hauler Name — Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) — 420 S. COLFAX (Address)

91808902 (Site Number)

GRIFFITH (City) — INDIANA (State) — Zip

IN0016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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: 1-1-1 TRICHLOROETHANE

HAZARD CLASS: ORM-A

WEIGHT FOR D.O.T. USE 4200 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000162

1 GALLONS (Circle One)
2 CU. YDS. 165

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: 1-12-81 — W H Goodwin (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) Thomas Holian (Authorized Signature) DATE: 1/12/81

(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:

[illegible] (Authorized Signature) DATE: 03/26/81

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 3/26/81
PUMPED TO #1 STILL 4/29/81 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

001998

STATE OF ILLINOIS

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

SPECIAL WASTE HAULING MANIFEST

0335492

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 298775

SYNCHRO-START PRODUCTS (Company Name) 8109 N. LAWNDALE (Address)
SKOKIE (City) ILL. (State) 60076 (Zip)
0312880029 (Generator Number)

WASTE HAULER(S)

JAYAR - HOAG (Hauler Name) 8620 FERRIS (Hauler Address) MORTON GROVE ILL.
S.W.H. Registration Number 0247201

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

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

AMER. CHEM SERVICE (Facility Name) 420 S COLFAX (Address) 918089702 (Site Number)
GRIFFITH (City) IND. (State) (Zip) IND016360765

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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:	WEIGHT FOR D.O.T. USE
WASTE - 1-1-1 TRICHLOROETHANE	ORM - A	2400 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 220 (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: 7-20-81 W K Goodwin #901 (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: 07/21/81

(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:

Tim Callahan (Authorized Signature) DATE: 7/29/81

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 7/29/81 TO TO 120R T-63 9/4/81 9AM.

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
001949

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

0335495
1 7

Authorization Number 998775
8 13

SYNCHRO-START (Company Name) | 8109 N LAWNDALE AVE (Address)
SKOKIE (City) | ILLINOIS (State) | 60076 (Zip)

0312880029 G
14 Generator Number 24

WASTE HAULER(S)

TAYAR-HOAG CHEMICAL (Hauler Name) | 8620 FERRIS ST (Hauler Address)
MORTON GROVE, ILL. 60053

S.W.H. Registration Number 0247001
25 31

Hauler Name | Hauler Address

S.W.H. Registration Number
32 38

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | 4120 S. COLFAX (Address)
GRIFFITH (City) | INDIANA (State) | (Zip)

9 1808 902
39 Site Number 40

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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:
1-1-1 TRICHLORETHANE	ORM-A

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: 00216
47 52

1 GALLONS (Circle One)
2 CU. YDS.
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: 8-13-81

(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) Thomas Holan (Authorized Signature) DATE: 8/14/81
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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 8/28/81
60 65

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 8/28/81
TO 120X T-63 9/4/81 JPM

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

002000

STATE OF ILLINOIS

0335496

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

Authorization Number 99ZZZ5

SYNCHRO-START (Company Name) | 8109 N LAWNDALE AVE (Address)
SKOKIE (City) | ILL. (State) | 60076 (Zip)
0312880029 (Generator Number)

WASTE HAULER(S)

JAYAR-HOAG CHEMICAL | 8620 FERRIS ST (Hauler Address) | S.W.H. Registration Number 0247001
(Hauler Name)

(Hauler Name) | MORTON GROVE, ILL 60053 (Hauler Address) | S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEM SERV (Facility Name) | 420 S. COLFAX (Address) | 918089072 (Site Number)
GRIFFITH (City) | INDIANA (State) | (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC 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:
1-1-1 TRICHLOROETHANE	ORM-A

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: 000270 (47–52)

(1 GALLONS / 2 CU. YDS.) (Circle One) (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: 11-25-81 (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) Thomas Hoban (Authorized Signature) DATE: 11/30/81 (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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE 12/16/81 (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

On dock 12/16/81 GRM
To IB T-63 GRM 12/31/81 GRM

SITE COPY - PART 3

002001

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 990873960

Manifest Document No.: 33486

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Syracuse Rubber Products
1135 S. Sycamore Syracuse, IN 46567

4. Generator's Phone (219) 457-3141

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Thomas Solvent Inc. of IND.

6. US EPA ID Number: IND 016319691

C. State Transporter's ID

D. Transporter's Phone: 219-482-9638

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: IND 016360265

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. Waste Perchlorethylene		12	DR	600	gal	
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.

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 1 Day 5 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: W. Gilker Signature: [illegible] 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: G K Murphy Signature: [illegible] Date: Month 12 Day 13 Year 84

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900

EPA Form 8700-22 (3-84)

122 K T-63 ✓

TSDF COPY

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