INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

US EPA RECORDS CENTER REGION 5

460616

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. MIG0000193753 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
U-RENT II
2819 28th. street.s.w. GRAND RAPIDS, MI. 49509
616 538-8080

A. State Manifest Document Number: INA 0235361

B. State Generator's ID

4. Generator's Phone

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

6. Use EPA ID Number: MID981956063

C. State Transporter's ID: (616) 235-1500

D. Transporter's Phone

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	002	DM	00110	G	F003
b. WASTE 1,1,1, TRICHLOROTHANE ORM-A UN2831	001	DM	00055	G	F001
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: LEONARD IRWIN — Signature: Leonard Irwin — Date: Month 05 Day 05 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 05 Day 05 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: Milt Popa — Signature: Milt Popa — Date: Month 05 Day 05 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 0235361

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

2A-126TCT63 5/2
1B 204TCT50 5/31

0015131

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·G·0·0·0·0·1·9·3·7·5
Manifest Document No.: 5 5 0 0 0
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
U-Rent-It
2819 28th Street SW, Grand Rapids MI 49509
4. Generator's Phone (616) 538-8080

A. State Manifest Document Number: INA 0356000
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 Paint Related Material Flammable Liquid UN1263 (F003)	2	DM	111	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: Earl Krefoot
Signature: E. P. Crefoot
Month / Day / Year

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

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

19. Discrepancy Indication Space:

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULNICK
Signature: Steve Kulnick
Month / Day / Year: 07 20 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.

INA0356000

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

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0018165

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch) typewriter.)* *Form Approved. OMB No. 2050-0039. Expires 9-30-91*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: W.I.D.9.8.2.2.0.4.7.4.5
Manifest Document No.: 6.4.9.6.7
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
U.S. ALUMINUM
11721 W. DIXON, WEST ALLIS, WI 53214
4. Generator's Phone (414) 258-2866

A. State Manifest Document Number: INA 0364867
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 SOUTH 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, UN1993, F002,F003,F005	021	DM	0115.5	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: RICK Kevin Ward
Signature: [signature]
Date: Month 10 Day 30 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter A. Thomas
Signature: [signature]
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 ALVIN
Signature: Alvin Whitaker
Month 11 Day 2 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 0364867

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

COPY 5. TSD COPY

12-12 GTCT 63 11/3
8-204 RTSD 11/3

50 GAL MARINE SEAL 11/28/89
918397
1 (5 GAL) 204 x 750 11/28/89

0016583

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. W·I·D·9·8·2·2·0·4·7·4·5 Manifest Document No. 0309660

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
U.S. ALUMINUM
11721 W. DIXON
WEST ALLIS, WI 53214

4. Generator's Phone (414) 258-2866

A. State Manifest Document Number INA 0309660

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	009	DM	00495	K	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11.A) ALSO WASTE NO.'S F002,F003,F005

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
PLEASE NOTIFY CBC TRANSPORT (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: RICK DOMENOSKY — Signature — Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date Month Day Year

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

FACILITY

19 Discrepancy Indication Space
Driver wrote down wrong # of drums; actual amount was 9.

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 07 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)

126KT63 2/3

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0018164

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.
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
U.S. Converting, Inc.
561 Estes Avenue
Schaumburg, IL 60193

A. State Manifest Document Number
INA 0135144

B. State Generator's ID
0312825074

4. Generator's Phone (312) 980-3833

5. Transporter 1 Company Name
Landgrebe Motor Transit

6. Use EPA ID Number
I N D 0 9 8 4 2 8 2 4

C. State Transporter's ID
1875

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, Inc.
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
9180890002

H. Facility's Phone
(219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Flammable Liquid (Ink, Solvent, Adhesive) Waste UN 1993	0 1 3	D 4	0 0 7 1 5	L	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = Gal.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Walter A. Dahl
Signature
Date: Month 0 4 Day 1 2 Year 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Fred Koselke
Signature: Fred Koselke
Date: Month 0 4 Day 1 2 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: Harold F. Schmidt
Signature
Date: Month Day Year

GENERATOR
TRANSPORTER
FACILITY

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

INA 0135144

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

DISTRIBUTION:
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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

12.204 TC TSO 4/13
1 MARINE SHALE 10/21/88 30/08

0015130

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

221
05-01

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 1 3 1 2 0 7 5 8 1
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
I. D. U.S. Converting, Inc.
561 Estes Avenue
Schaumburg, IL 60193

4. Generator's Phone (312) 980-3833

A. State Manifest Document Number INA 0135142
B. State Generator's ID 0312825074

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 1875
D. Transporter's Phone (219)462-6181

7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone 942-3121

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I N D 1 6 9 6 0 2 6 5
G. State Facility's ID 9180890002
H. Facility's Phone (219) 924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Flammable Liquid- NOS - UN 1993	1	DN	770	1	D001
b. Waste Flammable Liquid - NOS - UN 1993	1	DN	30	1	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
15 Drums 16,900 #
K. Handling Codes for Wastes Listed Above
1 - Gal.

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Walter A. Dahl
Signature
Date: Month 0 1 Day 1 6 Year 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month 1 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
2A MARINE SHALE 3/6/90 010881
1A MARINE SHALE 11/28/89 918397
2A MARINE SHALE 8/16/89 910660
204R 220
204R 215
PAILS 60
MARINE 220
INV. 55
720

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: BRYAN PAPA
Signature
Date: Month 1 Day 17 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 0135142

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

4 255 204R 750 1/24
1R 30 204R 550 1/24
14 (215) - 204R 750 1/25/89
10 PAILS (GLASS) 3/15/89 90102

0016582

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.: I L D 1 3 1 2 0 7 5 8 1
Manifest Document No.: 0002
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
U.S. Converting, Inc.
561 Estes Avenue
Schaumburg, IL 60193

4. Generator's Phone (708) 980-3833

A. State Manifest Document Number: INA 0332494
B. State Generator's ID: 0312825074

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: 1875
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, Inc.
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: 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 (Ink, Solvent, Adhesive) NOS - UN 1993	32	DM	1,760.00	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: 1=Gal.

15. Special Handling Instructions and Additional Information

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GENERATOR — Printed/Typed Name: Michael Hiatt; Signature; Date (Month Day Year): 0 1 0 9 9 0

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)

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

1-MARINE SEALE 7/13/90 915939

COPY 5. TSD COPY

0018162

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 0332494

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.: ILD131207581 — Manifest Document No.: 0003
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: U.S. Converting, Inc. 561 Estes Avenue Schaumburg, IL 60193
4. Generator's Phone (708) 980-3833

A. State Manifest Document Number: INA 0332495
B. State Generator's ID: 0312825074

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. Use EPA ID Number: IND009842824
C. State Transporter's ID: 1875
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 Inc. 420 S. Colfax Avenue Griffith, 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 Flammable Liquid (Ink, Solvent) NOS - UN 1993	25	DM	1,375.00	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 1-Gal.

15. Special Handling Instructions and Additional Information:

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Michael Hiatt — Signature: Michael Hiatt — Month 7 Day 26 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Landgrebe Fred Karelke — Signature: Landgrebe Fred Karelke — Month 07 Day 26 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 KULOVICK — Signature: Steve Kulovick — Month 07 Day 26 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 0332495

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

COPY 5. TSD COPY

5-212TCT50 8/1
13-212TCT50 7/30
2-212TCT50 7/31 (20)
5-212TCT50 7/31

0018163

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste (OTHER) MI 0003104

002454

IDENTIFICATION

Generator's Name: Leon Plastics Div. US Industries	Primary Transporter's Name: Valley City Refuse Disposal, Inc.	Treatment, Storage or Disposal Facility: American Chemical Service, Inc.
Site Address: 4901 Clay Avenue Grand Rapids, MI 49508	Transporters Address: 2650 Thornwood, S.W. Wyoming, MI 49509	Facility Address: 420 S. Colfax Griffith, IN 46319
Phone Number: (616) 531-7970	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID 000 776 096	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.	Compound Paint Thinning Liquid	Flammable Liquid	1142	07	8	Dr		X			440	gal	D001
2.	Trichlorethylene	ORM-A	1710	09	1	Dr		X			55	gal	F002
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 10 14 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. 1 640

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Russell Heminger — Date(s) Received 10 14 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 IND016360265

[X] Accepted [ ] Rejected

Date Received 10 15 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

5 to 124 TK T-63
9 to 204 TK T-50

R 4896
Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☒ Act 136 Waste ☐ Other MI 0326978

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
LEON CHEMICAL- PLASTICS DIV.	VALLEY CITY Disposal, Inc.	AMERICAN Chemical Service, Inc.
Site Address: 4901 Clay Ave. Grand Rapids, MI.49508	Transporters Address: 2650 Thornwood. S.W. Wyoming, MI. 49509	Facility Address: 420 s. Colfaxx p.O. BOX 190 Griffith, IN.46319
Phone Number: ( ) 616-531-7970	Phone Number: (616) 5388499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID 000776 096	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 (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.	Compound Paint Thinning Liquid	Flammable Liquid	1142	08	18	Dr		X			990	Gal.	D001
2.													
3.	* NON-Hazardous Waste Resin	Combustible	2868	011	4	Dr.		X			920	Gal.	01161
4.													
5.													
6.													

COMMENTS: Include Safety precautions and special handling instructions.

* Note
Act 136 Waste NON-Hazardous

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 09 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. 1 213-9 H 830366

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Russell Y Demmer Date(s) Received 09 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] ☒ Accepted ☐ Rejected Date Received 10 10 83

Facility Site EPA I.D. Number IND 016 360 265

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 2048 P-50 GRM 10.7.83

091900

STATE OF MICHIGAN

R 4898 Rev. 3/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0003011

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Leon Plastics Division, US Ind.	Valley City Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
4901 Clay Avenue Grand Rapids, MI 49508	2650 Thornwood, S.W. Wyoming, MI 49509	420 S. Colfax, P.O. Box 190 Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 531-7970	(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 000 776 096	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.	Compound Paint Thinning Liquid	Flammable Liquid	1142	08	32	Dr		X			1760	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 R J Gillette

Date Shipped (MO. DAY YEAR): 2 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. 1 640

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Russell L Henninger

Subsequent transporter(s) signature(s): ③

Date(s) Received: 2 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: IND 016 360 265

☒ Accepted ☐ Rejected

Date Received: 02 21 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 To 204 R. T-50 GRM 2.24.83

006162

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☒ Act 136 Waste (OTHER) MI 0003041

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Leon Plastics Div., US Industries	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
4901 Clay Avenue Grand Rapids, MI 49508	2650 Thornwood, S.W. Wyoming, MI 49509	420 S. Colfax Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 53107970	(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 000 776 096	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.	Compound Paint Thinning Liquid	Flammable Liquid	1142	08	46	Dr		X			T 2530	Gal	D001
2.	Non-Hazardous Resins	Combustible	2868	01	8	Dr		X			T 440	Gal	016L
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 051883

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-830366

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Russell L Heminger — Date(s) Received 051883

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 5 20 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 Tr 204 RT-50 GPM 6.1.83

006161

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0325281

R 4896 Rev. 1

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Leon Plastics Div., US Industre	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
4901 Clay Avenue Grand Rapids, MI 49508	2650 Thornwood, S.W. Wyoming, MI 49509	420 S. Colfax Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 531-7970	(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 000 776 096	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~~ Compound Paint Thinning Liquid	Flammable Liquid	1142	07	4	DR		X			220	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 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.*

Generator Signature: ① Wesley Brookhouse

Date Shipped MO. DAY YEAR: 11 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 HB309.1.0.

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Jack Ruston

Subsequent transporter(s) signature(s): ③

Date(s) Received: 11 29 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: IND 016 360 265

☒ Accepted ☐ Rejected

Date Received: 11 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 TO ROUTE TO 50 GALL 11-30-83

006163

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0003051

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Leon Plastics Div., US Industries	Valley City Disposal, Inc.	American Chemical Service, Inc.
Site Address: 4901 Clay Avenue, Grand Rapids, MI 49508	Transporters Address: 2650 Thornwood, S.W., Wyoming, MI 49509	Facility Address: 420 S. Colfax, Griffith, IN 46319
Phone Number: (616) 531-7970	Phone Number: (616) 538-8499	Phone Number: (219) 924-2370
Generator's Site EPA I.D. Number: MID 000 776 096	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	Solid	Liquid	Gas	Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Methylene Chloride	ORM-A	1593	09	9	DR		X			450	Gal	F001
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: 06 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: H 830366 — Transporter Signature ② Russell L Hemingway — Date(s) Received: 06 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 [signature] — Facility Site EPA I.D. Number: IND 016 360 265 — ☒ Accepted ☐ Rejected — Date Received: 6 7 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 ☒ On dock To 120 TRT-63 GRM 9-26-83

0005004

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☒ Act 136 Waste ☐ Other **MI 0286496**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Leon Plastics Div. US Ind	Valley City Refuse inc.	American Chemical Serv.
Site Address	**Transporter's Address**	**Facility Address**
4901 Clay Ave. Grand Rapids Mich. 49508	2650 Thornwood St. Wyoming Mich 49509	420 S. Colfax P.O. Box 190 Griffith IN. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 531-7970	(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**
MID000776096	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 (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 Compound thinning	Flammable	1142	08	16	Dr.		X			880	gal	F003
2.	Liquid N.O.S.										[illegible]		D001
3.	* NON-Hazardous Waste Resin	Combustible	2868	01	18	Dr.		X			990	gal.	0164
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

* NON-Hazardous Waste Resin is Act 136 Waste (Note)

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 041089

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 H830366

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — 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.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received 4/18/84

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.

T-50 GRM to 204TC 4-18-84 TSDF COPY

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.: WI.D.0.0.6.4.3.7.3.2.1 — Manifest Document No.: V.0.0.0.1

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
US MARINE CORP.
105 MARINE DRIVE
HARTFORD, WI 53027

4. Generator's Phone (414) 673-2200

A. State Manifest Document Number: WI 20613

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES

6. US EPA ID Number: WI.D.0.7.6.1.5.9.8.3.9

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 AVE.
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

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. FLAMABLE LIQUID N.O.S. / FLAMMABLE LIQUID / UN1993	1	TT	8.23	7.14 P/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: J. E. VETTER — Signature: J E Vetter — Date: Month 1 Day 7 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Lee Gerou — Signature: Lee Gerou — Date: Month 1 Day 9 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

F Dunfee

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 1 Day 18 Year 85

GENERATOR / TRANSPORTER / FACILITY

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

212 R T-50

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

COPY 4

009245

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

#1

TO:		FROM:	
T/S/D FACILITY	AMERICAN CHEMICAL SERVIC	Generator	U.S. METALCRAFT
E.P.A. ID Code No.	INDO-1630265	E.P.A. ID Code No.	EXEMPT
Address	420 S. Colfax	Address	101 South Franklin Street
Destination	Griffith, Indiana 46319	Origin	Delphos, Ohio 45833
Phone	219-924-4370	Phone	419-692-4962

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. ID No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
6	WASTE ACETONE	FLAMMABLE LIQUID	1090	U-002		FLAMMABLE
					1980	

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 THOMAS SOLVENT COMPANY E.P.A. ID No. MID-039993902
Address 5605 Planeview Drive
City Fort Wayne State IN Zip 46825 Phone 219-483-7322

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 121KT-63
002375 Gill 10-21-82

HAZARDOUS WASTE

HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

Thomac

1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

THOMAS SOLVENT COMPANY
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	EXEMPT	U.S. METALCRAFT 101 S Franklin, Delphos Ohio 45833 (419-692-4962)	
TRANSPORTER # 1	IND016319691	THOMAS SOLVENT COMPANY 5605 Planeview, Ft Wayne, In. 46825 (219-482-9638)	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	AMERICAN CHEMICAL, 420 S. Colfax, Griffin In. 46319 (219-924-4370)	5/93
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 (55 Gal) DRUMS	P	U002	WASTE ACETONE	1090	2			110 gl		

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

5-5-5

GENERATOR'S SIGNATURE — DATE — TSDF SIGNATURE — DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY To 204 RT-50 EPM 5-5-83

006265

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Thomas Solvent Company

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	EXEMPT	U.S. METALCRAFT 101 S. Franklin, Delphos, Ohio 45833 (419-692-4962)	
TRANSPORTER # 1	IND016319691	THOMAS SOLVENT COMPANY 5605 Planeview Dr. Ft. Wayne, IN. (219-482-9638)	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND16360265	AMERICAN CHEMICAL 420 S. Colfax, Griffin, IN. 46319	8/4/83
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)
1 DRUM 9(55 Gal) DRUM	F	U 0 2 2	WASTE ACETONE	1090	1			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.

[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] 8-4-83

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

T02047-T-50 GRW 8-4-83

TSDF COPY

006264

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Thomas Solvent Company
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	Exempt	U. S. METALCRAFT, INC. 101 S. Franklin, Delphos, OH (419-692-4962) 45833	
TRANSPORTER # 1	IND016319691	THOMAS SOLVENT COMPANY 5605 Planeview Dr., Ft. Wayne, (219-482-9638) IN	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND16360265	AMERICAN CHEMICAL 420 S. Colfax, Gráffin, IN 46319	1/8/84
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)
2 Drums (55 Gal. Drum)	F	U002	Waste Acetone	1090				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 60646

TSDF COPY

TO 204 R T-50 GRM 1-23-84

006800

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Thomas Solvent Company
NAME OF CARRIER (SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	Exempt	U. S. Metalcraft, Inc. (419) 692-4962 101 S. Franklin, Delphos,	OH
TRANSPORTER # 1		Thomas Solvent Comany (219)482-9638 5605 Planeview Dr.,Ft. Wayn,IN	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY		American Chemical 420 S. Colfax, Griffin, IN	9/26/86
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
1 Drum (55 Gal. Drum)	F	U002	Waste Acetone Flameable Liquid	1090				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

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

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

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60646

204ET-50

TSDF COPY

006801

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

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
U. S. METALCRAFT, INC.
101 S. Franklin St., Delphos, OH 45833

4. Generator's Phone ( )

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Thomas Solvent Company

6. US EPA ID Number: IND016319691

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
420 S. Colfax, Griffin, IN

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Waste Acetone - Flammable Liquid-~~UN1090~~	X	1	dr	55 gal.		U 002
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: Patricia Dunlap — Signature: [signature] — Date: Month 11 Day 13 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John Gillen — Signature: [signature] — Date: Month 11 Day 13 Year 84

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE — Signature: FDunfee — Date: Month 11 Day 28 Year 84

GENERATOR — TRANSPORTER — FACILITY

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900

EPA Form 8700-22 (3-84)

204K T-501

TSDF COPY

006802

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 and Mailing Address
U. S. METALCRAFT, INC.
101 S. Franklin St., Delphos, OH 45833
4. Generator's Phone ( )

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Thomas Solvent Company
6. US EPA ID Number: INDO16319691

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
420 S. Colfax, ~~EXIMM~~, IN
Griffin
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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	Waste Acetone - Flammable Liquid-~~UOO2~~	1		55 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: Patricia Dunlap | Signature | Date: Month 5 Day 22 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature | Date: Month 5 Day 22 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: EDUNFEE | Signature | Date: Month Day Year 5 23 85

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900

EPA Form 8700-22 (3-84)

204K T-50

TSDF COPY

009243

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. CHLO 6374373 | 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
U.S. METALCRAFT, INC.
101 S. Franklin St., Delphos, OH 45833
4. Generator's Phone (419) 692-4962

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

5. Transporter 1 Company Name: Thomas Solvent Company
6. US EPA ID Number: IND016319691
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
420 S. Colfax, Griffin, IN
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.	Waste Acetone - Flammable Liquid ~~U002~~ UN 1090	X	2		110 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 governmental regulations.

Printed/Typed Name: Patricia Dunlap | Signature: [signature] | Date: Month 11 Day 25 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK GENNETT | Signature: [signature] | Date: Month 11 Day 25 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: STEVE KULMICK | Signature: [signature] | Date: Month Day Year

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900 EPA Form 8700-22 (3-84)

204FT-50

TSDF COPY

009244

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

0433828

Authorization Number 995805

U.S. PACKAGING (Company Name) | 440 DENNISTON (Address) | 3124595000 (Phone Number) | 0314970036 (Generator Number)

WHEELING (City) | ILL (State) | 60090 (Zip) | EPA Number

WASTE HAULER(S)

FRANK INC. (Hauler Name) | 201 W 155TH ST. SOUTH HOLLAND ILL. (Hauler Address) | S.W.H. Registration Number 6079009

596-3917 (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 SOUTH COLFAX GRIFFITH IND (Address) | 918089026 (Site Number)

420 SOUTH COLFAX (City) | IND (State) | Zip | 312-683-400 (Phone Number) | IND016360263 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC SOLVENT PAINT 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: PAINTS SOLVENTS | HAZARD CLASS: FLAMMABLE LIQUID | UN or NA Number: UN-1263 | EPA HW Number: F005

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

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 5/6/82

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 05/06/82

(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

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. # 3

SITE COPY - PART 3

To 203 K T-50 6PM 5-6-82

003798

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

0577701

Authorization Number [redacted]

U.S. PACKAGING 440 DENNISTON 3124595000 0314970036
(Company Name) Address Phone Number Generator Number

WHEELING ILL 60090
City State Zip EPA Number

WASTE HAULER(S)

MR FRANK INC. 201 W 155TH ST
AMER. CHEM. SO. HOLLAND IL.
Hauler Name Hauler Address S.W.H. Registration Number 0079009

5963377 (SIL) ILD069506160
Phone Number EPA Number

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

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMER. CHEM 420 SO COLFAX 9180890Z
(Facility Name) Address Site Number

420 SO. COLFAX IND. 3127683400 IND163602165
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 LIQ WASTE 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 HAZARD CLASS: FLAMMABLE UN 1263 (UN or NA Number) F005 (EPA HW Number)

WEIGHT FOR D.O.T. USE _____ LBS / TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 004800 (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 Cynthia G. Bradford (Authorized Signature) DATE 10-26-82

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 N Bult (Authorized Signature) DATE 10/26/82

(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 10/26/82

COMMENTS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2E

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 210F & 212F T-50 GPM 10-26-82

003749

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

0433831

Authorization Number Out of State 000000

U.S. PACKAGING CORP (Company Name) 440 DENNISTON CT (Address) 312 459 5000 (Phone Number) 031 4970036 (Generator Number)

WHEELING (City) ILL. (State) 60090 (Zip) EPA Number

WASTE HAULER(S)

MR FRANK INC (Hauler Name) 201 WISSTH ST (Hauler Address) S.W.H. Registration Number D079009

AMER. CHEM. (Hauler Name) So. HOLLAND IL. (Hauler Address)

596 3372 (312) (Phone Number) ILD069506160 (EPA Number)

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

Phone Number ____ EPA Number ____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMER. CHEM. (Facility Name) 420 So COLFAX (Address) 918089 02 (Site Number)

420 So COLFAX (City) IND (State) ____ (Zip) 312 768 3400 (Phone Number) IND 163 60265 (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: PAINT SOLVENTS HAZARD CLASS: FLAMMABLE UN 1263 (UN or NA Number) F005 (EPA HW Number)

WEIGHT FOR D.O.T. USE ____ LBS / TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL QUANTITY OF WASTE DELIVERED 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 Orville H. Bradford (Authorized Signature) DATE 6-8-83

WASTE HAULER

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

(1) [illegible] (Authorized Signature) DATE 06 08 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) [illegible] DATE 06 08 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. # 3

SITE COPY - PART 3

To 117RT-50 GRM 6-8-83

004339

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

0577702

Authorization Number 8 C00000 13

U S PACKAGING CORP 240 DENNISTON ST 312 459 5028 031 497 0036 G
(Company Name) (Address) (Phone Number) (14) (Generator Number) (24)

WHEELING IL 60090 ILD 094292 307
(City) (State) (Zip) (EPA Number)

WASTE HAULER(S)

MR FRANKING 201 W 155TH ST
AMER. CHEM So. HOLLAND IL
(Hauler Name) (Hauler Address)

S.W.H. Registration Number 00740 21 (25) (31)

5463377(312) ILD069506110
(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

AMER. CHEM 420 So. COLFAX 918059 02
(Facility Name) (Address) (39) (Site Number) (46)

420 S. COLFAX IND 312 768 3400 IND 063 60265
(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: 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: Paint Solvents HAZARD CLASS: Flammable UN 1263 (UN or NA Number) F003 (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 005,000 (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 Orville G. Bradford (Authorized Signature) DATE 9-14-83

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 14 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 14 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 # 3

SITE COPY - PART 3 TO 211E T-50 GRM 9-14-83

004540

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

0433829

Authorization Number

U S PACKAGING Corp (Company Name) 440 Denniston Ct (Address) 312 459 5000 (Phone Number) 0 31 4970021 (Generator Number)

Wheeling (City) IL (State) 60090 (Zip) ILD094292307 (EPA Number)

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name) 201 W 155th St So. Holland IL (Hauler Address) S.W.H. Registration Number 0079019

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

Amer. Chem (Facility Name) 420 So. Colfax (Address) 91808902 (Site Number)

420 S. Colfax (City) IND. (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: Paint Solvents HAZARD CLASS: Flammable UN1263 (UN or NA Number) F005 (EPA HW Number)

WEIGHT FOR D.O.T. USE 36000 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 4500 (1 GALLONS (Circle One) 2 CU. YDS.)

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 Orville G. Bradford (Authorized Signature) DATE: 4-10-84

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 4 10 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:

(Authorized Signature) DATE 04 10 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 # 3

SITE COPY - PART 3 To 206 ET-50 GRM 4.10.84

006798

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. 0 3 1 4 9 7 0 0 3 6 — 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
U.S. PACKAGING
440 DENNISTON WHEELING ILL 60090

4. Generator's Phone (312) 459-5000

A. Illinois Manifest Document Number IL 1138746

B. Illinois Generator's ID

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 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
AMERI CHEM
H20 SO. COLFAX GRIFFITH IND.

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

G. Illinois Facility's ID 9 1 8 0 8 9 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.		ORGANIC SOLVENTS LIQUID UN1263 PAINT SOLVENTS FLAMMABLE	001	TT	05000	G	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
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, and Illinois regulations.

Printed/Typed Name: THOMAS F. CHESS — Signature: [signature] — Date: Month 0 9 Day 2 4 Year 8 4

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: D W BOGDA — Signature: D W Bogda — Date: Month 0 9 Day 2 4 Year 8 4

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 9 Day 24 Year 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

206 K T-50 10200 BTU; 35% Cl.

006799

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.
Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type.

Form Approved OMB No 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I G 0 0 0 0 0 8 1 7 2 — Manifest Document No. 0 3 0 8 3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
US POSTAL SERVICE
225 Michigan Street, Grand Rapids, MI 49501-9701
4. Generator's Phone (616) 776-1503

A. State Manifest Document Number MI 0703883
B. State Generator's ID

5. Transporter 1 Company Name
VALLEY CITY REFUSE DISPOSAL, INC.
6. US EPA ID Number M I D 0 5 5 8 5 5 3 7 3

C. State Transporter's ID
D. Transporter's Phone (616) 538-8499

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

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319
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

GENERATOR

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	WASTE PAINT RELATED MATERIAL Flammable Liquid NA1263	X	3	DM	150	G	D001	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Michael S Stephens
Signature: Michael S Stephens
Date (Month Day Year): 1 12 24 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ruth Ramona
Signature: Ruth Ramona
Date (Month Day Year): 1 12 24 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: FDVNEE
Signature: FDunlee
Date (Month Day Year): 1 12 24 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.

n 8700-22 (Rev. 4-85)

TSDF COPY 204 E T-50

PR 5110 Rev. 4/85

009242

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.: MIG000000817 — Manifest Document No.: 34246
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: US POSTAL SERVICE
225 Michigan Street, Grand Rapids, MI 49501-9701
4. Generator's Phone (616) 776-1503

A. State Manifest Document Number: IN034246
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 Flammable Liquid NA1263	3	DM	150	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: Michael STEGEMUIS — Signature: Michael Stegemuis — Month Day Year: 05 01 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Jim Looks — Signature: Jim Looks — Month Day Year: 05 01 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: 05 [illegible] 87

GENERATOR / TRANSPORTER / FACILITY

IN 034246

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

T.S.D. DETACH AND RETAIN THIS COPY

MRK 3-123R T63 B

012279

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.: MIG000008172 — Manifest Document No.: 99045

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

3. Generator's Name: US POSTAL SERVICE
225 Michigan St., Grand Rapids, MI 49501-9701

4. Generator's Phone (616) 776-1503

A. State Manifest Document Number: IN 099045

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	15. Waste No.
a. WASTE PAINT RELATED MATERIAL Flammable Liquid NA1263 (Ignitable)	1	DM	56	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: [illegible] — Signature: [illegible] — Month Day Year: 06 05 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 06 05 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: 04 10 87

GENERATOR — TRANSPORTER — FACILITY

IN 099045

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

T.S.D. DETACH AND RETAIN THIS COPY

MRK 1-204K 730 B

012280

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·G·0·0·0·0·0·8·1·7·2
Manifest Document No.: 8·9·4·3·1
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
US POSTAL SERVICE
225 Michigan St., Grand Rapids, MI 49501-9701
4. Generator's Phone (616) 776-1503

A. State Manifest Document Number: INA 0189431
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REPUSE DISPOSAL, INC.
6. Use EPA ID Number: M.I.D.9.8.1.9.5.6.0.6.3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE PAINT RELATED MATERIAL Flammable Liquid NA1263 (Ignitable)	1	D.M	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.

GENERATOR — Printed/Typed Name: ALAN D. KWAST — Signature: Alan D. Kwast — Date: Month 03 Day 17 Year 88

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 03 Day 17 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: HARROLD F. Schmidt — Signature: Harrold F. Schmidt — Date: Month 03 Day 17 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 0189431

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 2-126z T-63 2/22/88

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

0015128

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MIG000008172 Manifest Document No. 13448
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
US POSTAL SERVICE
225 MICHIGAN ST. N.E. GRAND RAPIDS, MI. 49501-9701
4. Generator's Phone (616) 776-1503

A. State Manifest Document Number MI 1313448
B. State Generator's ID

5. Transporter 1 Company Name VALLEY CITY REFUSE DISPOSAL, INC.
6. US EPA ID Number MID981956063
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 IND016360265
G. State Facility's ID
H. Facility's Phone (219) 924-4370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	WASTE PAINT RELATED MATERIAL (ignitable) FLAMMABLE LIQUID NA1263	7	DM	1165	G	D001	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: RAY MULDER
Signature: Ray Mulder
Date: Month Day Year 07 05 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month Day Year 07 05 88

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: ALVIN WHITAKER
Signature: Alvin Whitaker
Date: Month Day Year 7 7 88

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 9/86)

126JC563 7/8M

PR 5110 Rev. 9/86

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0015129

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.: MIG000008172 | Manifest Document No.: 16019

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
US Postal Service
225 Michigan St, Grand Rapids MI 49501-9701

4. Generator's Phone (616) 776-1503

A. State Manifest Document Number: INA 0316019

B. State Generator's ID:

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

6. Use EPA ID Number: MID981956063

C. State Transporter's ID:

D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:

8. Use EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material Flammable Liquid NA1263 (Ignitable)	001	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:

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Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month 5 Day 8 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma | Signature: [illegible] | Date: Month 5 Day 08 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: Harrold F. Schmidt | Signature: [illegible] | Date: Month 05 Day 12 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.

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

COPY 5. TSD COPY 204 TCTSD 9/12

0016581

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 8 1 7 2
Manifest Document No.: 5 5 9 9 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
US Postal Service
225 Michigan St, Grand Rapids MI 49501-9701
4. Generator's Phone (616) 776-1503

A. State Manifest Document Number: INA 0355997
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 Paint Related Material Flammable Liquid NA1263 (EPA Ignitable)	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:

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Printed/Typed Name: GARY P. ROSSETT JR. Signature: Gary P Rossett Jr Date: Month 07 Day 20 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 07 Day 20 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 07 Day 20 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.

INA0355997

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

COPY 5. TSD COPY

1227763 7/23

0018161

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 8 1 7 2 5 — Manifest Document No.: 5 9 5 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
US Postal Service
225 Michigan St, Grand Rapids MI 49501-9701

4. Generator's Phone (616) 776-1503

A. State Manifest Document Number: INA 0355958
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 Paint Related Material Flammable Liquid NA1263 (EPA Ignitable)	5	DM	27.5	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

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Printed/Typed Name: Richard H. Cook — Signature: [signature] — Date: Month 03 Day 09 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 03 Day 09 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 KULNICK — Signature: Steve Kulnick — Date: Month 03 Day 09 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.

INA0355958

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

COPY 5. TSD COPY 204TCTSD 3/12

0018160

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. ILD 9 9 3 1 7 4 6 6 5 — Manifest Document No. 9 9 9 2

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: UNITED STATES STEEL SUPPLY DIVISION CONTRACT
1701 E. 106th
GARY, IN 46406
4. Generator's Phone: 312 64[illegible]

A. State Manifest Document Number: IN 093005

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: STRAND TRUCKING
6. US EPA ID Number: ILD 0 0 6 4 6 8 1 1 0
C. State Transporter's ID: 0371
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. GOTAK
GRIFFITH, INDIANA
10. US EPA ID Number: IND 0 3 1 1 5 6 2 2 6 1
G. State Facility's ID: 91-26-29-65
H. Facility's Phone: 219-972-4343-7[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. FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID UN 1993	216	DM	1390 / 1390	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: IF WASTE LIQUID ITEM 11 [illegible]

K. Handling Codes for Wastes Listed Above

US Steel Supply - added total gallons of these 2 manifests (1665) to old US Steel Supply. New total for US Steel to now 37,115. 2/11/94 [illegible]

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the conte[illegible] name and are classified, packed, marked, and labeled, and are in all respects i[illegible] and national government regulations.

Unless I am a small quantity generator who has been exempt[illegible] ication under Section 3002(b) of RCRA, I also certify that I have a program in p[illegible] ermined to be economically practicable and I have selected the method of treatm[illegible] uture threat to human health and the environment.

Printed/Typed Name: J. R. JAHNKE — Month Day Year: 1 1 92 97

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Leonard M Strand — Signature: Leonard M Strand — Month Day Year: 01 1 12 97

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: 1 1 1 1 97

IN 093005

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

T.S.D. DETACH AND RETAIN THIS COPY 26204R T63 MRK

012277

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. IL D 0 0 7 1 4 6 6 5 | Manifest Document No. 0 0 0 0 3

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

A. State Manifest Document Number IN 093004

B. State Generator's ID 0316005 OK

C. State Transporter's ID 0311

D. Transporter's Phone 312 2968 9110

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID 91P0X90002 [illegible]

H. Facility's Phone 219 924 4537

3. Generator's Name
UNITED STATES STEEL CORP DIVISION - DAVE MILL
1701 E. 122 ST. CHICAGO, ILL. 60633

4. Generator's Phone (312) 646-5700

5. Transporter 1 Company Name
STANDARD TRUCKING

6. US EPA ID Number
IL D 0 0 4 0 6 4 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
4200 S. COLFAX
GRIFFITH, INDIANA

10. US EPA ID Number
IND 0 6 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. FLAMMABLE LIQUID NOS, FLAMMABLE LIQUID, UN1993	1 5	DM	1 2 7 5	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
IF THE WASTE LISTED IN ITEM 11a IS UNDELIVERABLE FOR ANY REASON, RETURN IT TO GENERATOR.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: S.R. JAHUK | Signature | Month 1 1 Day 1 5 Year 1 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: Leonard M. Good | Signature | Month 1 1 Day 1 5 Year 9 7

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: MARIO F. SCHMIDT | Signature | Month 1 1 Day 1 5 Year 9 7

IN 093004

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

T.S.D. DETACH AND RETAIN THIS COPY MAC 5-204A TSU

012278

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

0615357

Authorization Number

US STEEL SUPPLY PAINT MILL (Company Name) — 1701 E 122ND ST (Address) — 3126465900 (Phone Number) — 031600008 6 (Generator Number)
CHICAGO (City) — ILL (State) — 60633 (Zip) — ILD 000814665 (EPA Number)

WASTE HAULER(S)

STRANO TRUCKING (Hauler Name) — 13642 KENTON [redacted] (Hauler Address) — S.W.H. Registration Number 0024092
CRESTWOOD, ILL. — 3123858440 (Phone Number) — ILD000646810 (EPA Number)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SVC (Facility Name) — 420 S. COLFAX (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: FLAMMABLE LIQUID NOS — HAZARD CLASS: FLAMMABLE LIQUID — UN 1993 (UN or NA Number) — F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 15840 (LBS) TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 001760 (GALLONS (Circle One)) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 32 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) DATE: 5/31/84

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: 6/1/84
(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:

(Authorized Signature) DATE: 6/1/84

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 126R T-63

006747

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. ILD000814665 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
US STEEL SUPPLY - PAINT MILL
1701 E 122ND ST
CHICAGO, ILL 60633

4. Generator's Phone (312) 646-5900

A. Illinois Manifest Document Number IL 1121491

B. Illinois Generator's ID 031160005086

5. Transporter 1 Company Name: STRAND TRUCKING CO.

6. US EPA ID Number: ILD000646810

C. Illinois Tranporter's ID 0024

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 SVC
420 S COLFAX
GRIFFITH, INDIANA

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID 9118089000 2

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.	FLAMMABLE LIQUID, N.O.S.	X	59	DM	3245	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
a) SPENT SOLVENTS & PAINT SLUDGE FROM PAINT MFG.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF WASTE LISTED IN ITEM 11A 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 governmental regulations, and Illinois regulations.

Printed/Typed Name: STEVEN R. JAHNKE Signature: [signature] Date (Month Day Year): 03 22 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES BATTEN Signature: [signature] Date (Month Day Year): 03 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: MICHAEL D. BURGS Signature: [signature] Date (Month Day Year): 3 15 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 R T-50

009239

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 000814665 — Manifest Document No.: 00005
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: US STEEL SUPPLY — PAINT MILL, 1701 E 122ND ST, CHICAGO, ILL
4. Generator's Phone (312) 646-5900

A. Illinois Manifest Document Number: IL 1121493
B. Illinois Generator's ID: 0316005086

5. Transporter 1 Company Name: STRAND TRUCKING CO.
6. US EPA ID Number: ILD000646810
C. Illinois Tranporter's ID: 00024
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 S. COLFAX, GRIFFITH, INDIANA
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)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	FLAMMABLE LIQUID, NOS. UN 1993	50	DM	2750	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: a) SPENT SOLVENTS & PAINT SLUDGE FROM PAINT MFG.

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: IF WASTE LISTED IN ITEM 11A 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 governmental regulations, and Illinois regulations.

Printed/Typed Name: STEVEN R. JAHNKE — Signature: S.R. Jahnke — Date: Month 07 Day 31 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: THOMAS P. STRAND — Signature: Thomas P. Strand — Date: Month 07 Day 31 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: Michael Bunge — Signature: Michael Bunge — Date: Month Day Year 7 31 85

GENERATOR / TRANSPORTER / FACILITY

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

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

204 ET-50 1 sold

009240

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 000814665 — Manifest Document No.: 00006 — 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: US STEEL SUPPLY - PAINT MILL, 1701 E 122ND ST, CHICAGO, ILL

4. Generator's Phone (312) 646-5900

A. Illinois Manifest Document Number: IL 1121494

B. Illinois Generator's ID: 0316005086

5. Transporter 1 Company Name: STRAND TRUCKING CO — 6. US EPA ID Number: ILD 000646810

C. Illinois Tranporter's ID: 00024

D. (312) 385-8840 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 SVC, 420 S COLFAX, GRIFFITH, INDIANA — 10. US EPA ID Number: IND 016360265

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.
a.	FLAMMABLE LIQUID, NOS UN 1993	X	30	DM	1650	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

If waste listed in Item 11A is undeliverable for any reason, return to Generator.

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 Sec 3002(b) or RCRA, I also certify that I have a program in place to reduce the volume & toxicity of waste generated to the degree I have determined to be economically practicable & I have selected the method of treatment, storage, or disposal currently available to me**

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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.

**which minimizes the present & future threat to human health & the environment

Printed/Typed Name: STEVEN R JAHNKE — Signature: Steven R Jahnke — Date: Month 10 Day 24 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES BATTEN — Signature: James Batten — Date: Month 10 Day 24 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: MICHAEL O BURGE — Signature: Michael O Burge — Date: Month 10 Day 24 Year 85

GENERATOR — TRANSPORTER — FACILITY

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

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983 Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

204KT-50

009241

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.: ILD000 814 665 — Manifest Document No.: 00008

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: US STEEL SUPPLY - PAINT MILL, 1701 E. 122ND ST, CHICAGO, ILL

4. Generator's Phone (312) 646-5900

A. Illinois Manifest Document Number: IL 1122656

B. Illinois Generator's ID: 0316005086

5. Transporter 1 Company Name: STRAND TRUCKING

6. US EPA ID Number: ILD000646810

C. Illinois Tranporter's ID: 0024

D. (312) 385-8840 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 CO, 420 S COLFAX, GRIFFITH, INDIANA

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180 89 0002

H. Facility's Phone: 2A 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.	X	FLAMMABLE LIQUID, NOS UN 1993	30	DM	01650	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: If waste listed in Item 11A is undeliverable for any reason, return to Generator.

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 Sec 3002(b) or RCRA, I also certify that I have a program in place to reduce the volum & toxicity of waste generated to the degree I have determined to be economically praticable & I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present & 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: STEVEN R JAHNKE — Signature: [signature] — Date: Month 1 Day 31 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES BATTEN — Signature: James Batten — Date: Month 1 Day 31 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: MURPHY — Signature: [signature] — Date: Month 01 Day 31 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

204 K T-50 ✓

011651

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

0615352

Authorization Number

US STEEL DALY-PAINT MILL 1700 E. 122ND ST. | 312 646 5900 | 031600008 6
(Company Name) | Address | Phone Number | Generator Number

City | State | Zip | IL0000814665 EPA Number

WASTE HAULER(S)

AMERICAN CHEMICAL SERVICE 420 S. COLFAX GRIFFITH, INDIANA 46319
Hauler Name | Hauler Address | S.W.H. Registration Number 0024001
219 924 4370 | IND016360265
Phone Number | EPA Number

STRAND TRUCKING 13642 KENTON CRESTWOOD, ILL. 60445
Hauler Name | Hauler Address | S.W.H. Registration Number
312 385 8440 | ILT000646840
Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE 420 S. COLFAX | 918089 02
(Facility Name) | Address | Site Number

GRIFFITH | INDIANA | 46319 | 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: 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: FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID | UN 1993 (UN or NA Number) | F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 19,000 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 001900 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS 33 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) DATE: 12/17/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESC... THE DESTINATION AS INDICATED. ...RANSPORT AND I ACKNOWLEDGE

(1) (Authorized Signature) DATE 12/17/82

(2) (Authorized Signature) DATE / /

38 drums = 2,090 gal.
looks like lbs was put mistakenly in gallons section.

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATE ...ECT TO FEE YES ____ NO X

(Authorized Signature) DATE 12/21/82

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-267

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

REV. # 4

SITE COPY - PART 3

On dock 12-17-82 T0204 KT-50 EKM 12-28-8

0.7.2 9 7.0

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

0615353

Authorization Number

U.S. STEEL SUPPLY PAINT MILL (Company Name) | 1701 E 122ND ST. (Address) | 3126465900 (Phone Number) | 0316000086 (Generator Number)

City | State | Zip | ILD000814665 (EPA Number)

WASTE HAULER(S)

AMERICAN CHEMICAL SERVICE (Hauler Name) | 420 S. COLFAX (Hauler Address) GRIFFITH, IND. ANA 46319 | S.W.H. Registration Number 0311012

2199244370 (Phone Number) | IN0016360265 (EPA Number)

STRAND TRUCKING (Hauler Name) | 13642 KENTON (Hauler Address) CRESTWOOD, ILL. | S.W.H. Registration Number

3123858440 (Phone Number) | ILT0006463 40 (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX (Address) | 91808902 (Site Number)

GRIFFITH, IND. ANA (City) | IND. ANA (State) | 46319 (Zip) | 3127688400 (Phone Number) | IN0016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: 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: FLAMMABLE LIQUID N.O.S. HAZARD CLASS: FLAMMABLE LIQUID | UN 1993 (UN or NA Number) | F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 9680 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000880 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) DRUMS 16 (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: 12/23/82

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) Jim Batten (Authorized Signature) DATE: 12/22/82 (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:

Michael E. Berg (Authorized Signature) DATE 12/22/82 (60–61)

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 Calc 70204 12.28.82

003801

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

0615351

Authorization Number ____ 8 ____ 13

US STEEL SUPPLY - PAINT NO. (Company Name)	1701 E. 122ND ST. (Address)	312 646 5900 (Phone Number)	0316 000086 G (Generator Number)
CHICAGO (City)	ILL. (State)	60633 (Zip)	ILD 000814 665 (EPA Number)

WASTE HAULER(S)

AMERICAN CHEMICAL SERVICE (Hauler Name)	420 S. COLFAX (Hauler Address) GRIFFITH, IND 46319		S.W.H. Registration Number 03 [illegible] 011
C/O STRAND TRUCKING	13642 KENTON CRESTWOOD, ILL. 60445	219 924 4370 (Phone Number) 312-385-8440	IND016360265 (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)			91808902 (Site Number)
GRIFFITH, INDIANA (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: 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: FLAMMABLE LIQUID NOS. FLAMMABLE LIQUID

HAZARD CLASS: UN1993 (UN or NA Number) F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 41,800 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 004180 (47–52) GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 76 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) VAN TRAILER

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 12/16/82

WASTE HAULER

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

(1) [signature] (Authorized Signature) DATE 12/16/82 (54–59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

[signature] (Authorized Signature) DATE 12/16/82 (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 / 426-26[illegible]

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 12-16-82 50 TO 204K T-50 GRM 26 TO S/Waste

003802

STATE OF ILLINOIS

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

0615356

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number

U.S. STEEL SUPPLY-PAINT MILL (Company Name) | 1701 E. 122ND ST. (Address) | 312 646 5900 (Phone Number) | 031600008 6 (Generator Number)

CHICAGO (City) | ILL. (State) | 60633 (Zip) | ILD 000814665 (EPA Number)

WASTE HAULER(S)

STRAND (Hauler Name) | 13442 KENTON CHESTWOOD, ILL (Hauler Address) | 0024002 (S.W.H. Registration Number)

312 355 8440 (Phone Number) | ILD000646810 (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) | 312 783 3400 (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: 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: FLAMMABLE LIQUIDS, N.O.S. FLAMMABLE LIQUID | HAZARD CLASS: | UN1993 (UN or NA Number) | F003 (EPA HW Number)

WEIGHT FOR D.O.T. USE 35550 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 004345 | 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 79 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) VAC

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: 5/23/84

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) Stan Strand (Authorized Signature) DATE: 5/23/84

(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:

Michael Bugg (Authorized Signature) DATE: 5/23/84

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

40-126E
39-204E

006741

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.: IL000031466 | Manifest Document No.: 00001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: UNITED STATES STEEL [illegible] DIVISION - [illegible] MILL [illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document Number: IN 093003

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 0511

D. Transporter's Phone: [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: [illegible]

10. US 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	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: [illegible]

[illegible]ndling Codes for Wastes Listed Above

illegible - not counted

15. Special Handling Instructions a

16. GENERATOR'S CERTIFICATION: [illegible]d above by proper shipping name and are classified, packed, marked, and la[illegible] to applicable international and national government regulations.

Unless I am a small quantity gene[illegible] waste minimization certification under Section 3002(b) of RCRA, I also certi[illegible] generated to the degree I have determined to be economically practicable and I have se[illegible]ailable to me which minimizes the present and future threat to human health and the environment.

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

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name: JAMES BATTON | 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

GENERATOR

TRANSPORTER

FACILITY

IN 093003

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

T.S.D. DETACH AND RETAIN THIS COPY

[illegible] 60-2042 [illegible]

011652

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. ILD000814665 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
SPRAYLAT CORPORATION
1701 E 122ND STREET
CHICAGO, ILL 60633-2362
4. Generator's Phone (312) 646-5900

A. State Manifest Document Number INA 0335031
B. State Generator's ID

5. Transporter 1 Company Name: MR. FRANK INC
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID #0079
D. Transporter's Phone (312) 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 SERVICE
420 S. COLFAX AVENUE
GRIFFITH, INDIANA, 46319-0190
10. Use EPA ID Number: IND001636026.5
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	001	TT	04500	# 1	0001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE PAINT
K. Handling Codes for Wastes Listed Above: #1 = U.S. 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: JOHN KREKE Signature: [signature] Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL T JUNGER 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: X

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 06 07 89

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

COPY 5. TSD COPY 210TT50 6/7

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 0335031

0016674

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.0.0.8.1.4.6.6.5 — Manifest Document No.: 00[illegible]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: SPRAY LAT [illegible] [illegible] [illegible] [illegible] [illegible]
4. Generator's Phone (312) [illegible]

A. State Manifest Document Number: INA 0335038
B. State Generator's ID:

5. Transporter 1 Company Name: MC. FRANK INC.
6. Use EPA ID Number: I.L.D.0.0.9.5.0.1.6.0
C. State Transporter's ID: 0079
D. Transporter's Phone: 312 [illegible] 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 SERVICE, 420 S COLFAX AVE, GRIFFITH IN 46319 8190
10. Use EPA ID Number: IND0[illegible]
G. State Facility's ID:
H. Facility's Phone: 219 [illegible] 4570

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 + WASTE	001	TT	04500	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE PAINT
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: JOHN KREKE — Signature: [signature] — Date: Month 04 Day 07 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH L. KOOINGA — Signature: Joseph L Kooinga — Date: Month 04 Day 07 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: GR MURPHY — Signature: [signature] — Date: Month 04 Day 07 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 0335038

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

2000 - 211 TR - TSO 4/10/89
1300 - 212 TR - TSO 4/11/89
1100 - 210 TR - TSO 4/14/89
100 - 204 TR TSO 8/15/89

COPY 5. TSD COPY

0016675

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. ILD000814665 Manifest Document No. 00003
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
SPRAYLAT CORP.
1701 E. 122nd ST
CHICAGO IL 60633-2362
4. Generator's Phone 312-646-5900

A. State Manifest Document Number: INA 0397475
B. State Generator's ID
C. State Transporter's ID: 0079
D. Transporter's Phone: 708-720 0700

5. Transporter 1 Company Name: MR. FRANK, INC
6. Use EPA ID Number: ILD984775049
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 IND 46319-0190
10. Use EPA ID Number: IND016360265
G. State Facility's ID
H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID, N.O.S. FLAMMABLE LIQUID UN1993	001	TT	03900	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE PAINT
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 J. MYERS
Signature
Date: Month 03 Day 22 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E. MILBURN
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 Item 19.
Printed/Typed Name: F DUNFEE
Signature
Date: Month 03 Day 22 Year 90

2CITE TSG 3/22/90

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.

INA 0397475

0018209

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.: IL D0 200 38063
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
Uarco Inc.
5000 S. California Ave., Chicago, IL 60632

A. State Manifest Document Number: INA 0160156

4. Generator's Phone (312) 434-9000

B. State Generator's ID: 0316000857 (Illinois)

5. Transporter 1 Company Name: Landgrebe Motor Transport Inc.
6. Use EPA ID Number: IND 009842824

C. State Transporter's ID: 1875
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 Inc.
420 S. Colfax Ave.
Griffith, IN 46319

10. Use EPA ID Number: IND 016360265

G. State Facility's ID:
H. Facility's Phone: (219)924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste, Flammable Liquid, NOS, Flammable Liquid UN 1993	001	DM	Less Than 00055	Gal	D001
b. Waste, Freon, OEM-E, UN 9189	002	DM	Less Than 00110	Gal	F002
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. T-Solvent (Mineral Spirits), Water and Rust
b. Freon contaminated with lubricating oil

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Vainer
Signature: [signature]
Month: 12 Day: 16 Year: 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Fin Schlundt
Signature: Fin Schlundt
Month: 12 Day: 16 Year: 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: Harold F Schmidt
Signature: [signature]
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 0160156

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

1a - 204K T-50 12/18/87
2b - 204K T-50 12/18/87

012294

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·0·2·0·0·3·8·0·6·3
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
UARCO, Inc.
5000 S. California Ave.
Chicago, IL 60632
4. Generator's Phone (312) 434-9000

A. State Manifest Document Number: INA 0335096
B. State Generator's ID: (Illinois) 0316005857

5. Transporter 1 Company Name: Landgrebe Motor Transport, Inc.
6. Use EPA ID Number: I·N·D·0·0·9·8·4·2·8·2·4
C. State Transporter's ID: 1875
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: 219-462-4181

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax Ave.
Griffith, IN 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5
G. State Facility's ID
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste, Flammable Liquid, NOS ORM-A NA1693	0·0·1	D·M	Less than 0·0·0·5·5	Gal.	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Brake Cleaner EM2019 (Original Material)
Manufactured by: E-M Company, 2100 Commonwealth Avenue, North Chicago, IL 60064

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: Charles C. Davis or Robert R. Vaner — Signature — Date (Month Day Year)

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date (Month Day Year)
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHAKER A — Signature — Date (Month Day Year): 5·26·87

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.

INA 0335096

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

COPY 5. TSD COPY

0016593

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

81-1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp, P.O. Box 250, Centerville, Ia. 52544, 515-856-6343	6-8-81
TRANSPORTER # 1	ILD069506160	MR. FRANK, INC. 201 W. 155th St. So. Holland, Ill. 60473, 312-596-3377	6-8-81
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	6-9-81
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 Tanker	X	D001 F002 F003 F005	Ink Wastes & Solvents	1993		40		5,500 Gallons		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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

6-8-81
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

6-8-81
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

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

TO EAST ACIT T-50 6/9/81
TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001954

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

81-2
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp, P.O. Box 250, Centerville, Ia. 52544, 515-856-6343	6-15-81
TRANSPORTER # 1	ILD069506160	Mr. Frank, Inc. 201 W. 155th St. So.Holland, Ill. 60473, 312-596-3377	6-15-81
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind	6/16/81
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 Tanker	X	D001 F002 F003 F005	Ink Wastes & Solvents	1993		40				

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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 6-15-81 DATE

TSDF SIGNATURE 6-16-81 DATE

TO WEST AGIT T-50 6/16/81 gm

5

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TSDF COPY

001955

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

81-3
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. BOX 250, Centerville, Ia 52544, 515-856-6343	8-10-81
TRANSPORTER # 1	ILD069506160	Mr. Frank, Inc. 201 W. 155th St. So. Holland, Ill. 60473, 312-596-3377	8-10-81
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	8/11/81
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 Tanker	X	D001 F002 F003 F005	Ink Wastes & Solvents	1993		40	gals	5200		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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

[signature] 8-10-81
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] 8/11/81
TSDF SIGNATURE DATE

TO 210 E T-50 8/11/81 [illegible]

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001956

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

81-4
MANIFEST DOCUMENT NUMBER

NR+ FRANK, INC.
NAME OF CARRIER (SCAC)

SHIPPER NUMBER
0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. BOX 250, Centerville, Ia. 52544, 515-856-6343	10-26/81
TRANSPORTER # 1	ILD069506160	Mr. Frank, Inc., 201 W. 155th St., So. Holland, Ill. 60473 312-596-3377	10/26/81
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	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	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
1 Tanker	X	D001 F002 F003 F005 Ink Wastes & Solvents	1993		gals	4,800		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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 10/26/81 DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE 10/26/81

TRANSPORTER #2 SIGNATURE & DATE (if required)

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

TSDF SIGNATURE 10/27/81 DATE

TO 210R T-50 10/27/81 9PM

2

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001751

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

82-1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia 52544, 5-5-856-6343	3/1/82
TRANSPORTER # 1	ILD069506160	Mr. Frank, Inc. 201 W. 155th St. So. Holland, Il, 60473, 312-596-3377	3/1/82
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Inc.	3/2/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
1 Tanker X		D001 F002 F003 F005	Ink Wastes & Solvents	1993		40	gals	4,900		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrles

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 3/1/82 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 3/2/82 DATE

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TSDF COPY To 210 R T-50 GPM 3/2/82

003563

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

82-2
MANIFEST DOCUMENT NUMBER

MR. FRANK INC.
NAME OF CARRIER (SCAC)

SHIPPER NUMBER
0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia 52544, 515-856-6343	4-27-82
TRANSPORTER # 1	ILD069506160	Mr. Frank Inc, 201 W. 155th St., So.Holland, Il 60453, 312-596-3377	4-27-82
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So Colfax, Griffith, Ind.	4/27/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Tanker	X	D001 F002 F003 F005	Ink Wastes & Solvents	1993		40	gals	4,000		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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 4/27/82 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 4/27/82 DATE

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TSDF COPY To 210 RT-50 6PM 4-28-82

003564

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

82-3
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Canterville, Ia. 52544, 515-856-6343	5-10-82
TRANSPORTER # 1	ILD069506160	Mr. Frank Frank, Inc, 201 W. 155th St. So. Hodland, Il, 312-596-3377	5-10-82
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	5/11/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Tanker	X	D001 F002 F003 F005	Waste Inks & Solvents	1993		40 gals		5,000		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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

5/10/82
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.

TSDF SIGNATURE DATE

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TSDF COPY

To 203 RT-50 6 PM 5-11-82

003365

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

82-4
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Mr. Frank Inc.
NAME OF CARRIER (SCAC)

0079-019
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P. O. Box 250, Centerville, IA 52544, 515-856-6343	5-19-82
TRANSPORTER # 1	ILD069506160	Mr. Frank, Inc, 201 W. 155th St. So. Holland, Il 312-596-3377	7-19-82
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	7 2
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Tnaker	X	D001 B002 F003 F005	Waste Inks & Solvents	1993		40 ~~gals~~	GALS	4800		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels.

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll-free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

*Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID (except when box at right is checked) ☐
Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE 7/19/82 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 7 2 DATE

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TSDF COPY

TO 211E T-50 GRM 7-20-82

003560

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

82-5
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Mr. Frank, Inc.
NAME OF CARRIER (SCAC)

0079-01
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia. 52544, 515-856-6343	9-20-82
TRANSPORTER # 1	ILD069506160	Mr. Frank, Inc., 201 W. 155th St. So. Holland, Il. 312-596-3377	9-20-82
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	9-21-82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Tanker	X	D001 F002 F003 F005	Waste Inks & Solvents	1993		40	gals	5000		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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 9/20/82 DATE

TSDF SIGNATURE 9/21/82 DATE

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TSDF COPY

To 210 FT-50 GM 9-21-82

003561

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

82-6
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

Mr. Frank, Inc.
NAME OF CARRIER (SCAC)

0079-018- 021
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp. P.O. Box 250, Centerville, Ia. 515-856-6343	11/15/82
TRANSPORTER # 1	ILD06950160	Mr. Frank Inc. 201 W. 155th St. So. Holland, Il 312-596-3377	11/15/82
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 So. Colfax, Griffith, Ind.	11/16/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Tanker	X	D001 F002 F003 F004	Waste Inks & Solvents	1993		50	gals	5500		

SPECIAL HANDLING INSTRUCTIONS
In case of spill, absorbg w/sawdust, collect in barrels

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE 11/15/82 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 11/16/82 DATE

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STYLE F 50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To 210K 7.50 GPM 11.16.82

003562

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

83-1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-018
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia 52544, 515-856-6343	2-28-83
TRANSPORTER # 1	ILD609506160	Mr. Frank, Inc. 201 W. 155th St. So.Holland, Il. 60473, 312-596-3377	2-28-83
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY	IND016360265	American Chemical, 420 S. Colfax, Griffith, Ind.	3/1/-3
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Tanker	X	D001 F002 F003 F005	Ink Wastes & Solvents	1993		40	gals	5000		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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

2/28/83
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.

TSDF SIGNATURE DATE

5

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TSDF COPY To 117 & T-63 GRM 3.1.83

004108

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

83-2
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-018
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia 52544, 515-856-6343	5-23-83
TRANSPORTER # 1	ILD609506160	Mr. Frank, Inc., 201 W. 155th St., So.Holland, IL 60473, 312-596-3377	5-23-83
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 S. Colfax, Griffith, Ind.	5/24/83
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)
Tanker	X	D001 F002 F003 F005	Ink Wastes & Solvents	1993		40	gals.	5,000 g.		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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] 5/23/83
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature]
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

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

[signature] 5/24/83
TSDF SIGNATURE DATE

5

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TSDF COPY

TO 210 ET-50 GRM 5-24-83

004106

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

83-3
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	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia 52544 515-856-6343	8-31-83
TRANSPORTER # 1	ILD609506160	Mr. Frank, Inc. 201 W. 155th St. So.Holland, Il 60473, 312-596-337	8-31-83
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical, 420 S. Colfax, Griffith, Inc.	9/1/83
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)
Tanker A	X	D001 F002 F003 F005	Ink Wastes XX Solvents	1993		40	gals	4,800		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

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.

8/31/83
TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

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

8.31.83
GENERATOR'S SIGNATURE DATE

9/1/83
TSDF SIGNATURE DATE

5

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TSDF COPY

To 211RT-50 GRW 9.1.83

004107

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

83-4
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

MR. FRANK, INC.
NAME OF CARRIER (SCAC)

0079-037
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IAD041580721	Union Carbide Corp., P.O. Box 250, Centerville, Ia 52544, 515-856-6343	11-15-[illegible]
TRANSPORTER # 1	ILD609506160	Mr. Frank Inc., 201 W. 155th St. So.Holland, Il 60473, 312-596-3377	11-15-83
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical,420 S. Colfax, Griffith, Ind.	[illegible]
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)
Tanker	X	D001 ~~xRRx~~ F002 F003 F005	Ink Wastes Solvents	1993		40	gals	4600 gls		

SPECIAL HANDLING INSTRUCTIONS In case of spill, absorb w/sawdust, collect in barrels

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

[signature] 11/15/83
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature]
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

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

[signature] 11/16/83
TSDF SIGNATURE DATE

5

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TSDF COPY

T0211R T-50 GRM 11-16-83

004109

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 RQ's - 5000/1000/100/10/1		CHEM TREC = 800-424-9300	PLACARDS PROVIDED
	a. RQ =	c. RQ =	EPA HOTLINE = 800-424-9346	
	b. RQ =	d. RQ =	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. 2050-0039. Expires 9-30-88*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAP000000363 Manifest Document No. 00001
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
UNION CARDIDE
2100 South 21st Street Clinton Iowa 52732

4. Generator's Phone (319) 243-4264

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Fort Transfer Co.
6. US EPA ID Number: ILD062333752

C. State Transporter's ID: 1241
D. Transporter's Phone: 309-263-2000

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 IND 46319
10. US 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	15. Waste No.
a. WASTE MINERAL SPIRITS HAZARDOUS WASTE Liquid NA 9189	001	DM	00055	2	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: John D. Edwards
Signature "On behalf of": John D. Edwards
Month Day Year: 08 05 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE KEYSER
Signature: Dave Keyser
Month Day Year: 08 05 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 in Item 19.
Printed/Typed Name: GR HURDHY
Signature: [signature]
Month Day Year: 08 05 87

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete. 1-204R 750 B

#2 - TREATMENT, STORAGE, DISPOSAL FACILITY COPY

012287

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

001
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	IND000708545	219-474-5101 Union Carbide Corp. Rt. 1 Box 66 Kentland,IN 47951	7/29/8
TRANSPORTER # 1	IND016360265	P.O. Box 190 219-924-4370 American Chemical Service, Ind., Griffith,IN 46319	7/29/8
TRANSPORTER # 2 (If required)			
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	CHARGE (For Carr Use Onl
80 ea. 55 Gal. Drums	*	D001	Waste Solvent N.O.S.	1993	4800		55 Gal. Drums	80 ea.		

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

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TSDF COPY

002431

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

002
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

STRAND TRUCKING
NAME OF CARRIER

IT (SCAC)

[illegible]
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPE OR RECEIVE
GENERATOR/ SHIPPER	IND000708545	Union Carbide Corp. Rt. 1 Box 66, Kentland, IN 47951 219 474-5101	7/30/
TRANSPORTER # 1	IND016360265	American Chemical Service, Inc., Griffith, IN 46319 P.O. Box 190 219 924-4370	7/30/
TRANSPORTER # 2 (If required)			
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	CHARG (For Car Use On
80 ea. 55 Gal. Drums	*	D001	Waste Solvent N.O.S.	1993		4800	55 Gal. Drums	80 ea.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incide must be promptly reported to the Federal government at 1-800-424-8802 (tc free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharge 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 TENDERE
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 charge are to b collec

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] 5

GENERATOR'S SIGNATURE DATE

TSDF SIGNATURE DATE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

On dock 7-30-82 6PM
To [illegible] 7-50 6PM 8-3-82

002432

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

003
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 SHIPPE OR RECEIVE
GENERATOR/ SHIPPER	IND000708545	Union Carbide Corp. Rt.1 Box 66,Kentland,IN 47951 219-474-5101	11/17/
TRANSPORTER # 1	IND016360265	American Chemical Service, Inc.,Griffith, IN 46319 P.O. Box 190 219-924-4370	11/17/
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS-POSAL FACILITY	IND016360265	American Chemical Service Griffith IN	11/18/
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	CHARG (For Car Use On
76 ea 55 Gal. Drums	*	D001	Waste Solvent N.O.S.	1993	4180	55	Gal. Drums	76 ea.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incide must be promptly reported to the Federal government at 1-800-424-8802 (tc free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharge 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: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charge are to b collec

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

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

004
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	IND000708545	Union Carbide Corp. Rt. 1 Box 66, Kentland, IN 47951 219-474-5101	1/27/83
TRANSPORTER # 1	IND016360265	American Chemical Service, Inc. P.O. Box 190 Griffith, IN 46319 219-924-4370	1/27/83
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	[illegible]	[illegible]	[illegible]
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)
40 ea. 55 Gal. Drums	*	D001	Waste Solvent N.O.S.	1993			55 Gal Drums	40 ea.		

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.
[illegible] 1-27-83
TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.
[illegible]
TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To 210 FT-50 GRM 2-3-83

006245

HAZARDOUS WASTE MANIFEST

ORIGINAL — NOT NEGOTIABLE

005
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	IND000708545	219-474-5101 Union Carbide Corp. Rt. 1 Box 66 Kentland,IN 47951	5-6-83
TRANSPORTER # 1	IND016360265	P.O. Box 190 219-924-4370 American Chemical Service,Inc., Griffith,IN 46319	5-6-83
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY			
TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrie Use Only)
64 ea. 55 Gal. Drums	*	D001	Waste Solvent N.O.S.	1993			55 Gal. Drums	64 ea. 24,000 lbs.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☒ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

TOTAL CHARGES. $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked
Check box if charges are to be collect ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

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

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626 TSDF COPY

T0204 T-50 6/84 5/1/83 2N 1004

006244

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

0706772 (1–7)

Authorization Number ____ (8–13)

UNION SPECIAL MACHINE CO. (Company Name) | 10903 MULLAN ST (Address) | 3126695101 (Phone Number) | 1110350001 G (14–24) Generator Number

HUNTLEY (City) | ILLINOIS (State) | 60142 (Zip) | EPA Number

WASTE HAULER(S)

STRAND TRUCKING CO. (Hauler Name) | CRESTWOOD ILL. (Hauler Address) | S.W.H. Registration Number 0311 (25–31)

3123858440 (Phone Number) | ILT000646810 (EPA Number)

AMERICAN CHEMICAL SERVICE (Hauler Name) | GRIFFITH IND. (Hauler Address) | S.W.H. Registration Number 0024002 (32–38)

2199244370 (Phone Number) | IND016360265 (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX AVE (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: 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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
WASTE SOLVENTS	IGNITABLE	UN1993	D001

WEIGHT FOR D.O.T. USE: 16 000 LBS / TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 001760 (47–52) GALLONS (Circle One) / 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 32 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) DATE: 1-20-83

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) ____ (Authorized Signature) DATE: 1/20/83 (54–59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

____ (Authorized Signature) DATE: 1/20/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. 8 4

SITE COPY - PART 3

To 125 RT-63 GPM 1.20.83

006243

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: IND 005449830

Manifest Document No.: 00167

2. Page 1 of 1

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

3. Generator's Name and Mailing Address: UNIROYAL PLASTIC COMPANY, 312 NORTH HILL ST., MISHAWAKA IND. 46544

4. Generator's Phone (219) 256 8613

A. State Manifest Document Number

B. State Generator's ID: IND 005449830

5. Transporter 1 Company Name: LEADER INDUSTRIES , INC.

6. US EPA ID Number: IND 094558004

C. State Transporter's ID

D. Transporter's Phone: 219 762 8588

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES , INC., P.O. BOX 190, GRIFFITH , INDIANA 46319

10. US EPA ID Number: IND 016360265

G. State Facility's ID

H. Facility's Phone: 219 924 4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	"RQ" WASTE FLAMMABLE LIQUIDS NOS FLAMMABLE LIQUID UN 1993	1	TT	5000	GAL	F005
b.		(TOLUONE , MEK) FLAMMABLE LIQUID					
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

P.O. C022358

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: ROGER W SHIELDS UNIROYAL PLASTIC COMPANY, INC.

Signature: Uniroyal Plastic Company Inc

Month 1 Day 7 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible]

Signature: [illegible]

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: EDUNFEE

Signature: EDunfee

Month 1 Day 7 Year 86

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

116F-7-63

TSDF COPY

011656

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. IND 005449830

Manifest Document No. 00172

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
UNIROYAL PLASTIC COMPANY INC.
312 NORTH HILL ST.
MISHAWAKA IND. 46544

4. Generator's Phone ( ) 219 256 8613

A. State Manifest Document Number

B. State Generator's ID IND 005449830

5. Transporter 1 Company Name: COUSINS WASTE CONTROL

6. US EPA ID Number: OHD 068081595

C. State Transporter's ID

D. Transporter's Phone 419 726 1590

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, IND.

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)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X "RQ" WASTE FLAMMABLE LIQUIDS NOS FLAMMABLE LIQUID UN 1993	01	TT	5,000	GAL	F005
b.	(TOLUONE, MEK) FLAMMABLE LIQUID					
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

P.O. # C022368

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: R.W. SHIELDS UNIROYAL PLASTIC COMPANY, INC

Signature: Uniroyal Plastic Company

Month 1 Day 23 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CARL SWEATT

Signature: Carl Sweatt

Month 1 Day 23 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: DUNCE

Signature

Month 1 Day 23 Year 86

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

123 FT-63

TSDF COPY

011657

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.: IND 005449830

Manifest Document No.: 00176

2. Page 1 of 1

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

3. Generator's Name and Mailing Address: UNIROYAL PLASTIC PROMPANY INC. 312 NORTH HILL ST. MISHAWAKA IND 46544

4. Generator's Phone ( ): 219 256 8613

A. State Manifest Document Number: IND 005449830

B. State Generator's ID: IND 005449830

5. Transporter 1 Company Name: COUSINS WASTE CONTROL

6. US EPA ID Number: OHD 068081595

C. State Transporter's ID:

D. Transporter's Phone: 419 726 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 SERVICES P.O. BOX 190 GRIFFITH IND

10. US EPA ID Number: IND 016360265

G. State Facility's ID:

H. Facility's Phone: 219 924 4370

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	"RQ" WASTE FLAMMABLE LIQUIDS NOS FLAMMABLE LIQUID UN 1993	X	1	TT	5,500	GAL	F005
b.	(TOLUONE , MEK) FLAMMABLE LIQIUD						
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

P.O. C 022390

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: R.W. SHIELDS UNIROYAL PLASTIC COMPANY

Signature: [signature] Uniroyal Plastic Company

Month 03 Day 04 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Gil Lazette

Signature: Gil Lazette

Month 03 Day 07 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:

Signature:

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: R Roshach

Signature: R Roshach

Month 03 Day 07 Year 86

GENERATOR

TRANSPORTER

FACILITY

Style F15R-6 Labelmaster, Div. of American Labelmark Co Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

125 R T-63

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011658

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.: IND005449830 00185

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: UNIROYAL PLASTIC COMPANY INC.
312 N. MILL STL
MISHAWAKA IND 46544

4. Generator's Phone (219 256 8613

A. State Manifest Document Number: IN 029375

B. State Generator's ID: IND 005449830

5. Transporter 1 Company Name: COUSINS WASTE CONTROL

6. US EPA ID Number: IND068081595

C. State Transporter's ID

D. Transporter's Phone 419 726 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 SERVICES
P.O. BOX 190
GRIFFITH, IND.

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. "RQ" WASTE FLAMMABLE LIQUIDS NOS. FLAMMABLE LIQUID 1993	001	TT	0010	GAL	F005
b. (TOLUENE XYLENE) (TOLUONE, MEK) FLAMMABLE LIQUID					
c.					
d. "RQ" ONE POUND (SUPERFUND) REPORTABLE RELEASE OF ONE OR MORE POUNDS TO THE NATIONAL RESPONSE CENTER 1-800 424 8802					

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 ABSORB RECONTAINERIZE
USE SPARK PROOF EQUIP. NO SMOKING P.O. C022438

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: R.W. SHIELDS UNIROYAL PLASTIC COMPANY INC. | Signature | Month 05 Day 01 Year 86

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 item 19.

Printed/Typed Name: FD UNFEE | Signature: FDunfee | Month 5 Day 1 Year 86

IN 029375

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

UHWM 2/LP2

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121 TC 763059

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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.: SM QTY GEN

Manifest Document No.: 071189H

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
United Auto Body Inc.
3002 N. Reynolds, Toledo, OH 43615

4. Generator's Phone (419) 531-2414

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: 0307

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

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 NA1263	X	2	DM	100	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 | Signature | Month 7 | Day 11 | 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.

123TCT637/17

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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.: SML QTY GEN
Manifest Document No.: 1249Y

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
United Autobody Inc.
3002 N. Reynolds, Toledo, OH 43615

4. Generator's Phone (419) 531-2414

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: 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)	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	002	DM	00090	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: [illegible]
Month Day Year: 1 1

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GEN WARBINNY
Signature: [illegible]
Month Day Year: 12 06 29

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 H
Signature: [illegible]
Month Day Year: 12 7 89

Style F15REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

123DCT63 12/3

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0016591

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: UNITED RAIL [illegible] INC [illegible]

A. State Manifest Document Number: INA 0315903

B. State Generator's ID:

4. Generator's Phone ( )

5. Transporter 1 Company Name: [illegible] INC

6. Use EPA ID Number: [illegible]

C. State Transporter's ID: 0079

D. Transporter's Phone: 800-426-2641

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]

10. Use EPA ID Number: [illegible]

G. State Facility's ID:

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. [illegible]	004	DM	[illegible]	L	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: Michael Davis | Signature: [illegible] | Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Carl E Prosser | 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: Whitaker A | Signature: [illegible] | Month Day Year

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.

INA0315903

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

204 TZ TSD 8/1

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0016587

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 9 8 1 9 6 0 3 1 3 — Manifest Document No. 9 7 7 4 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: UNITED RAIL SERVICE, 1150 E 145TH, EAST CHICAGO IND.
4. Generator's Phone (219) 398-7777
A. State Manifest Document Number: INA 0397477
B. State Generator's ID: 9180896696

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: 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 INDIANA
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID
H. Facility's Phone: 219-924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID UN 1993 (0001)	001	TT	00800	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: J. ZAKULA — Signature — Date: Month 03 Day 08 Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY — Signature — Date: Month 03 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 in Item 19.
Printed/Typed Name: FDUNFEE — Signature: FDunfee — Date: Month 03 Day 08 Year 90

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

COPY 5. TSD COPY

210RT503

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 0397477

0018169

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.: M I D 0 4 8 2 2 6 2 0 3
Manifest Document No.: 0 1
2. Page 1 of: 5
Information in the shaded areas is not required by Federal law

3. Generator's Name: UNITED TECHNOLOGIES
475 N LAKE
BOYNE CITY MI 49712

4. Generator's Phone: 616 582-6307

A. State Manifest Document Number: IN 093225
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: 616 361-6651

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: 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 STODDARD SOLVENT WASTE FLAMMABLE LIQUID ~~NA-1260~~ UN1993	01	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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Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 7 [illegible] 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: [illegible] Signature: [illegible] 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: HAROLD E. Schmidt Signature: Harold E. Schmidt Month Day Year: 8 7 27 87

GENERATOR / TRANSPORTER / FACILITY

IN 093225

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

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012286

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UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No. IND 98[illegible]
Manifest Document No 007
2. Page 1 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address UNITED TOOL & STAMPING 23[illegible] C.R. 6 ELKHART IN 46[illegible]
4. Generator's Phone (219) 262 4531
A. State Manifest Document Number ~~[illegible]~~ 007
B. State Generator's ID
5. Transporter 1 Company Name STRAND TRUCKING
6. US EPA ID Number ILD000[illegible]
C. State Transporter's ID
D. Transporter's Phone 312-385-84[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 SERVICE 420 S. COLFAX AVE GRIFFITH IN. 46319
10. US EPA ID Number IND916380265
G. State Facility's ID
H. Facility's Phone 219-262 4531

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 TRICHLOROETHYLENE WASTE MIXTURE OEM A UN 1710	4	[illegible]	210 [illegible]		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
81-7553

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 HAROLD I COTTON
Signature [signature]
Month 4 Day 30 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name JAMES BATTEN
Signature [signature]
Month 04 Day 30 Year 86

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name MICHAEL O'BURKE
Signature [signature]
Month 04 Day 30 Year 86

GENERATOR / TRANSPORTER / FACILITY

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646 EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

1BFT63

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Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No.: IND092049055
Manifest Document No: 008
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: United Tool + Stamping, Inc, 23843 C.R. #6, Elkhart, IN 46515
4. Generator's Phone (219) 262-4531

A. State Manifest Document Number: 008
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) 262-4531

5. Transporter 1 Company Name: STRAND TRUCKING
6. US EPA ID Number: ILD000646810
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. COLFAX AVE, GRIFFITH IN 46319
10. US EPA ID Number: IND916380265

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 TRICLORETHYLENE WASTE MIXTURE OEM A UN 1710	5	[illegible]	275 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:
81-7553

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: STEPHEN A. BACHMAN
Signature: [signature]
Month 8 Day 6 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES BATTON
Signature: [signature]
Month 08 Day 06 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: [signature]
Month Day Year

Style F15R-6 Labelmaster, Div. of American Labelmark Co Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

3-Hold
2-1237763

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011654

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Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No. IND092840551 Manifest Document No. 809

2. Page 1 of 1

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

3. Generator's Name and Mailing Address UNITED TOOL & STAMPING INC 219 262 4531 23343 CR 6 ELKHART IN 46515

4. Generator's Phone ( )

A. State Manifest Document Number 809

B. State Generator's ID

5. Transporter 1 Company Name STRANO

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 AM

10. US EPA ID Number

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.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	WASTE TRICHLOROETHYLENE		3		165 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

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 HAROLD J BOTTOM | 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 F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

120R763

FILE COPY OR STATE COPY

011655

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.: IND092049055
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
United Tool & Stamping, Inc.
28843 CR 6
Elkhart, IN 46514

A. State Manifest Document Number: INA 0162759

4. Generator's Phone (219) 262-4531

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. Use EPA ID Number: ILD000606810

C. State Transporter's ID: 0079
D. Transporter's Phone: 3125963377

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: IND916380265

G. State Facility's ID
H. Facility's Phone: 219-262-4531

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 Triclorethelene OEM A UH 1710	004	DM	00220	G	F002
b. Waste Triclorethelene Waste Mixture					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
81-7553

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 T BOTTOM
Signature: Harold T Bottom
Date: Month 09 Day 22 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE VOSS
Signature: Dave Voss
Date: Month 09 Day 22 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 09 Day 23 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 0162759

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 4-IA-T-63 9/29/87

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

012285

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 9 2 0 4 9 0 5 5
Manifest Document No.: 6 2 8 6 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
United Tool & Stamping, Inc.
23843 CR 6
Elkhart, IN 46514

4. Generator's Phone (219) 262-4531

A. State Manifest Document Number: INA 0162862
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:
H. Facility's Phone: 219-262-4531

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 Avenue
Griffith, IN 46319
10. Use EPA ID Number: I N D 9 1 6 3 8 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 Triclorethelene OEM A UN1710	0 0 8	D M	0 0 4 4 0	G	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
81-7553

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 I. BOTTOM
Signature: [signature]
Date: Month 0 1 Day 1 2 Year 8 8

Stephen A. Bachman

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERY
Signature: [signature]
Date: Month 01 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: HARROLD F Schmidt
Signature: [signature]
Month 01 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 0162862

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 7-120R-T-63 1/21/88
1-20KR T-50 3/13/86

DISTRIBUTION:
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PAGE 6 (canary) GENERATOR COPY
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PAGE 8 (white) TRANSPORTER 2 COPY

0015135

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.: IND092049055
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
United Tool & Stamping, Inc.
23843 CR 6
Elkhart, IN 46514

A. State Manifest Document Number: INA 0162994
B. State Generator's ID:

4. Generator's Phone (219) 262-4531

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377

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 Service
420 S. Colfax Ave.
Griffith, IN 46319
10. Use EPA ID Number: IND916380265
G. State Facility's ID:
H. Facility's Phone: 219-262-4531

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 Triclorethelene ORM-A UN1710	008	DM	00440	G	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
81-7553

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Steve Bachman
Signature: [signature]
Date: Month 06 Day 08 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature: [signature]
Date: Month 06 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: HARROLD F Schmidt
Signature: [signature]
Date: Month 06 Day 08 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 0162994

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
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0015136

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·N·D·0·9·2·0·4·9·0·5·5
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
United Tool & Stamping, Inc.
23843 CR 6
Elkhart, IN 46514
4. Generator's Phone (219) 262-4531

A. State Manifest Document Number: INA 0162945
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377

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:

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.9.1.6.3.8.0.2.6.5

G. State Facility's ID:
H. Facility's Phone: 219-262-4531

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 Triclorethelene OIM A UN1710	6 / 0·0·6	D·M	0·0·3·3·0	G	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
81-7553

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: HAROLD I BOTTOM — Signature: Harold I Bottom — Date: Month 9 Day 20 Year 87

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JACK McCLEVERTY — Signature: [signature] — Date: Month 09 Day 20 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: J. J. JURWICK — Signature: [signature] — Date: Month 09 Day 21 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 0162945

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

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PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

120 OCT 63 9/27

0015137

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 9 2 0 4 9 0 5 5 — Manifest Document No. 0 0 0 1
2. Page 1 of 8 — Information in the shaded areas is not required by Federal law, but Items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address IND092049055
United Tool & Stamping, Inc.
23843 CR 6 , Elkhart, IN 46515-1352
4. Generator's Phone (219) 262-4531

A. State Manifest Document Number INA 0334241
B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. Use EPA ID Number: I L D 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. 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: I N D 9 1 6 3 8 0 2 6 5
G. State Facility's ID 9180890002
H. Facility's Phone 219 - 262-4531

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. ORM Waste Triclorethelene ~~HXM~~ A UN1710	0 0 9	D M	0 0 4 9 5	G	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
81-7553 Still Bottoms Triclorethelene
C A S 79-01-6

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Steve Bachman — Signature — Date: Month 0 1 Day 1 9 Year 8 9

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Dave Voss — Signature — Date: Month 01 Day 19 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 A — Signature — Date: Month 01 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.

INA0334241

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

COPY 5. TSD COPY

BTCT63½6

0016590

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. I.N.D.0.9.2.0.4.9.0.5.5 Manifest Document No. 3.4.2.4.2 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
United Tool & Stamping, Inc.
23843 CR 6, Elkhart, IN 46515-1352

4. Generator's Phone (219) 262-4531

A. State Manifest Document Number INA 0334242
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 8 8 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 Service
420 S. Colfax Ave.
Griffith, IND 46319
10. Use EPA ID Number: I N D 9 1 6 3 8 0 2 6 5
G. State Facility's ID 9180890002
H. Facility's Phone 219-262-4531

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 TRICLORETHELENE ORMA UN1710	007	DM	00385	G	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
81-7753 still bottoms Triclorethelene
C A S 79-01-6

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I h determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good f effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR
Printed/Typed Name: Steve Bachman P.M. Signature: Date Month Day Y 04 27 8

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY Signature: Date Month Day Y 04 27 8
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date Month Day Y

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: Date Month Day 5 10 8

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

1 ATCT 635/0

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.

0016589

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.0.9.2.0.4.9.0.5.5
Manifest Document No.: 3.4.2.4.3
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
United Tool & Stamping
22400 County Road 14, Elkhart, Indiana 46515

A. State Manifest Document Number: INA 0334243
B. State Generator's ID:

4. Generator's Phone (219) 294-3780

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. Use EPA ID Number: I.L.D.9.8.4.7.7.5.0.4.9
C. State Transporter's ID: 0079
D. Transporter's Phone: (312)720-0700

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Calfax Ave.
Griffith, Indiana 46319
10. Use EPA ID Number: I.N.D.9.1.6.3.8.0.2.6.5
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 294-3780

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 TRICLORETHELENE ORMA UN1710	0.0.4	D.M	0.0.2.2.0	C	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
81-7753 still bottoms Triclorethelene
C A S 79-01-6

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Steve Bachman P.M.
Signature: [signature]
Date: Month 1 1 Day 02 Year 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: PETER C. RAUEN
Signature: Peter C. Rauen
Date: Month 1 1 Day 2 Year 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 KULOVICK
Signature: Steve Kulovick
Date: Month 1 1 Day 03 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.

INA0334243

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

1 BTCT63 12/6

COPY 5. TSD COPY

0016588

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 9 8 4 8 7 4 2 1 4
Manifest Document No. 3 4 2 4 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
United Tool & Stamping Inc.
22400 County Road 14, Elkhart, Indiana 46515

4. Generator's Phone (218) 294-3780

A. State Manifest Document Number INA 0334244
B. State Generator's ID
C. State Transporter's ID 0079
D. Transporter's Phone (708) 720-0700
E. State Transporter's ID
F. Transporter's Phone

5. Transporter 1 Company Name
Mr. Frank Inc.
6. Use EPA ID Number I L D 9 8 4 7 7 9 0 4 9

7. Transporter 2 Company Name
8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax Ave.
Griffith, Indiana 46319
10. Use EPA ID Number I N D 9 1 6 3 8 0 2 6 5

G. State Facility's ID 9180890002
H. Facility's Phone (219) 294-3780

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 Trichlorethelene ORMA UN1710	003	DM	0016.5	G	F002
b. ORM-A UN2831 R.Q. Waste 1,1,1, Trichloroethane	003	DM	0016.5	G	F001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
81-7753 still bottoms Trichlorethelene
C A S 79-01-6

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

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Printed/Typed Name: Steve Bachman P.M. Signature: [signature] Date: Month 04 Day 11 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss Signature: [signature] Date: Month 04 Day 11 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] Month Day Year 4 12 90

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

COPY 5. TSD COPY

3A-#1 Stice 4/19 BN 5071B
3B-#3 Stice 5/24 BN 5090B

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.

INA0334244

0018170

See reverse side for instructions
Please TYPE or PRINT clearly using a ball point pen — PRESS HARD

State of Minnesota
HAZARDOUS WASTE SHIPPING PAPER

(1) SHIPMENT NO. 76198 2

GENERATOR (SHIPPER)

GENERATOR—SHIPPER NAME (2) Universal Coating Company	SITE I.D. NO. (3)
PICKUP ADDRESS (4) 2300 East 26th Street	EPA I.D. MN D006481899
CITY, STATE, ZIP CODE (5) Mpls, Minn. 55406	PHONE NO. (6) (612) 721-6478
BUSINESS ADDRESS (7) 2300 East 26th Street Mpls, Minn, 55406	

(8) No.	QUANTITY SHIPPED	HAZ. MAT.	KIND OF UNIT—PROPER DOT SHIPPING NAME	DOT HAZ. CLASS	SHIPPING WEIGHT
1	10	X	Drums Waste Flammable Liquid	Flammable liquid	4000#
2			NOS - UN 1993 Toluene and		
3			Adhesive.		
4					
5					

(9) Does Generator Plan authorize commingling? ☐ YES ☐ NO
(If "YES", attach sheet listing other generators and quantities of waste.)

(10) No.	WASTE CODE	MPCA HAZARDOUS PROPERTY	APPROXIMATE PRODUCTION DATES From	To
1	F 0 0 3	Flammable Liquid	7-20-82	10-15-82
2				
3				
4				
5				

(11) SPECIAL INSTRUCTIONS

Disposal

☐ SPECIAL EMERGENCY PROCEDURE ATTACHED

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

The wastes described above were consigned to the Carrier named. The Hazardous Waste Facility can and will accept this shipment of hazardous waste, and has a valid permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

DATE SHIPPED (12)	AUTHORIZED SIGNATURE (13)	TITLE (14)
10/19/82	x David J. Bohn	G. M.

TRANSPORTER (CARRIER)

TRANSPORTER NAME (15) Worum Chemical Company	MPCA REGISTRATION NO. (16) TR 0014
BUSINESS ADDRESS (17) 2130 Kasota Avenue	EPA I.D. MND 006213664
CITY, STATE, ZIP CODE (18) St. Paul, Minn. 55108	PHONE NO. (19) (612) 645-9224

DATE RECEIVED (20) 10/19/82 — The wastes described above were received by me for shipment to the named Hazardous Waste Facility.

AUTHORIZED SIGNATURE (21)	TITLE (22)
x [signature]	DRIVER

SHIPMENT INTERLINED (23)	MPCA REGISTRATION NO.	MPCA REGISTRATION NO.
	EPA I.D.	EPA I.D.
DATE RECEIVED (24)	/ /	/ /
AUTHORIZED SIGNATURE (25)	x	x

HAZARDOUS WASTE FACILITY

FACILITY NAME (26) Worum Chemical Company	STATE PERMIT/LICENSE NO (27) 1230017
SITE ADDRESS (28) 2130 Kasota Avenue	EPA I.D. MND 006213664
CITY, STATE, ZIP CODE (29) St. Paul, Minn. 55108	PHONE NO. (30) (612) 645-9224

DATE RECEIVED (31) 10/19/82 — The wastes described above have been received for processing as per current and valid state permit and/or other applicable laws and ordinances. (31a) ☐ For exceptions see attachment.

AUTHORIZED SIGNATURE (32)	TITLE (33)
x [signature]	

DATE WASTE DISPOSED (34) / / — I certify that the above named wastes have been processed and/or disposed.

AUTHORIZED SIGNATURE (35)	TITLE (36)
x	

(37) MAIL TO: HAZARDOUS WASTE, MIS
322 WASHINGTON AVE. S.
HOPKINS, MN 55343

In case of a spill in Minnesota, immediately call the MPCA 24-hour emergency number, (612) 296-7373, and the National Response Center, (800) 424-8802

1. White—Hazardous Waste Facility Mail to Generator
2. Yellow—Generator (Shipper) Mail to (37)
3. Pink—Hazardous Waste Facility Mail to (37)
4. Orange—Hazardous Waste Facility Mail to Generator
5. Gold—Hazardous Waste Facility Retain
6. Blue—Transporter (Carrier) Retain
7. Green—Generator (Shipper) Retain

PQ-00280-02
HC 5406 (4-80)

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.: MND023008725
Manifest Document No.:
2. Page 1 of: 8
Information in the shaded areas is not required by Federal law

3. Generator's Name
Universal Ford
4900 Highway 52 N., Rochester, MN 55901
4. Generator's Phone (507) 288-7564

A. State Manifest Document Number: IN034274
B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD000646810
C. State Transporter's ID: 0311
D. Transporter's Phone: 312-385-8440

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 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	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	4	DM	1 DRO	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: Chuck DERY
Signature: [signature] 8-9-88
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Stan Strand
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:
Signature: [signature]
Month Day Year: 01 [illegible] 88

GENERATOR / TRANSPORTER / FACILITY

IN 034274

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

T.S.D. DETACH AND RETAIN THIS COPY

0015126

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.: MND 023 008 725
Manifest Document No.: 11168E
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Universal Ford
4900 Hwy. 52 N., Rochester, MN 55901
4. Generator's Phone (507) 288-7564

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

5. Transporter 1 Company Name: ADCO Express
6. US EPA ID Number: ILD 047 267 365
C. State Transporter's ID: 0367
D. Transporter's Phone: 312-429-1660

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN. 46319
10. US EPA ID Number: IND 016 360 265
G. State Facility's ID
H. Facility's Phone: 219-924-4370

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	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	7	dm	385	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: Chuck Dart
Signature: [signature]
Month 12 Day 6 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ronald R. Bullard
Signature: [signature]
Month 12 Day 6 Year 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 in Item 19.
Printed/Typed Name: Whitaker A
Signature: [signature]
Month 12 Day 12 Year 88

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

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

126TCT62 12/12

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0015127

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.: MND 023 008 725

Manifest Document No: 051589A

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Universal ford
4900 Highway 52 North Rochester, MN 55901

4. Generator's Phone (507) 288-7564

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 Company
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

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 APINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	X	06	DM	324	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: Chuck Dray — Signature — Month 11 Day 11 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: VINCENT C. AGUILAR — Signature — Month 05 Day 16 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: Christopher A — Signature — Month 5 Day 22 Year 89

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

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

124 TCT 63 5/23

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0016580

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

SMS

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.: MND023008725 — Manifest Document No.: 1.1.3.0.H
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Universal Ford
4900 Highway 52 North, Rochester, MN 55901

4. Generator's Phone (507) 288-7564

A. State Manifest Document Number: INA 0317955
B. State Generator's ID:

5. Transporter 1 Company Name: ADCOM EXPRESS
6. Use EPA ID Number: ILD047267364
C. State Transporter's ID: 0367
D. Transporter's Phone: 708-429-1660

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. Use EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	3	dm	1.65	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: Kim Cunningham — Signature: [signature] — Date: Month 12 Day 05 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STEPHEN SEERUP — Signature: Stephen Seerup — Date: Month 12 Day 05 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 12 Day 11 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.

INA0317955

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

1269 RCT 63 12/12

COPY 5. TSD COPY

0016578

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.: MND023008725 — Manifest Document No.: 82290

2. Page 1 of 6

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

3. Generator's Name and Mailing Address
Universal Ford
4900 Hwy. 52 North, Rochester, MN 55901

4. Generator's Phone (507) 288-7564

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	092	DM	110	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 9 22 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: STEPHEN SEERUP — Signature: Stephen Seerup — Month Day Year: 9 22 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — 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: [signature] — Month Day Year: 9 25 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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0016579

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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.: MND023008725 — Manifest Document No.: 3190 G

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Univerdal Ford
4900 Hwy 52 North Rochester, MN 55901

4. Generator's Phone (507) 288-7564

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 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	I. Waste No.
a.	RQ WASTE PAINT RELTED MATERIAL (F003 & F005) FLAMMABLE LIQUID NA1263	7	DH	385	G	F003 F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Chuck Perry — Signature: [signature] — Month Day Year: 03 29 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: STEPHEN SEERUP — Signature: Stephen Seerup — Month Day Year: 03 29 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 in Item 19.

Printed/Typed Name: Whitaker A — Signature: [signature] — Month Day Year: 4 29 90

GENERATOR — TRANSPORTER — FACILITY

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

126TCT63 4/2

TSDF COPY

0018168

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

0375056

SPECIAL WASTE HAULING MANIFEST Phone. 3124427400

Authorization Number 992581

Universal Oil Products (Company Name) — 8400 Joliet Road (Address)
McCook (City) — Illinois (State) — 60525 (Zip)

031174 0001 G (Generator Number)
ILD 990848376

WASTE HAULER(S)

Mr. FRANKS, Inc. (Hauler Name) — 201 W. 155th St. South Holland, Il. 60473 (Hauler Address)
S.W.H. Registration Number 0079021
ILD069506160 EPA No.
Phone 3125963377

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — 420 S. Colfax (P.O. Box 190) (Address)
Griffith (City) — Indiana (State) — 46319 (Zip)
IND016360265
91808902 (Site Number)
Phone

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: Waste Solvent

HAZARD CLASS: Flamable Liquid NOS
UN# UN 1993 EPA# 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: 005500

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: July 20, 1981 — James V. McGuffey (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 29 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: 7/29/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO EAST ACIT T-50 7/20/81 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

001959

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

0375061

SPECIAL WASTE HAULING MANIFEST

Authorization Number 992581

312-442-7400

UOP INC - PROCESS DIVISION (Company Name) | 8400 JULIET ROAD (Address)

MC COOK (City) | IL (State) | 60525 (Zip)

0311740001 G (Generator Number)

ILD990848376

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W 155th St. SOUTH HOLLAND, IL 60473 (Hauler Address) | S.W.H. Registration Number 0079019

3E 5963377 ILD069506160

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

312-768-3400

AMERICAN CHEMICAL SERVICE (Facility Name) | 420 S. COLFAX, P.O. BOX 190 (Address) | 91808902 (Site Number)

GRIFFITH (City) | IND (State) | 46319 (Zip)

IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ORGANIC SOLVENTS

WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

UN1993 D001

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

SHIPPING DESCRIPTION: WASTE SOLVENTS

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: 4500

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: 7-22-81

James V. McGuffey (Authorized Signature)

WASTE HAULER

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

(1) Gary Owen (Authorized Signature) DATE: 07/22/81

(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: 07/22/81

COMMENTS OR SPECIAL INSTRUCTIONS: J Dunfee TO 203K T-50 7/22/81 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

001958

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

0520402 (1–7)

Authorization Number 992581 (8–13)

Universal Oil Products (Company Name) | 8400 Joliet Road (Address) | 3124427400 (Phone Number) | 0311740001 (14–24) Generator Number

McCook (City) | Illinois (State) | 60525 (Zip) | ILD990848376 (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 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 (P.O. Box 190) (Address) | 91808902 (39–46) 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: Waste Solvent | HAZARD CLASS: Flamable Liquid | UN 1090 (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: 004000 (47–52) 1 GALLONS (Circle One) 2 CU. YDS 1 (53)

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION James V. McGuffey (Authorized Signature) DATE: 8-20-81

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) Robert Perkins (Authorized Signature) DATE 08/20/81 (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.

J Murphy (Authorized Signature) DATE: 8/20/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS To 203X T-50 8/20/81 JPM

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

001961

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

0520404

Authorization Number 992581

Universal Oil Products (Company Name) | 8400 Joliet Road (Address) | 3124427400 (Phone Number) | 0311740001 (Generator Number)

McCook (City) | Illinois (State) | 60525 (Zip) | ILD990848376 (EPA Number)

WASTE HAULER(S)

Mr. FRANK, Inc. (Hauler Name) | 201 W. 155th St. South Holland, Illinois 60473 (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 Service (Facility Name) | 420 S. Colfax (P.O. Box 190) (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 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: Flamable ~~[illegible]~~

UN 1307 ~~UN1993~~ (UN or NA Number) | F003 ~~D001~~ (EPA HW Number)

WEIGHT FOR D.O.T. USE 32000 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 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 James V. McGuffey (Authorized Signature) DATE: 8-20-81

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 Bult (Authorized Signature) DATE: 08/20/81

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

(Authorized Signature) DATE: 8/20/81

COMMENTS OR SPECIAL INSTRUCTIONS: TO WEST 211K T-50 8/20/81 JJM

REV. #3 ... 7 / 782-3637 ... PART - 1 GENERATOR ... E COPY - ... IEPA

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426 2675

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

PART 3

001960

IL 532 610
IPC 62 B-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

0668202

Authorization Number

UOP INC. PROCESS DIVISION (EDD) 8400 JOLIET RD 312 442 7400 0311740001
(Company Name) Address Phone Number Generator Number

McCook ILL 60525 ILD000814640
City State Zip EPA Number

WASTE HAULER(S)

MR FRANK 201 W. 155th So. HOLLAND IL. S.W.H. Registration Number 0079011
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 SERV. 420 So. COLFAX P.O. 190 9180890Z
(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: 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: ORGANIC SOLVENTS W/OIL
HAZARD CLASS: COMBUSTIBLE [redacted]
UN or NA Number: NA 1993
EPA HW Number: 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 004200 (1 GALLONS / 2 CU. YDS.) (Circle One)

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION M. Lewis for UOP (EDD) DATE: 9-10-82
(Authorized Signature)

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 DATE 9/10/82
(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 WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

T. Dunfee DATE 9/10/82
(Authorized Signature)

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 6PM 9-10-82

002486

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

0668205

Authorization Number

UOP PROCESS DIVISION (EDD) 8400 JOLIET RD 312 442 7400 0311740001 G
(Company Name) Address Phone Number Generator Number

McCook ILL 60525 ILD000814640
City State Zip EPA Number

WASTE HAULER(S)

MR FRANK 201 W. 155th So. HOLLAND IL. S.W.H. Registration Number 0079019
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 SERV. 420 So. COLFAX P.O. 190 91808902
(Facility Name) Address Site Number

GRIFFITH IND. 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: 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: ORGANIC SOLVENTS W/OIL HAZARD CLASS. COMBUSTIBLE NA1993 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: 004200 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION N. Lewan for UOP (EDD) (Authorized Signature) DATE: 9-29-82

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: 9/29/82 (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

[signature] (Authorized Signature) DATE: 9/29/82 (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 T021127-50 GKM 9-29-82

002487

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

0668208

Authorization Number

(Company Name)	Address	Phone Number	Generator Number
UOP PROCESS DIVISION (EDD)	8400 JOLIET RD	3124427400	0311740001 G

City	State	Zip	EPA Number
McCOOK	ILL	60525	ILD000814640

WASTE HAULER(S)

Hauler Name	Hauler Address	Phone Number	S.W.H. Registration Number / EPA Number
MR FRANK	201 W. 155th So. HOLLAND IL.	3125963377	0079025 / ILD069506160

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number
AMERICAN CHEMICAL SERVICE	420 So. COLFAX P.O. 190	91808902

City	State	Zip	Phone Number	EPA Number
GRIFFITH	IND	46319	3127683400	IND016360265

Alternate (Facility Name)	Address	Site 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: ORGANIC SOLVENTS W/OIL HAZARD CLASS: COMBUSTIBLE

UN or NA Number: NA1993 EPA HW Number: 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: 004200 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION N. Lewan for UOP (EDD) (Authorized Signature) DATE: 10-20-82

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) Gary Cruer (Authorized Signature) DATE: 10/20/82 (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: 10/20/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

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

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

REV. # 4

SITE COPY - PART 3

To 210 F-T-50 GPM 10-20-82

002488

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

0668236

Authorization Number 00000

UOP Process Division (Company Name) | 8400 Joliet Rd. (Address) | 3124427400 (Phone Number) | 0311740006 (Generator Number)

McCook (City) | IL (State) | 60525 (Zip) | ILD000814640 (EPA Number)

WASTE HAULER(S)

Mr. Frank Inc. (Hauler Name) | 201 W. 155th St. South Holland, IL (Hauler Address) | S.W.H. Registration Number 0079/121

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) | 430 S. Colfax P.O. Box 190 (Address) | 918089008 (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: "Waste Solvent" | HAZARD CLASS: 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: 005500 (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 Mary Jo Haas (Authorized Signature) DATE: 10-25-82

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) Miguel Ramirez (Authorized Signature) DATE: 10 29 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:

H. Durfee (Authorized Signature) DATE: 10 25 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 212 F T-50 GRM 10-25-82

002489

METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 129516

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: 4200 GALS / CU. YDS. / LBS.

WASTE CONTAINS:
[ ] FATS, OILS OR GREASE [ ] ACID [ ] ALKALI [ ] CYANIDE [ ] ZINC [ ] CADMIUM [ ] COPPER [ ] CHROME [ ] IRON [ ] NICKEL [ ] LEAD [ ] SELENIUM [ ] MERCURY [ ] SOLVENTS [ ] PAINT RESIDUE [X] OTHER (SPECIFY) ORGANIC SOLVENTS

DISPOSAL METHOD: [ ] LANDFILL [ ] DESTRUCTION (SPECIFY) [X] OTHER (SPECIFY) RELLAMATION

NAME OF COMPANY: U.O.P. INC. PROCESS DIVISION (EDD)
FEDERAL TAX I. D. NUMBER: 3 6 3 4 0 5 5 1 8
LOCATION: 8400 JOLIET RD McCOOK, ILL.
FEDERAL GENERATOR I. D. NUMBER: ILD 000814640
TYPE OF INDUSTRY: CHEMICAL ENGINEERING
DATE REMOVED: 12-2-82
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: N. Lemon for UOP (EDD)
PHONE: 312 442 7400

NAME: MR FRANK
FEDERAL TAX I. D. NUMBER:
ADDRESS: 201 W. 155th So. Holland IL.
DATE RECEIVED: 12-2-82
TIME RECEIVED:
FEDERAL HAULER I. D. NUMBER: ILD 069506160
STATE: IL
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: [signature]
PHONE: 596 3377

DISPOSAL SITE

NAME: AMERICAN CHEMICAL SERVICE
FEDERAL TAX I. D. NUMBER: 3 5 0 9 6 1 7 2 -
ADDRESS: 420 So. COLFAX PO. 190 GRIFFITH IND
FEDERAL DISPOSAL SITE I.D. NUMBER: IND 016260265
DATE RECEIVED: 12/2/82
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: [signature]
PERMIT NO.:
PHONE: 219 924 4370

DISPOSAL SITE'S COPY

002490

0668225

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

COMPLETED BY WASTE GENERATOR

Authorization Number

UOP PROCESS DIVISION (EOD) 8400 Joliet Rd. 3124427400 0311740001 G
(Company Name) Address Phone Number Generator Number

McCook IL 60525 ILD000814640
City State Zip EPA Number

WASTE HAULER(S)

MR FRANK 201 W. 155th So. Holland IL. S.W.H. Registration Number 0079021
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 420 So. Colfax P.O. 190 91808902
(Facility Name) Address Site Number

GRIFFITH IND. 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: 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: ORGANIC SOLVENTS WITH/OIL HAZARD CLASS. COMBUSTIBLE NA 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: 004200 1 GALLONS (Circle One) 2 CU. YDS 1

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION M. Lewis for UOP (EOD) DATE: 12-2-82
(Authorized Signature)

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] DATE 12/02/82
(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 WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] DATE 12/2/82
(Authorized Signature)

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 ET-50 GRM 12-2-82

002491

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

0668244

Authorization Number

UOP Process Division (Company Name) | 8400 Joliet Road (Address) | 312 442 7400 (Phone Number) | 031 1 740 001 G (Generator Number)

McCook (City) | Illinois (State) | 60525 (Zip) | ILD008146 40 (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 0079021

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, PO. Box 190 (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 312 768 3400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: 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: Waste Solvent | HAZARD CLASS: Flammable Liquid, NOS | 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: 005500 | 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 M. J. Haas (Authorized Signature) DATE: 11-30-82

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: 11/30/82

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

[signature] (Authorized Signature) DATE: 11/30/82

COMMENTS OR SPECIAL INSTRUCTIONS _____

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

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

REV. # 4

SITE COPY - PART 3

To 118K T-50 GRM 11-30-82

002492

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

0617976
1 7

Authorization Number ~~992574~~
8 13

UOP Process Div.
McCook Plant (Company Name) | 8400 Joliet Rd. (Address) | 3124427400 (Phone Number) | 0311740001 (Generator Number) G
McCook (City) | Illinois (State) | 60525 (Zip) | ILD000814640 (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 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 Recovery~~ (Facility Name) | ~~Riley Road~~ (Address) | ~~91808906~~ (39 Site Number 46)

~~East Chicago~~ (City) | ~~Indiana~~ (State) | ~~46312~~ (Zip) | ~~2193971131~~ (Phone Number) | ~~IND077042034~~ (EPA Number)

American Chem (Alternate Facility Name) | Address | 91808902 (39 Site Number 46)

Griffith (City) | Ind (State) | Zip | Phone Number | IND016360265 (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste Oil Emulsions WASTE 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: Combustable | NA1993 (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: 005000 (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 V. McGuffey (Authorized Signature) DATE: Aug. 11, 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) Gary Green (Authorized Signature) DATE: 08/11/82 (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: 8/11/82 (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 E 7-50 [illegible]

002493

TO BE COMPLETED BY WASTE GENERATOR

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

0151125

WASTE GENERATOR

Authorization Number

UOP INC. PROCESS DIVISION (EDD) 8400 JOLIET RD
(Company Name) Address

McCOOK ILLINOIS 60525
City State Zip

0311740001 G
Generator Number
ILD 000814640

WASTE HAULER(S)

(1) MR FRANK 201 W. 155th So. HOLLAND IL S.W.H. Registration Number 0079019
Hauler Name Hauler Address

ILD 069506160

(2) 3125963377 S.W.H. Registration Number
Hauler Name Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

3127683400

AMERICAN CHEMICAL SERVICE 420 So. COLFAX P.O. 190 91808902
(Facility Name) Address Site Number

GRIFFITH IN 46319
City State Zip

IND016360765

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: ORGANIC SOLVENTS WITH OIL NA 1993

HAZARD CLASS: COMBUSTIBLE D001

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: 7-13-82 N Lewan for UOP(EDD)
(Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 004300 (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] DATE: 7/13/82
(Authorized Signature)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

[signature] DATE: 7/13/82
(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

SITE COPY - PART 3

TO 211 FT-50 GRM 7-13-82

002494

TO BE COMPLETED BY WASTE GENERATOR

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

0151116

WASTE GENERATOR

Authorization Number 992581

UOP INC. PROCESS DIVISION (EDD) 8400 JOLIET RD
(Company Name) Address

ILD 990848376
0311740001 G
Generator Number

McCOOK ILLINOIS 60525
City State Zip

WASTE HAULER(S)

(1) MR FRANK 201 W. 155th SO. HOLLAND IL
Hauler Name Hauler Address

S.W.H. Registration Number 0079027

312-596-3377

ILD 069506160

(2) _____ _____
Hauler Name Hauler Address

S.W.H. Registration Number _____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE 312-7693400

AMERICAN CHEMICAL SERVICE 420 SO. COLFAX P.O. 190 91808902
(Facility Name) Address Site Number

GRIFFITH IN 46319
City State Zip

IND016360265

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: ORGANIC SOLVENTS WITH OIL NA-1993

HAZARD CLASS: COMBUSTIBLE D 001

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: 5/27/82

N. Lewan for UOP (EDD)
(Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 002800

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) [signature] (Authorized Signature) DATE: 5/27/82

(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: 5/28/82

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

SITE COPY - PART 3

TO206K T-50 GRM 5-28-82

002495

IC 532-610
LPC 6-13/81

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

067441
OUT OF STATE
Authorization Number 000000

UNIVERSAL OIL PRODUCTS (Company Name) | 8400 JOLIET RD (Address) | 312 442 7400 (Phone Number) | 0311740001 (Generator Number)

McCOOK (City) | ILLINOIS (State) | 60525 (Zip) | ILD000814640 (EPA Number)

WASTE HAULER(S)

MR FRANK (Hauler Name) | 201 W. 155th So. HOLLAND IL. (Hauler Address) | S.W.H. Registration Number 0079005

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 So. COLFAX P.O. 190 (Address) | 91808902 (Site Number)

GRIFFITH (City) | IND (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: CLEANING 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 UN1993 (UN or NA Number) D001 F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 16,200 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 001,800 (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 N. Lewan for UOP (EDD) (Authorized Signature) DATE: 4-29-83

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) Robert Perkins (Authorized Signature) DATE 04/29/83

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

F. Kimfler (Authorized Signature) DATE 4-29-83

COMMENTS OR SPECIAL INSTRUCTIONS: ____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. # 4

SITE COPY - PART 3

To 210 FT-50 GRM 4-29-83

004105

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

Authorization Number 000000

UOP Process Division
McCook Plant (Company Name) | 8400 Joliet Road (Address) | 3124427400 (Phone Number) | 0311740001 (Generator Number)
McCook (City) | Illinois (State) | 60525 (Zip) | ILD000814640 (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 007902 1
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, P.O. Box 190 (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: Waste Solvents
HAZARD CLASS: Flammable Liquid; NOS
UN or NA Number: UN 1993
EPA HW Number: 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: 005500 (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 V. McGuffey (Authorized Signature) DATE: June 14, 1983

WASTE HAULER

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

(1) Gary Owen (Authorized Signature) DATE: 06/14/83

(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: 6/14/83

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 212 FT-50 GRM
6-14-83

005460

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

0721526 (1–7)

Authorization Number ~~[illegible]~~ (8–13)

UOP Process Division — McCook Plant (Company Name)
8400 Joliet Rd. (Address) — 3124427400 (Phone Number) — 0311740001 (14–24) G (Generator Number)
McCook (City) — Illinois (State) — 60525 (Zip) — ILD000814640 (EPA Number)

WASTE HAULER(S)

Mr. Frank Inc. Industrial Disposal (Hauler Name)
~~420 S Colfax~~ ~~P.O. Box 190~~ 201 W. 155th st. South Holland, Il. 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 Service (Facility Name) — 420 S. Colfax P.O. Box 190 (Address) — 9180890 2 (39–46 Site Number)
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: 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: Waste Solvent
HAZARD CLASS: Flammable Liquid No. 5
UN1993 (UN or NA Number)
D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 32,000 (LBS) TONS (circle one)
WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 204500 (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 James V. McGuffey (Authorized Signature) DATE: April 14, 1983

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: 04/14/83 (54–59)
(2) ____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

(Authorized Signature) DATE: 4/14/83 (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 IA & IBK T-50 GKM 4.14.83

005434

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

0721542

Authorization Number 000000

UOP Process Division

McCook Plant (Company Name)	8400 Joliet Road (Address)	3124427400 (Phone Number)	0311740001 G (Generator Number)
McCook (City)	Illinois (State)	60525 (Zip)	ILD000814640 (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 0079027
		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 P.O. Box 190 (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: Waste Solvents

HAZARD CLASS: Flammable Liquid: NOS

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: 1,000 (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 James McGuffey (Authorized Signature) DATE: June 14, 1983

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: 6/14/83

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

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

[signature] (Authorized Signature) DATE: 6/15/83

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

To 210 E T-50 GRN 6-15-83

005441

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

0511100

Authorization Number

UOP MONIREX SYSTEMS (Company Name) 175 W. DAXTON (Address) 312-391-2537 (Phone Number) ILD 009146332 (Generator Number)

DES PLAINES (City) IL (State) 60018 (Zip) (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) 201 W. 155th So. Holland (Hauler Address) S.W.H. Registration Number

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 (Facility Name) 4205 S. Colfax (Address) 91808902 (Site Number)

GRIFFITH (City) IND. (State) Zip Phone Number INDD016360265 (EPA Number)

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: BAR CHLORINE 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: Hydrocarbon HAZARD CLASS: Flammable 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: 000050 GALLONS (Circle One) CU. YDS

METHOD OF SHIPMENT (Circle One) (DRUMS 1 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) Pickup Truck

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 Leonard T. Rasik (Authorized Signature) DATE: 4/7/83

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) Joe Weber (Driver) (Authorized Signature) DATE 04/07/83

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

(Authorized Signature) DATE 4/7/83

COMMENTS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV # 3

SITE COPY - PART 3

On dock 4.7.83

To 204 TK T-50 4.12.83

006054

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.: IDL000814632 — Manifest Document No.: 000011
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: UOP MONIREX SYSTEMS, 175 WEST OAKTON STREET, DES PLAINES, IL 60018
4. Generator's Phone (312) 391-2537
A. State Manifest Document Number: INA 0114704
B. State Generator's ID: IDL000814632
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 INC.
6. Use EPA ID Number: 01069506160
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address: AMERICAN CHEMICALS SERVICES, 420 SOUTH COLFAX AVE., GRIFFITH, IN 46314
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.	15. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. UN 1993	005	DM	00255	G	0001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: MIXED H/C CONTAINING GASOLINE, DIESEL FUEL, MINOR AMOUNT TRICHLOROETHYLENE
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: LOW FLASH POINT (38°F)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: LEONARD F. PASIK — Signature: Leonard F. Pasik — Date: Month 10 Day 07 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN VAN Vlymen — Signature: John Van Vlymen — Date: Month 10 Day 07 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F. Schmidt — Signature: Harrold F. Schmidt — Date: Month 10 Day 07 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 0114704

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 5-212TK-T-50 10/8/87

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

012293

STATE OF ILLINOIS

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

BE COMPLETED BY WASTE GENERATOR

0511095

Authorization Number [redacted]

UNIVERSAL OIL PROD U.O.P. (Company Name) | 10 U.O.P. PLAZA (Address) | 3123912000 (Phone Number) | 0310630002 (Generator Number)

DES PLAINES (City) | ILLINOIS (State) | 60016 (Zip) | ILD084741222 (EPA Number)

WASTE HAULER(S)

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

SO. HOLLAND, ILL. 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

AM. CHEM SVC. (Facility Name) | 420 S. COLFAX AVE (Address) | 91808902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 7683400 (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: CHLORINATED MIXED HYDROCARBONS WASTE 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: N.O.S. FLAMMABLE

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: 001980 (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 Nick Panzica (Authorized Signature) DATE 10-21-82

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 10/21/82

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

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

[signature] (Authorized Signature) DATE 10/21/82

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 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 TC202F7-50 GPM 10.21.82

002901

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

0511092

Authorization Number ~~993025~~

UNIVERSAL OIL PROD (U.O.P.) (Company Name) | 10 U.O.P. PLAZA (Address) | 3123912000 (Phone Number) | 0310630002 (Generator Number)

DES PLAINES (City) | ILL. (State) | 60016 (Zip) | ILD084741222 (EPA Number)

WASTE HAULER(S)

MR. FRANK (Hauler Name) | 201 W. 155TH ST. (Hauler Address) | S.W.H. Registration Number 0079026

SO. HOLLAND, IL. | 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 CHEM. SVC (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: MIXED HYDROCARBONS WASTE 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: N.O.S. FLAMMABLE

UN1993 (UN or NA Number) | 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: 005000 | 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 Nick Pinzier (Authorized Signature) DATE Aug 24, 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 08/24/82

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

(Authorized Signature) DATE 8/24/82

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 211 FT - 50 GPM 8.24.82

002902

COMPLETED BY
E 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

0511093

Authorization Number ~~993025~~

UNIVERSAL OIL PROD (U.O.P) (Company Name) | 10 U.O.P PLAZA (Address) | 3123912000 (Phone Number) | 0310630002 (Generator Number)

DES PLAINES (City) | ILLINOIS (State) | 60016 (Zip) | ILD084741222 (EPA Number)

WASTE HAULER(S)

MR. FRANK (Hauler Name) | 201 W. 155TH ST. (Hauler Address) | S.W.H. Registration Number 0079026

SO. HOLLAND, IL | 312 5963377 (Phone Number) | ILD069506160 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL, STORAGE OR TREATMENT SITE

AM. CHEM SVC (Facility Name) | 420 S. COLFAX AVE (Address) | 91808902 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312 768 3400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MIXED HYDROCARBONS | WASTE 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 | UN1993 (UN or NA Number) | F006 (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: 005000 | 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 ____ (Authorized Signature) DATE 8-25-82

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 08/25/82

(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.

____ (Authorized Signature) DATE 8/25/82

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 205R 7-50 GRM 8-25-82

003552

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: UNLIMITED FIBERGLASS

A. State Manifest Document Number: IN 085243

4. Generator's Phone ( ) [illegible]

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name: [illegible]

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical [illegible]

10. US EPA ID Number

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	Waste No.
a. [illegible]	1	DM	1 PPB	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

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: [illegible] | Month Day Year

GENERATOR

TRANSPORTER

FACILITY

IN 085243

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

T.S.D. DETACH AND RETAIN THIS COPY

MRK 4-11-85 TG3 6

012328

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 147928246 . . . Manifest Document No.: 75857

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
UNLIMITED FIBERGLASS INC
54068 ADAMS ST ELKHART IN. 46514

4. Generator's Phone (219) 2646374

A. State Manifest Document Number: INA 0176867

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANKS INC.

6. Use EPA ID Number: ILD. 0[illegible]506160

C. State Transporter's ID: 0079

D. Transporter's Phone: 312 5963377

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. 46319

10. Use EPA ID Number: IND016360265

G. State Facility's ID: 918089000[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.	15. Waste No.
a. WASTE ACETONE FLAMMABLE LIQUID NES UN1090 ACETONE	0 0 6	DR	00275	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.

Printed/Typed Name: VALENTINO J. BAILEY — Signature: [signature] — Date: Month 12 Day 04 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY — Signature: [signature] — Date: Month 12 Day 04 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F. Schmidt — Signature: [signature] — Date: Month 12 Day 02 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 0176867

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 (90 GAL) 12/R T-63 12/3/87
1 (20 GAL) 204R T-63 12/4/87
3 (165 GAL) 204R TSO 7/8/88

012290

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.: IND147928246
Manifest Document No.:
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: Unlimited Fiberglass INC.
54068 ADAMS ST. Elkhart IN 46514
4. Generator's Phone ( )

A. State Manifest Document Number: IN 096054
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 3129963377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 319 924 4870

5. Transporter 1 Company Name: MR Franklin
6. US EPA ID Number: IL 1065506160
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: IND 016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Waste Acetone Flamable Liquid Nos UN1090 Acetone	005	DM	00275	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: Valentino J. Bailey
Signature: [signature]
Month Day Year: 09 22 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature: [signature]
Date: 09 22 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: Harrold F. Schmidt
Signature: [signature]
Month Day Year: 09 22 87

IN 096054

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

3 2/3 - 121R - T-63 9/24/87 N.S.D. DETACH AND RETAIN THIS COPY
1 1/3 (55+18 = 73) MARINE SHALE 12/7/87 78525

012289

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. IND114792824 6 — Manifest Document No.

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

3. Generator's Name: LIMITED FINISHES INC
STATE ROAD 15 ELKHART IN 46517

4. Generator's Phone (219) 294-6374

A. State Manifest Document Number: IN 096052

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: AMERICAN Chemical — 6. US EPA ID Number: [illegible]

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name: TRANS TRUCKING — 8. US EPA ID Number: [illegible]

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN Chemical Services
420 COLFAX
[illegible] TN 46131 — 10. US EPA ID Number: [illegible]

G. State Facility's ID: [illegible]

H. Facility's Phone: [illegible]

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. FLAMMABLE LIQUID WASTE UN1090 ACETONE	18	DM	1440	L	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: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Lawrence M Stead — Signature: [illegible] — Month / Day / Year: [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: Harold F Plondt — Signature: [illegible] — Month / Day / Year: [illegible]

IN 096052

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

T.S.D. DETACH AND RETAIN THIS COPY

MAK 6-120R TOSB
2-204R TOSB

012288

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 147928246
Manifest Document No.: 006
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
UNLIMITED FIBERGLASS INC.
54068 ADAMS ST. ELKHART IN. 46514
4. Generator's Phone 219 2646374

A. State Manifest Document Number: INA 0176868
B. State Generator's ID
C. State Transporter's ID 0079
D. Transporter's Phone 312 5963377
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. FRANKS INC.
6. Use EPA ID Number: ILD 069506160
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: IND 016360265

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 ACETONE-FLAMMABLE LIQUID UN1090 ACETONE	00 5	DM	0 0 2 75	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.

Printed/Typed Name: VALENTINO J. BAILEY
Signature
Date: Month 5 Day 4 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY
Signature
Date: Month 05 Day 16 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: HARROLD F SCHMIDT
Signature
Date: Month 05 Day 25 Year 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424 8802 or 202/126-2675.

INA 0176868

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 5-2017 TSD 3/1/29

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

0015132

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. IND147928246 | Manifest Document No. 007 | 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
UNLIMITED FIBERGLASS INC.
P.O. BOX 4413 ELKHART IN. 46514-0413

A. State Manifest Document Number INA 0176869

B. State Generator's ID

4. Generator's Phone 219 2646374

5. Transporter 1 Company Name MR. FRANKS | 6. Use EPA ID Number ILD .069506160 | C. State Transporter's ID 0079 | D. Transporter's Phone 312 5963377

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. 46319

10. Use EPA ID Number IND 016360265 | G. State Facility's ID | H. Facility's Phone 219 9244370

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 ACETONE	007	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

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Printed/Typed Name VALENTINO J. BAILEY | Signature | Date Month 6 Day 8 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Dave Vess | Signature | Date Month 6 Day 8 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 HARRY D. F. Schmidt | Signature | Date Month 6 Day 8 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 0176869

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 6-12-7 TGS 6/13/88 9 m 1-MAILING SHEET 10/13/88 72526

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
PAGE 8 (white) TRANSPORTER

0015133

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.: IND147928246
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
UNLIMITED FIBERGLASS INC.
P.O. BOX4413 ELKHART IN. 46514

4. Generator's Phone (219) 2646374

A. State Manifest Document Number: INA 0176870
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: 312 5963377
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219 9244370

5. Transporter 1 Company Name: mr. franks
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 SERVICES
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 LIQUID UN1090 ACETONE	007	DR	00350	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: VALENTINO J. BAILEY
Signature: Valentino J. Bailey
Date: Month 1 Day 1 Year 08

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY
Signature: [signature]
Date: Month 09 Day 1 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: John Juzwicki
Signature: John Juzwicki
Month 09 Day 1 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 0176870

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

122TCT763 9/25/88

0015134

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.: IND147928246
Manifest Document No.: 0009
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
UNLIMITED FIBERGLASS INC.
P.O. BOX # 4413 ELKHART, IN. 46515
4. Generator's Phone (219) 264-6374

A. State Manifest Document Number: INA 0176871
B. State Generator's ID:

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 SERVICES
420 S. COLFAX
GRIFFITH, IN. 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID: 918069002
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 ACETONE	005	DR.	00275	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.

Printed/Typed Name: VALENTINO J. BAILEY
Signature:
Date: Month 01 Day 17 Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature:
Date: Month 01 Day 19 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 01 Day 20 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 0176871

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 121 TCT 63 1/24

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

0016586

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.: IND147928246
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
UNLIMITED FIBERGLASS INC.
P.O. BOX 4413 ELKHART IN. 46515
4. Generator's Phone (219) 2646374

A. State Manifest Document Number: INA 0333397
B. State Generator's ID:

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 SERVICES
420 S. COLFAX
GRIFFITH IN. 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID: 918089002
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 ACETONE	005	DM	00275	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.

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Printed/Typed Name: VALENTINO J. BAILEY
Signature: Valentino J. Bailey
Date: Month 4 Day 27 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY
Signature: [signature]
Date: Month 04 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: A Whitaker
Signature: [signature]
Date: Month 5 Day 01 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.

INA0333397

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

COPY 5. TSD COPY 120TCTSD 5/2

0016585

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.I.47.92.82 4 6
Manifest Document No.: 0.1.1
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
Unlimited Fiberglass Inc.
P.O. Box 4413 Elkhart In. 46514

4. Generator's Phone (219) 2646374

A. State Manifest Document Number: INA 0333398
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Franks
6. Use EPA ID Number: I.L.D.~~0.6.9.5.0.6.1.6.0~~ 1X4775043
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 Serivces
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: 918089002
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 Acetone	0.0.5	D.M	0.0.2.7.5	1	Foo3
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: Valentino J. Bailey
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 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.

INA0333398

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

COPY 5. TSD COPY

12 DEC 63 10/5

0016584

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 .1.4.7.9.2.82 .4.6 | Manifest Document No. 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
Unlimited Fiberglass Inc.
P.O. Box 4413
Elkhart In. 46514
4. Generator's Phone ( ) 219 2646374

A. State Manifest Document Number INA 0333399
B. State Generator's ID

5. Transporter 1 Company Name: Mr. Franks, 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 312-596 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
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 Acetone Flammable Liquid UN1090 Acetone	05	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

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GENERATOR — Printed/Typed Name: Valentino J. Bailey | Signature | Date Month Day Year: 05 07 90

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Perkins | Signature: Robert Perkins | Date Month Day Year: 05 07 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 Day Year: 5 9 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.

INA 0333399

0018166

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·1·4·7·9·28 2 ·4·6
Manifest Document No. 0·0·0·1·2
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
UNLIMITED FIBERGLASS INC.
P.O. BOX 4413 - 54068 ADAMS ST.
ELKHART IN. 46514
4. Generator's Phone ( ) 219 - 2646374

A. State Manifest Document Number INA 0333400
B. State Generator's ID 0079

5. Transporter 1 Company Name
MR. FRANKS INC.
6. Use EPA ID Number I·L·D·0·8·4·7·7·5·0·4·9
C. State Transporter's ID 0079
D. Transporter's Phone 312- 5963377

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. 46319
10. Use EPA ID Number I·N·D·0·1·6·3·60 ·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 ACETONE FLAMMABLE LIQUID UN 1090 (ACETONE)	0·0·3	D M	0·0465	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: VALENTINO J. BAILEY — Signature: [signature] — Date: Month 1·7 Day 1·2 Year 90

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL T JUNGER — Signature: [signature] — Date: Month 0·7 Day 1·2 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 KULNICK — Signature: [signature] — Date: Month 07 Day 13 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.

INA0333400

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

COPY 5. TSD COPY 12077 637/17

0018167

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

0332499

Authorization Number 998728

Uppco, Inc (Company Name) — 5610 W. Bloomingdale (Address)

Cligo (City) — Ill. (State) — 60630 (Zip)

~~0316~~000601 (Generator Number)

WASTE HAULER(S)

Landgrebe Motor Trans. (Hauler Name) — 3009 S. Shields (Hauler Address) — Cligo (S.W.H. Registration Number)

LMT [signature] (Hauler Name) — [signature] (Hauler Address) 46553 — Fed. # IND. 009842829 ICC. 2980 (S.W.H. Registration Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Sv. (Facility Name) — 420 S. Colfax Ave (Address) — 91808902 (Site Number)

Griffith (City) — Ind. (State) — 46319 (Zip) — IND016360765

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint 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 _____ LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 1155 (47–52)

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

METHOD OF SHIPMENT (Circle One) 21 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: 11/30/81 — Edward Burbach (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) Landgrebe Mtr. [signature] (21) (Authorized Signature) — DATE: 11/30/81 (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: 12/1/81 (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

Unload at dock 12/1/81 GRH
To 124 TK 7-63 GRM 11/2/81

SITE COPY - PART 3

001953

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

0332501

Authorization Number 998728

UPPCO, INC. (Company Name) — 5610 W. Bloomingdale (Address)

Chicago (City) — Illinois (State) — 60630 (Zip)

00316000601 Generator Number

WASTE HAULER(S)

Landgrebe Motor Trans (Hauler Name) — 3009 S. Shields Chgo. (Hauler Address)

S.W.H. Registration Number Fed. # IND. 009842824 ICC 2980

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Sv. (Facility Name) — 420 S. Colfax Ave. (Address) — 91808902 Site Number

Griffith (City) — Ind. (State) — 46319 (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: WASTE PAINT SOLVENT. UN 1993

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: 880

1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 16 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: 5-2-83 — Guy Signorelli (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) Mark Mullin (Authorized Signature) — DATE: 5/2/83

(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:

Michael O'Dwyer (Authorized Signature) — DATE: 5/3/83

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 204K T-50 GRM 5.4.83

SITE COPY - PART 3

006053

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

000501

UPPCO

Authoriz:

(Company Name) | 5610 W. Moonlight Address
Chicago City | Illinois State | 60630 Zip

WASTE HAULER(S)

Hauler Name | Hauler Address
S.W.H. Registration Fed. ID
S.W.H. Registration Number 2880

Hauler Name | Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Sv. (Facility Name) | 420 S. Colfax Ave. Address | Site Number
Griffith City | Ind. State | 46319 Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent

WASTE PHASE: (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: HAZARD CLASS: 3 (3)

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: 880 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 16 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: _____ (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: __/__/__

(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: 5/3/83

COMMENTS OR SPECIAL INSTRUCTIONS:
Formula Flue 5 3 83

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 deck

To 204RT - 50 Gray 6/1/83

GENERATOR COPY - PART 6

006052

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

0332502

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number [illegible]

UPPCO, Inc. (Company Name) — 5610 W. Bloomingdale (Address)
Chicago (City) — Illinois (State) — 60639 (Zip)
00316000601 (Generator Number)

WASTE HAULER(S)

Land Grebe Motor Trans. (Hauler Name) — 3009 S. Shields Ave. Chgo. (Hauler Address)
S.W.H. Registration Number: Fed. & Ind. C09842824 Icc. 2980

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Serv. (Facility Name) — 420 S. Colfax Ave. (Address)
Griffith (City) — Ind. (State) — 46319 (Zip)
91808902 (Site Number)

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: Waste Paint Solvent
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: 550 Gals
1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 10 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: 9-26-83
Edward L. Burbach (Authorized Signature)

WASTE HAULER

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

(1) LMT-D Bursley (10) (Authorized Signature) DATE: 9/23/83

(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.

R Rusnik (Authorized Signature) DATE: 9/26/83

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 204 RT-50 GRM 9-26-83 SITE COPY - PART 3

006058

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

0837094

Authorization Number

UPPCO, Inc. (Company Name) | 5610 W. Bloomingdale (Address) | 622-7010 (Phone Number) | 00316000601 (Generator Number) G

Land Grebe Motor Trans. (City) | Ill. (State) | 60639 (Zip) | (EPA Number)

WASTE HAULER(S)

Landgrebe Motor (Hauler Name) | 130 Valp In (Hauler Address) | S.W.H. Registration Number

721-0095 (Phone Number) | Fed. # Ind. 009842824 Icc. 2980 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

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

Griffith (City) | Ind. (State) | 46319 (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: 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: Waste Paint Solvent

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: 605 (47–52)

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

METHOD OF SHIPMENT (Circle One) (DRUMS 11 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: 5/10/84

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 Philip L Lyons (Authorized Signature) DATE: 05/14/84 (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:

Frank Price (Authorized Signature) DATE: 5/15/84 (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 204K T-50

006795

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

0837094

Authorization Number

Company Name	Address	Phone Number	Generator Number
[illegible] Inc.	56[illegible] Bloomingdale	622-[illegible]	00[illegible]

City	State	Zip	EPA Number
~~Land Grove Motor Trans.~~ Chicago	Ill.	60639	

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number	Phone Number	EPA Number
Randy Rebe Motor Co.	130 Valpo Ind		721-6095	Fed. # Ind. 009 42 24 Icc. 29[illegible]

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 Serv.	420 S. Colfax Ave.	91[illegible]6902

City	State	Zip	Phone Number	EPA Number
Griffith	Ind.	46319	(219) 924-4370	IND-016360215

Alternate (Facility Name)	Address	Site Number

City	State	Zip	Phone Number	EPA Number

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	UN or NA Number	EPA HW Number
Waste Paint Solvent	IGNITABLE	UN 1993	D-001

WEIGHT FOR D.O.T. USE 4235 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 605 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 11 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ~~[illegible]~~ 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 Edward F. Burbach (Authorized Signature) DATE 5/10/84

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 Philip L. Lyons (Authorized Signature) DATE 05/14/84

(2) _____ (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

Fred Pries (Authorized Signature) DATE 5/15/84

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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 $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.

006796

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.: 0316005601

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
UPPCO, INC.
5610 W. Bloomingdale Av. Chicago, IL. 60639

4. Generator's Phone (312) 622-7010

A. Illinois Manifest Document Number: IL 1164661

B. Illinois Generator's ID: 0316005601

5. Transporter 1 Company Name: Landgrebe Motor Transport

6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 2980

D. (312) 721-0095 Transporter's Phone

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. ( ) 1875 Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Clofax Av.
Griffith, Indiana 46319

10. US EPA ID Number: IND01630265

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	I. Waste No.
a.	HM	Waste Paint Solvent, Ignitable, UN-1993	11	DM	-605	Gal	EPA HW Number: D001; Authorization Number: 98728
b.							EPA HW Number: ; Authorization Number:
c.		1993					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
DNA

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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
Edward Burback	Edward Burback	3 20 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
D. PURSLEY	[signature]	3 25 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	3 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

204K T-50

009238

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.: 0316005601 — 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:
UPPCO, INC.
5610 W. Bloomingdale Ave. Chicago, IL. 60639

4. Generator's Phone (312) 622-7010

A. Illinois Manifest Document Number: IL 1164662

B. Illinois Generator's ID: 0316005601

5. Transporter 1 Company Name: Landgrebe Motor Transport

6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 2980

D. Transporter's Phone: 312 721-0095

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID: 1875

F. Transporter's Phone: 843 3121 1875

9. Designated Facility Name and Site Address:
American Chemical Services
420 S. Clofax Ave.
Griffith, Indiana 46319

10. US EPA ID Number: IND01630265

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.	HM	Waste Paint Solvent, Ignitable, UN-1993	11	DM	605	Gal	EPA HW Number: D001 Authorization Number: 998728
b.							EPA HW Number: Authorization Number:
c.				183			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
DNA

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Edward Burback — Signature: Edward Burback — Date: Month 1 Day 14 Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert L. Prentiss — Signature: Robert L. Prentiss — 11 Drums — Date: Month 1 Day 14 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: GR MURPHY — Signature: [signature] — Date: Month 1 Day 15 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

204 RT-50

011650

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. 0316005601 — 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
UPPCO, INC.
5610 W. BLDOMINGDALE AVE., CHICAGO, IL 60639

4. Generator's Phone (312) 622-7010

A. Illinois Manifest Document Number: IL 1164663
B. Illinois Generator's ID: [illegible]

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSPORT
6. US EPA ID Number: IND009842824
G. Illinois Transporter's ID: [illegible]
D. Transporter's Phone: 312 721-0095

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. Illinois Transporter's ID: [illegible]
F. Transporter's Phone: [illegible]

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. CLOFAX AVE.
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND01630265
G. Illinois Facility's ID: [illegible]
H. Facility's Phone: [illegible]

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 WASTE PAINT SOLVENT, IGNITABLE, UN-1993	15	DM	8215	GAL	
b.	[illegible]					
c.	[illegible]	512				
d.	[illegible]					

I. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
DNA

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: EDWARD BURBACK — Signature: Guy Signorelli — Date: Month 01 Day 07 Year 87

TRANSPORTER

17. Transporter 1. Acknowledgement of Receipt of Materials
Printed/Typed Name: LANDGREBE MTR TRANSPORT — Signature: [illegible] — Date: Month 01 Day 07 Year 87

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: HARRIED F. Schmidt — Signature: [illegible] — Date: Month 01 Day 07 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.# 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 MRK 15-12372 T63 B

012284

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-005161120 — 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
UPPCO, INC.
5610 W. BLOOMINGDALE AVE., CHICAGO, IL 60639

4. Generator's Phone (312) 622-7010

A. Illinois Manifest Document Number IL 1164665

B. Illinois Generator's ID ILD 0 0 5 1 6 1 1 2 0

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSPORT

6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID 1 2 9 8 0

D. 312 622-7010 Transporter's Phone

7. Transporter 2 Company Name:

8. US EPA ID Number

E. Illinois Transporter's ID 1 1 8 7 5

F. 312 842-3121 Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. COOPAX AVE.
GRIFFITH, INDIANA 46319

10. US EPA ID Number

G. Illinois Facility's ID 9 1 1 8 0 8 9 0 0 0 2

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 WASTE PAINT SOLVENT, IGNITABLE, UN-1993	15	DM	825	GAL	EPA HW Number D001; Authorization Number 9 9 1 7 2 8
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
DNA

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: EDWARD BURBACK — Signature: Edward Burback — Date: Month 03 Day 09 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LANDGREBE MOTOR TRANSPORT — Signature: LMT R08534 3/9/88 (15) — Date: Month 03 Day 09 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 in Item 19.

Printed/Typed Name: Paulo F Schmidt — Signature: Paulo F Schmidt — Date: Month 03 Day 10 Year 88

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 Generator 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 15-1247-T63 3/11/83 FACILITY COPY - PART 3

0015124

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 9-86)** Form Approved. OMB No. 2050-0039, Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD-005161120
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
UPPCO, INC
5610 W. BLOOMINGDALE AVE., CHICAGO, IL 60639

4. Generator's Phone (312) 622-7010

A. Illinois Manifest Document Number: IL 2029349
B. Illinois Generator's ID: ILD 0 0 5 1 6 1 1 2 0

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSPORT
6. US EPA ID Number: IND009842824
C. Illinois Transporter's ID: 1 2 9 8 0
D. (312) 622-7010 Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. Illinois Transporter's ID: 1 1 8 7 5
F. (312) 842-3121 Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. COLFAX AVENUE
GRIFFITH, IN 46319-0190
10. US EPA ID Number: IND 016360265
G. Illinois Facility's ID: 9 1 8 0 8 9 0 0 0 2
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 WASTE PAINT SOLVENT IGNITABLE, UN-1993	12	DM	660	GAL	EPA HW Number: X X 1 0 0 0 1; Authorization Number: 9 9 8 7 2 8
b.					EPA HW Number: X X; Authorization Number
c.					EPA HW Number: X X; Authorization Number
d.					EPA HW Number: X X; 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
DNA

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: EDWARD BURBACK
Signature: Edward F. Burback
Date: Month Day Year 1 0 1 9 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM MARRS LANDGREBE MOTOR TRANSPORT
Signature: Jim Marrs
Date: Month Day Year 1 0 2 0 8 8

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: Allen Whitaker
Date: Month Day Year 10 21 88

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 7

GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require (pursuant to Illinois Revised Statutes, 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

12-6TCT63 10/24

0015125

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. FLD 005161120.
Manifest Document No. 202935.0
2. Page 1 of 6
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
Uopco Inc
5610 W Bloomingdale Ave
Chicago Ill 60639
4. Generator's Phone (312 622-7010)

A. State Manifest Document Number INA 0335090
B. State Generator's ID

5. Transporter 1 Company Name
Landgrebe Motor Transport
6. Use EPA ID Number IND 009842824.
C. State Transporter's ID 1875
D. Transporter's Phone 462-4184

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
Conversan Chemical Inc
420 South Colfax Griffith Ind
10. Use EPA ID Number IND.016360265.
G. State Facility's ID
H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HM Waste Paint Solvent Ignitable, UN-1993	15	DM	825.	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: Edward Buback
Signature: Edward Buback ALW
Date: Month 4 Day 23 Year 85

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Rick C Lewis
Signature: Rick C Lewis
Date: Month 04 Day 23 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 Item 19.
Printed/Typed Name: A Whitaker
Signature: A Whitaker
Date: Month 5 Day 7 Year 85

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 0335090

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

COPY 5. TSD COPY 123763 5/

0016577

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 6 1 1 2 0
Manifest Document No.: 2029350
2. Page 1 of 6
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
UPPCO, INC
5610 W. BLOOMINGDALE, CHICAGO, IL. 60639

4. Generator's Phone (312) 622-7010

A. State Manifest Document Number: INA 0359416
B. State Generator's ID:

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSPORT
6. Use EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
C. State Transporter's ID: 1875
D. Transporter's Phone: 462-4184

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 SVC
420 S. COLFAX, 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: 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. H M WASTE PAING SOLVENT, IGNITABLE, UN-1993	14	DM	770	GAL	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: EDWARD BURBACK
Signature: Edward Burback
Month 12 Day 2 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LANDGREBE REX GLUTH
Signature: Landgrebe Rex Gluth
Month 01 Day 03 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: AL WHITAKER
Signature: Al Whitaker
Month 01 Day 04 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.

INA0359416

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

14.123TCT63 1/5

COPY 5. TSD COPY

0018158

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

794046

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 L D 0 0 5 1 6 1 1 2 0
Manifest Document No.: 2029350
2. Page 1 of 6
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
UPPCO, INC.
5610 W. BLOOMINGDALE, CHICAGO, IL. 60639

4. Generator's Phone (312) 622-7010

A. State Manifest Document Number: INA 0359417
B. State Generator's ID: ILD005161120

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSPORT
6. Use EPA ID Number: I N D 0 0 9 8 4 2 8 2 4
C. State Transporter's ID: 1875
D. Transporter's Phone: 462-4184

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 SVC
420 S. COLFAX, 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: 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. M WASTE PAINT SOLVENT, IGNITABLE, UN-1993	14	DM	770	CAL	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: EDWARD BURBACK / UPPCO
Signature: Edward Burback
Date: Month 08 Day 16 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LANDGREBE / STEVEN P. WYPYSZCZAK
Signature: Steven P Wypyszczak
Date: Month 08 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: AL WHITAKER A Whitaker
Signature: A Whitaker
Date: Month 8 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.

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

120TCT63 8/23

COPY 5. TSD COPY

0018159

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

811229

TO:		FROM:	
T/S/D FACILITY	American Chemical Services	Generator	Urschel Laboratories Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
820 Gals.	Waste, Flammable Liquid N.O.S.		D001	UN1993		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 Robert R. Urschel
Phone 219/464-4811

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 12-29-81

TRANSPORTER #1 Municipal Equipment Services Co. E.P.A. ID No. IND 078917861
Address P.O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date 12-29-81

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

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

T/S/D FACILITY Signature [signature] Date 12/29/81

T/S/D F COPY

To 204 TK T-50
GRW 1/5/82

001951

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM
is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER
X 151

TO: T/S/D/F American Chemical Recovery	FROM: Generator Urschel Labratories
E.P.A. ID Code No. IND 016360265	E.P.A. ID Code No. IND 005068747
Address 420 S. Colfax	Address 2503 Calumet
Destination Griffith, IN. 46319	Origin Valparaiso, IN. 46383
Phone 219-924-4370	Phone 219-464-4811

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.)
1000 Gals	Waste, Flammable liquid N.O.S.		0001	UN1993		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/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Rick Mills Robert Urschel
Phone 219-464-4811
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature _____ Date _____

TRANSPORTER #1 Municipal Equipment Services Co. E.P.A. ID No. IND078917861
Address P.O. Box 427
City Wanatah State IN Zip 46390 Phone 219-733-2551

This is to certify acceptance of the hazardous waste shipment.

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 TO 205X T-50 9/16/81 JM Date 9/16/81

T/S/D/F COPY

001952

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: 820423

TO:		FROM:	
T/S/D FACILITY	American Chemical Services	Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, Indiana 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
975 gal.	Waste, Flammable Liquid N.O.S.		D001	UN1993		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 Robert R. Urschel
Phone 219/464-4811

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 4/23/82

TRANSPORTER #1 Municipal Equipment Services Co. E.P.A. ID No. IND 078917861
Address P. O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date 4/23/82

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 _____

HAZARDOUS WASTE

HAZARDOUS WASTE

T/S/D F COPY To 123K T-63 GRM 4-23-82

002496

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: S20727

TO:		FROM:	
T/S/D FACILITY	American Chemical Services	Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
700½ gal.	Waste, Flammable Liquid N.O.S.		D001	UN1993		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 Robert R. Urschel
Phone 219/464-4811

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 July 27, 1982

TRANSPORTER #1 Municipal Equipment Services Co. E.P.A. ID No. IND 078917861
Address P. O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date July 27, 1982

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

002497

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

321117

TO:		FROM:	
T/S/D FACILITY	American Chemical Services	Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
1065 gal.	Waste, Flammable Liquid N.O.S.		D001	UN1993		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 Robert R. Urschel
Phone 219/464-4311

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 November 17, 1982

TRANSPORTER #1 Municipal Equipment Services E.P.A. ID No. IND 028917561
Address P. O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date November 17, 1982

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 [signature] Date 11/17/82

T/S/D F COPY

To 212 E
T-50 GAM
002498

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: 840402

TO:		FROM:	
T/S/D/F	American Chemical Services	Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, Indiana 46319	Origin	Valparaiso, Indiana 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
942½ gal.	Waste, Flammable Liquid NOS		D001	UN 1993		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/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Robert R. Urschel
Phone 219/464-4811
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 April 2, 1984

TRANSPORTER #1 Mr. Frank, Inc. E.P.A. ID No. ILD069506160
Address 201 W. 155th Street
City South Holland, Illinois State IL Zip 60473 Phone 312/596-3377

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date Appil 2, 1984

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 _____ Date 4/2/84

T/S/D/F COPY To 212 RT-50 GPM 4.2.84

006742

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: 840725

TO: T/S/D/F	American Chemical Services	FROM: Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	~~IND 016360265~~	E.P.A. ID Code No.	~~IND 005068747~~
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, Indiana 46319	Origin	Valparaiso, Indiana 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
856 gal.	Waste, Flammable Liquid NOS		D001	UN 1993		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.

HAZARDOUS WASTE

ALTERNATE DESTINATION (EMERGENCY ONLY)

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

EMERGENCY RESPONSE INFORMATION

CONTACT Name Robert R. Urschel
Phone 219/464-4811

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 July 25, 1984

TRANSPORTER #1 Mr. Frank, Inc. E.P.A. ID No. ILD 069506160
Address 201 W. 155th Street
City South Holland, State IL Zip 60473 Phone 312/596-3377

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date July 25, 1984

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 _____ Date _____

T/S/D/F COPY 211K-T-50 14500 NILCO

006793

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

840913

TO: T/S/D/F	American Chemical Services	FROM: Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219-924-4370	Phone	219-464-4811

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.)
906 gal.	Waste, Flammable Liquid (containes naptha and trichloroethene)	Flammable Liquid	UN 1993	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 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

ALTERNATE DESTINATION (EMERGENCY ONLY)

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

EMERGENCY RESPONSE INFORMATION

CONTACT Name Robert R. Urschel
Phone 219-464-4811

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature _____ Date _____

TRANSPORTER #1 Mr. Frank, Inc. E.P.A. ID No. ILD 069506160
Address 201 W. 155th Street
City South Holland State IL 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 9/13/81

T/S/D/F COPY 210K 77000BTO 1.9% cl

006794

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

850109

TO:		FROM:	
T/S/D/F	American Chemical Services	Generator	Urschel Laboratories Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219-924-4370	Phone	219-464-4811

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.)
902 gals.	Waste, Flammable Liquid (contains naphtha and trichloroethane)	Flammable liquid	UN 1993	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 classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

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

EMERGENCY RESPONSE INFORMATION

CONTACT Name Mick Siemion
Phone 219-464-4811

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 January 9, 1985

TRANSPORTER #1 Mr. Frank, Inc. E.P.A. ID No. ILD 069506160
Address 201 W. 155th Street
City South Holland State IL 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 _____
_____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

_____ Date _____

DISPOSAL/FACILITY

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

_____ Date _____

T/S/D/F COPY 211E T-50

009234

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

830330

TO:		FROM:	
T/S/D FACILITY	American Chemical Services	Generator	Urschel Laboratories Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
906 gal.	Waste, Flammable Liquid N.O.S.		D001	UN1993		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.

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 Robert R. Urschel
Phone 219/464-4811

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 March 30, 1983

TRANSPORTER #1 Municipal Equipment Services E.P.A. ID No. IND 078917861
Address P.O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

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

T/S/D FACILITY Signature _____ Date 3/30/83

T/S/D F COPY

To 211E T-50
SIM 3-30-83

005442

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

830727

TO: T/S/D/F	American Chemical Services	FROM: Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360265	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
973-1 gal.	Waste, Flammable Liquid N.O.S.		D001	UN 1993		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/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Robert R. Urschel
Phone 219/464-4811

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 July 27, 1983

TRANSPORTER #1 Municipal Equipment Services E.P.A. ID No. IND 078917361
Address P. O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL/FACILITY

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

T/S/D/F Signature _____ Date _____

To 211K T-50
EPW 7-27-83

T/S/D/F COPY

005443

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

831116

TO:		FROM:	
T/S/D/F	American Chemical Services	Generator	Urschel Laboratories, Incorporated
E.P.A. ID Code No.	IND 016360263	E.P.A. ID Code No.	IND 005068747
Address	420 S. Colfax	Address	2503 Calumet Road
Destination	Griffith, IN 46319	Origin	Valparaiso, IN 46383
Phone	219/924-4370	Phone	219/464-4811

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.)
919½ gal.	Waste, Flammable Liquid NOS		D001	D001 1993		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/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Robert R. Urschel
Phone 219/464-4811

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 November 16, 1983

TRANSPORTER #1 Municipal Equipment Services E.P.A. ID No. IND 078917361
Address P. O. Box 427
City Wanatah State IN Zip 46390 Phone 219/733-2551

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL/FACILITY

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

T/S/D/F Signature _____ Date 11/16/83

T/S/D/F COPY To 210 E T-50 EEM 11/16/83

005444

HAZARDOUS WASTE

HAZARDOUS WASTE

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.: IND 005068747 — 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
Urschel Laboratories, Incorporated
P. O. Box 2200 - Valparaiso, Indiana 86384-2200

4. Generator's Phone (219) 464-4811

A. Illinois Manifest Document Number: IL 1322334

B. Illinois Generator's ID:

5. Transporter 1 Company Name: Mr. Frank, Inc.

6. US EPA ID Number: ILD 069506160

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 Services
420 S. Colfax
Griffith, IN 46319

10. US EPA ID Number: IND 016360265

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	Waste No.
a.	Wast, Flammable Liquid, NOS Flammable Liquid UN 1993	X	001	TT	0922	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: Waste solvents

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Mick Siemion — Signature: Mick Siemion — Date: Month 06 Day 03 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Michael A. Pfiefer — Signature: Michael A. Pfiefer — Date: Month 06 Day 03 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

19. Discrepancy Indication Space

Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in

DUNFEE — Signature: [signature] — Date: Month 06 Day 03 Year 85

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

3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

*tion 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner 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

212 E T-50

009235

STATE OF [redacted] INDIANA

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, S[redacted] 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.: IND005068747 — 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
Urschel Laboratories, Incorporated
P. O. Box 2200, Valparaiso, Indiana 46384-2200

4. Generator's Phone (219) 464-4811

A. [redacted] Manifest Document Number: [redacted] 1175887

B. Illinois Generator's ID:

5. Transporter 1 Company Name: Mr. Frank, Inc.

6. US EPA ID Number: ILN069506160

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 Services
420 S. Colfax
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. [redacted] 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	15. Waste No.
a.	X	Waste, Flammable Liquid, NOS Flammable Liquid UN 1993	001	TT	00832	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: Waste solvents

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

Unles 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 appoggram in place to reduce the volume and toxicity of waste generated to the degree I ~~have~~ determined to be economically practicable and I have selec the method of treament, sto or disposal currently available to me which minimizes the present and futute 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: Mick Siemion — Signature: Mick Siemion — Date: Month 09 Day 05 Ye. 8

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Michael A. Pfiefer — Signature: Michael A Pfiefer — Date: Month 09 Day 05 Y

18. Transporter 2 Acknowledgement or Receipt of Materials

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

19. Discrepancy Indication Space

Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in

UNFED — Signature: [signature] — Date: Month 9 Day 5

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

- 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the ... a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Man...

210 ET-50 B000 BTU 3.9% Cl

009236

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 005068747 | Manifest Document No.

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

3. Generator's Name and Mailing Address
Urschel Laboratories, Incorporated
P.O.Box 2200, Valparaiso, IN 46384-2200

4. Generator's Phone (219) 464-4811

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank, INc.

6. US EPA ID Number: ILD069506160

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-596-3377

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219-924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	Waste, Flammable Liquid, NOS Flammable Liquid UN 1993	001	TT	00929	G	F001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Waste solvents

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 approgram 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.

Printed/Typed Name	Signature	Date (Month Day Year)
Mick Siemion	Mick Siemion	12 27 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Rich White	[illegible]	12 27 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)
FDUNFEE	FDunfee	12 27 85

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900

EPA Form 8700-22 (3-84)

210E T-50

TSDF COPY

009237

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. IND005068747 — Manifest Document No. 00000

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

A. State Manifest Document Number: IN 011722

B. State Generator's ID

3. Generator's Name
Urschel Laboratories, Incorporated
P. O. Box 8200, Valparaiso, IN 46388-2200

4. Generator's Phone (219) 464-4811

5. Transporter 1 Company Name: Mr. Frank, Inc.

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 S. Colfax
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219-924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	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	001	TT	00906	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Mick Siemion — Signature: Mick Siemion — Month 04 Day 21 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Mike Pfeifer — Signature: Mike Pfeifer — Month 04 Day 21 Year 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

Printed/Typed Name: ED UNFEE — Signature: E Dunfee — Month 04 Day 21 Year 86

IN 011722

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

T.S.D. DETACH AND RETAIN THIS COPY

212FT58 011641

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.: IND005068747
Manifest Document No.:
2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
Urschel Laboratories Incorporated
P. O. Box 2200, Valparaiso, IN 46384-2200

4. Generator's Phone ( )

A. State Manifest Document Number: IN 011723
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. US EPA ID Number: IND069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-58693377

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: IND016360265
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	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	001	TT	00936	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Mick Siemion
Signature: Mick Siemion
Month Day Year: 09 15 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jon Weber
Signature:
Month Day Year: 09 15 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 Item 19.
Printed/Typed Name: EDWFEE
Signature:
Month Day Year: 9 15 86

IN 011723

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

T.S.D. DETACH AND RETAIN THIS COPY

203-F150

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. IND005068747
Manifest Document No.
2. Page 1 of
Information in the shaded areas is not required by Federal law

3. Generator's Name
Urschel Laboratories Incorporated
P.O.Box 2200, Valparaiso, IN 46384-2200

A. State Manifest Document Number IN 011724

4. Generator's Phone (219) 464-4811

B. State Generator's ID

5. Transporter 1 Company Name
Mr. Frank, Inc.

6. US EPA ID Number IND069506160

C. State Transporter's ID

D. Transporter's Phone 312 546 3371

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 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, Flammable Liquid, NOS Flammable Liquid UN 1993	001	TT	0089	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste Solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Midk Siemion
Signature
Month Day Year: 11 07 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Rich White
Signature
Date: Month Day Year: 11 07 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: F DUNFEE
Signature
Month Day Year: 11 7 86

IN 011724

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

T.S.D. DETACH AND RETAIN THIS COPY

210 R T 50 011649

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 005068747 Manifest Document No. 71111
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
Urschel Laboratories Incorporated
P. O. Box 2200, Valparaiso, IN 46384-2200

A. State Manifest Document Number INA 0114729
B. State Generator's ID

4. Generator's Phone (219) 464-4811

5. Transporter 1 Company Name Mr. Frank, Inc.
6. Use EPA ID Number ILD069596169
C. State Transporter's ID
D. Transporter's Phone 312-596-3177

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 IND016360265
G. State Facility's ID 918089002
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, NOS Flammable Liquid UN 1993	001	TC	008	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste Solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Mick Siemion — Signature: Mick Siemion — Date: Month 03 Day 26 Year 87

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Joe Weber — Signature: [signature] — Date: Month 03 Day 26 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: EDUNFEE — Signature: EDunfee — Date: Month 03 Day 26 Year 87

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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all B

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 0114729

012276

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. IND005687477 — Manifest Document No. 72317

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

3. Generator's Name
Urschel Laboratories Incorporated
P.O. Box 2200 - Valparaiso, IN 46383

4. Generator's Phone (219) 464-4811

A. State Manifest Document Number: IN 011726

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 Colfax South
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Waste, Flammable Liquid, NOS Flammable Liquid UN 1993	001	TT	1000	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Mick Siemion — Signature: Mick Siemion — Month Day Year: 8 06 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Rich White — Signature: [signature] — Month Day Year: 8 06 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: F DUNFEE — Signature: F Dunfee — Month Day Year: 08 06 87

IN 011726

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

T.S.D. DETACH AND RETAIN THIS COPY 211E T50 E

012281

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.: IND005687477
Manifest Document No.: 71895
2. Page 1 of: 8
Information in the shaded areas is not required by Federal law

3. Generator's Name
Urschel Laboratories Incorporated
P. O. Box 2200, Valparaiso, IN 46383
4. Generator's Phone (219) 464-4811

A. State Manifest Document Number: IN 011725
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 Colfax South
Griffith, IN 46319
10. US EPA ID Number: IND016363026 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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste, Flammable Liquid, NOS Flammable Liquid UN 1993	001	TT0	0881	G	F001
b.					
c.					
d					

J. Additional Descriptions for Materials Listed Above
Waste Solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Mick Siemion
Signature: Mick Siemion
Date (Month Day Year): 06 17 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mikhael A. Pfeifer
Signature: Mikhael A. Pfeifer
Date (Month Day Year): 06 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): 06 17 87

IN 011725

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

2/2E T50 T.S.D. DETACH AND RETAIN THIS COPY

012282

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.: IND00568747 — Manifest Document No.: 73181

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
Urschel Laboratories Incorporated
P.O. Box 2200 - Valparaiso, IN 46383

4. Generator's Phone (219) 464-4811

A. State Manifest Document Number: INA 0147057

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank, Inc.

6. Use EPA ID Number: ILD069506160

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-596-3377

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 Service
420 Colfax South
Griffith, Indiana 46319

10. Use EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 219-924-4300

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, NOS Flammable Liquid UN 1993	001	TT	790	G	7001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Mick Siemion — Signature: Mick Siemion — Date: Month 20 Day 78 Year 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Weber — Signature: Joe Weber — Date: Month 20 Day 78 Year 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: Dunfee — Signature: Dunfee — Month 20 Day 78 Year 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 0147057

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

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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.: IND005068747 — Manifest Document No.: 41188
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
Urschel Laboratories Incorporated
P.O. Box 2200 - Valparaiso, IN 46383

A. State Manifest Document Number: INA 0147058

4. Generator's Phone (219) 464-4811

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-596-3377

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 Service
420 Colfax South
Griffith, Indiana 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, NOS Flammable Liquid UN 1993	001	TT	1000	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Solvents
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Mick Siemion — Signature: Mick Siemion — Date: Month 04 Day 11 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Rich White — Signature: Rich White — Date: Month 04 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: F DUNFEE — Signature: F Dunfee — 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), National Response Center at 800/424-8802 or 202/426-2675.

INA 0147058

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
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PAGE 8 (white) TRANSPORTER 2 COP

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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.: IND005068747
Manifest Document No.: 71988
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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46383
4. Generator's Phone (219 464-4811

A. State Manifest Document Number: INA 0147061
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: 219- 924 4370

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 Services
420 Colfax South
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, Flammable Liquid, NOS Flammabe Liquid UN1993	001	TT	0.09.06	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Solvents
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Kelly Jones
Signature: Kelly Jones
Date: Month 07 Day 20 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Weber
Signature: [signature]
Date: Month 07 Day 20 Year 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: F DUNFEE
Signature: [signature]
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 0147061

EPA Form 8700-22 (Rev. 9-86)
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State Form 11865

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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.: IND005068747
Manifest Document No.: 92988
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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46383
4. Generator's Phone (219) 464-4811 (4811)

A. State Manifest Document Number: INA 0257666
B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: ILD065061600
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 Services
420 Colfax South
Griffith, IN 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID: 918069002
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, NOS Flammable Liquid UN1993	001	TT	00827	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Solvents
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Kelly Jones
Signature: Kelly Jones
Date: Month 09 Day 30 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jon Porter
Signature: Jon Porter
Date: Month 09 Day 30 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: FDUNFEE
Signature: F Dunfee
Date: Month 09 Day 30 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 0257666

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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.: IND005068747
Manifest Document No.: 12138
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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46384
4. Generator's Phone (219) 464-4811

A. State Manifest Document Number: INA 0257667
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: ILD065061606
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 Services
420 Colfax South
Griffith, IN 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID: 918089002
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, NOS Flammable Liquid UN1993	001	TT0	0806	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste Solvents

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR
Printed/Typed Name: Kelly Jones
Signature: Kelly Jones
Date (Month Day Year): 12 13 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Pete CRISAN
Signature: Peter Crisan
Date (Month Day Year): 12 13 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: ~~Pete~~
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): 12 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 0257667

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210ZT50 12/13

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PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

0016573

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 5 0 6 8 7 4 7
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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46383

A. State Manifest Document Number: INA 0326577
B. State Generator's ID:

4. Generator's Phone (219) 464-4811

5. Transporter 1 Company Name: Mr Frank
6. Use EPA ID Number: I L D 0 6 9 4 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 Services
420 Colfax South
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: 918089002
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. UN 1993 (EPA D001)	001	TT	0093	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: Kelly Jones
Signature: Kelly Jones
Date (Month Day Year): 0 4 2 6 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JDARWIN GARCIA
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 the manifest except as noted Item 19
Printed/Typed Name: F DUNFEE
Signature: F Dunfee
Date (Month Day Year): 04 26 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 0326577

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

COPY 5. TSD COPY

0016574

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.: IND005068747 — Manifest Document No.: 00003
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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46383

4. Generator's Phone ( )

A. State Manifest Document Number: INA 0326580
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 Services
420 Colfax South
Griffith, IN 46319

10. Use EPA ID Number: IND016360265
G. State Facility's ID: 918089002
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. UN 1993 (EPA D001)	001	TT	00800	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: Kelly Jones — Signature: Kelly Jones — Date: Month 10 Day 19 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jeff Brown — Signature: [signature] — Date: Month 10 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: FDUNFEE — Signature: F Dunfee — Month 10 Day 19 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.

INA0326580

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

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211 TCT50 10/19

0016576

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 6 8 7 4 7 | Manifest Document No. 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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46383

4. Generator's Phone (219) 464-4811

A. State Manifest Document Number: INA 0326578

B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank

6. Use EPA ID Number: I L D 9 8 4 7 5 0 1 9

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-~~[illegible]~~ 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 Colfax South
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: 918089002

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. UN 1993 (EPA D001)	0 0 1	T T	0 0 7 0 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.

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GENERATOR — Printed/Typed Name: Kelly Jones — Signature: Kelly Jones — Date (Month Day Year): 0 7 2 8 8 9

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JOSEPH L. KOOINGA — Signature: Joseph L. Kooinga — Date (Month Day Year): 0 7 2 8 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] — 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: P DUNFEE — Signature: P Dunfee — Date (Month Day Year):

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.

INA0326578

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

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ENVIRONMENTAL MANAGEMENT
HAZARDOUS WASTE MANAGEMENT

-6207-7035

...NT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

...M HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I N D 0 0 5 0 6 8 7 4 7
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
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46384

4. Generator's Phone (219) 464-4811

A. State Manifest Document Number: INA 0397216
B. State Generator's ID: ~~0079~~

5. Transporter 1 Company Name: Mr. Frank
6. Use EPA ID Number: I I 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 Services
450 Colfax South
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 0 6 3 6 0 3 6 7
G. State Facility's ID: 918089002
H. Facility's Phone: 219-924-4170

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. UN 1993 (EPA D001)	0 0 1	7 T	00800	C	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: Kelly Jones
Signature: Kelly Jones
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL T JUNGER
Signature: Carl T. Junger
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: WHITAKER A
Signature: W. A. Taber
Month Day Year: 1 12 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 0397216

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

COPY 5. TSD COPY 212 RT 50 1/2

0018155

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 6 8 7 4 7
Manifest Document No. 0 0 0 0 5
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Urschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46384

4. Generator's Phone (219) 464-4811

A. State Manifest Document Number
INA 0397217

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 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 services
420 Colfax South
Griffith, IN 46319

10. Use EPA ID Number
I N D 0 1 6 3 6 0 2 6 9

G. State Facility's ID
918089002

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. UN 1993 (EPA D001)	001	T	00800	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: Kelly Jones
Signature: Kelly Jones
Date: Month 04 Day 05 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Miguel Garcia
Signature: Miguel Garcia
Date: Month 04 Day 05 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: F. DUNFEE
Signature: F. Dunfee
Date: Month 04 Day 05 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 0397217

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

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0018156

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. IND005068747 Manifest Document No. 000006
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
Utschel Laboratories, Inc.
P.O. Box 2200 Valparaiso, IN 46384
4. Generator's Phone (219) 464-4811

A. State Manifest Document Number INA 0397218
B. State Generator's ID

5. Transporter 1 Company Name: Mr. Frank Inc.
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 Services
420 Colfax South
Griffith, IN 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID 918089002
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. (Naphtha, Petroleum Oils) UN 1993 (EPA D001)	001	T	00970	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: Kelly Jones Signature: Kelly Jones Date: Month 06 Day 29 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIGUEL GARCIA Signature: Miguel Garcia Date: Month 06 Day 29 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: F DUNFEE Signature: F Dunfee Date: Month 06 Day 29 Year 90

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0397218

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

COPY 5. TSD COPY

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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 D D 9 8 4 6 6 7 0 6 3
Manifest Document No.: 1 2 1 3 C

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
USA Auto Body
106 West 43rd Street, Boise, ID 83714

4. Generator's Phone (208) 375-9346

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: MR FRANK INC

6. US EPA ID Number: I 4 0 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. 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: 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.	HM X RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	001	dm	00055	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

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Printed/Typed Name: Mike Murphy | Signature: [signature] | Month Day Year: 1 2 2 7 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Walter C. Klaubo | Signature: Walter C. Klaubo | Month Day Year: 1 2 2 7 8 9

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 H | Signature: [signature] | Month Day Year: 1 4 9 2

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

124TCT63 1/5/90

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