CHAIN-OF-CUSTODY RECORD

Contract Evidence Audit Team (CEAT-TechLaw)

FROM: Elaine Rippey TechLaw Inc., Suite C310 12600 West Colfax Ave. Lakewood, CO 80215	**TO:** Steven Siegel U.S. EPA Region V Office of Regional Counsel Mail Code ~~SX-3T~~ C29A 77 West Jackson Chicago, IL 60604-3590
PROJECT NUMBER D232-877 — **BOX** 2 **OF** 11	
PROJECT NAME American Chemical Services	

US EPA RECORDS CENTER REGION 5
460619

Item Number	Description
~~1~~	
1	PRP Manifests B-D

Shipper Remarks:	Receiver Remarks:

Relinquished By: (signature)	Date	Time	Received By: (signature)	Date	Time
Elaine Rippey	9/20/94	3:30 p.m.			
Relinquished By: (signature)			Received By: (signature)		

Check One: U.S. Mail _____ Federal Express _____ UPS X Other (please specify) _____ Shipping Receipt No. _____

Shipping Instructions: Original accompanies shipment, copy to project file.
Receiving Instructions: Sign original record and return to sender.

Record No. C- 0865

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M.I.D.0.1.6.7.2.3.4.1.4 | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BEECH-RICH, 525 N. 20th, BATTLE CREEK, MI 49017

A. State Manifest Document Number: INA 0155006

4. Generator's Phone (616) 968-8012

B. State Generator's ID

5. Transporter 1 Company Name: HAVILAND PRODUCTS | 6. Use EPA ID Number: M.I.D.0.0.6.0.2.8.4.9.2 | C. State Transporter's ID | D. Transporter's Phone

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

9. Designated Facility Name and Site Address: AMERICAN CHEM. SERVICE, 420 S. COLFAX, GRIFFITH, IN 46319 | 10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5 | G. State Facility's ID | H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA-1263	7	DM	385	G	F003
b. PLACARDED FLAMMABLE NA-1263					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: CLEAN UP ANY SPILLS

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

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

GENERATOR — Printed/Typed Name: J. [illegible] | Signature | Month | Day | Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: HAVILAND Prod. | Signature | Month 12 | Day 2 | Year 87

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19. — Printed/Typed Name: HAROLD F. SMITH | Signature | Month | Day | Year

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

INA 0155006

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

7-123T-T-63 10/3/87 gm

013808

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.1.6.7.2.3.4.9.6 — Manifest Document No.: 4.88.1.6
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BEECH, RICH INC. BATTLE CREEK, MI 49015 — 525 N. 20th ST.
4. Generator's Phone (616) 968-8012
A. State Manifest Document Number: INA 0248816
B. State Generator's ID:
5. Transporter 1 Company Name: HAVILAND PRODUCTS CO
6. Use EPA ID Number: M.I.D.0.0.6.0.2.8.4.9.2
C. State Transporter's ID:
D. Transporter's Phone: 616-361-6691
7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE GRIFFITH, IND.
10. Use EPA ID Number: I.N.0.0.1.6.3.6.0.2.6.5
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 NA-1263	7	DM	385	G	F-003 F-005
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information: CLEAN UP ANY SPILLS

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Printed/Typed Name: JEFF McCALLUM — Signature: [signature] — Date: Month 8 Day 1 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM SWITZER — Signature: [signature] — Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael A ELLIS — Signature: Michael A Ellis — Date: Month 8 Day 1 Year 89

19. Discrepancy Indication Space: 123RT63 8/17

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: [signature] — Date: Month 8 Day 16 Year 89

GENERATOR — TRANSPORTER — FACILITY

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

INA 0248816

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

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PAGE 8 (white) TRANSPORTER 2 COPY

0016197

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MI D016723496
Manifest Document No.: 1 1 1 1 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BEECH & RICH, 525 N. 20th St. BATTLE CREEK, MI. 49015
4. Generator's Phone (616) 968-8012
5. Transporter 1 Company Name: HAVILAND PRODUCTS CO.
6. Use EPA ID Number: MI D006028492
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, INC. GRIFFITH, IND.
10. Use EPA ID Number: IN0016360265

A. State Manifest Document Number: INA 0111177
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616 [illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 217 [illegible] 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 LACQUER THINNER FLAMMABLE UN-1993~~		~~DM~~ ~~DM~~		~~G~~	~~F003~~ ~~F005~~
b. WASTE PAINT Related Material Flammable Liquid NA-1263	7	DM	385	G	F003 F005
c. PLACARDED FLAMMABLE NA1263					
d.					

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

15. Special Handling Instructions and Additional Information: CLEAN UP ANY SPILLS

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: JEFF McCALLUM
Signature: [signature]
Month 03 Day 31 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: HAVILAND PRODUCTS CO. Stewart L. Squires
Signature: Stewart L. Squires
Month 03 Day 31 Year 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVIK
Signature: Steve Kulavik
Month 04 Day 10 Year 89

GENERATOR / TRANSPORTER / FACILITY

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

INA 0111177

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865
6-204TCTSD 4/12

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1 MARINE SHALE 8/16/89 910660
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0016198

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.: M1D016723496 — Manifest Document No.: 111175
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: BEECH & RICH INC, 525 N 20th St, BATTLE CREEK, MI 49015
4. Generator's Phone: (616) 968-8012

A. State Manifest Document Number: INA 0111175
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-361-6691
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: HAVILAND PRODUCTS
6. Use EPA ID Number: M1D006028492
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEM SERVICE, 420 S COLBAY, 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 PAINT RELATED MATERIAL FLAMMABLE LIQUID NA-1263	11	DM	605	G	F005 F003
b. PLACARDED FLAMMABLE NA 1263					
c.					
d.					

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

15. Special Handling Instructions and Additional Information: CLEAN UP ANY SPILLS

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Printed/Typed Name: Helen Glover — Signature: Helen Glover — Date: Month 2 Day 7 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Stewart S Jones — Signature: [signature] — Date: Month 02 Day 7 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bill Pierantoni — Signature: Bill Pierantoni — Date: Month 02 Day 10 Year 89

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A — Signature: Whitaker A — Date: Month 02 Day 10 Year 89

GENERATOR / TRANSPORTER / FACILITY

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

INA 0111175

EPA Form 8700-22 (Rev. 9-86)
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State Form 11865

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PAGE 8 (white) TRANSPORTER 2 COPY

9-124TCT63 2/13
1-204TCT50 2/15
1 MAIL TO STATE 8/8/89 914152

0016199

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 001 67 234 964 Manifest Document No. 884 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: BEECH RICH INC, 525 N 20TH ST, BATTLE CREEK MI 49015
A. State Manifest Document Number: INA 0248815
4. Generator's Phone (616) 968-8012
B. State Generator's ID:
5. Transporter 1 Company Name: HAVILAND PRODUCTS
6. US EPA ID Number: MID 006 028 492
C. State Transporter's ID:
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone: 616 381 6691
E. State Transporter's ID:
F. Transporter's Phone:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, GRIFFITH IND
10. US EPA ID Number: IN 001 63 60 265
G. State Facility's ID:
H. Facility's Phone: 219 924 7480

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE PAINT RELATED MATERIALS FLAMMABLE LIQUID NA 1263	9	DM	495	G	
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
CLEAN UP ANY SPILLS

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GENERATOR — Printed/Typed Name: JEFF MCCALLUM — Signature: [signature] — Date: Month 01 Day 16 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES GRAY — Signature: [signature] — Date: Month 01 Day 16 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 01 Day 19 Year 90

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

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State Form 11865

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

INA 0248815

0017791

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
217/782-6762
SPECIAL WASTE HAULING MANIFEST

1032576

Authorization Number

Bel-Air Tool, Die & Eng. Co. Inc. (Company Name) 2418 W. Bloomingdale (Address) (312) 276-7550 (Phone Number) 0316220006G (Generator Number)

Chicago (City) Ill. (State) 60647 (Zip) ILD005183439 (EPA Number)

WASTE HAULER(S)

H. Roskin Mtr. Inc. (Hauler Name) 4710 W. Roosevelt Rd (Hauler Address) Chicago, Ill. 60650 S.W.H. Registration Number 1400001

~~312~~ 261-4645 (Phone Number) ~~ILD045695 71~~ (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) Address 91808902 (Site Number)

Griffith (City) Indiana (State) Zip 312-768-3400 (Phone Number) IND016360 26 (EPA Number)

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Perclorethylene WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Perclor HAZARD CLASS: ORM-A 1897 (UN or NA Number) F001 (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 400 (1) GALLONS (Circle One) 2 CU. YDS

METHOD OF SHIPMENT (Circle One) (DRUMS 8 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE 8/16/84

WASTE HAULER

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

(1) [signature] (Authorized Signature) DATE / /

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

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

[signature] (Authorized Signature) DATE 8/27/84

COMMENTS OR SPECIAL INSTRUCTIONS ~~122~~ IAK T-63

1032576

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. # 4

SITE COPY - PART 3

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

007532

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 005 183 439** — 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
Bel-Air Tool Die & Engeering Co. Inc.
2418 W. Bloomingdale Ave. Chicago, Ill. 60647

4. Generator's Phone (312) 276-~~XX~~ 7550

A. Illinois Manifest Document Number: **IL 1177267**

B. Illinois Generator's ID: **0 3 1 6 2 2 5 0 0 6**

5. Transporter 1 Company Name: **Roskin Motor Service**

6. US EPA ID Number: **ILD 045695715**

C. Illinois Tranporter's ID: **1 4 0 0**

D. **312 261-7236** Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
~~XXXXXXXXXX~~
American Chemical Service
Griffith, Ind. 46319

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

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	**Perclor ORM-A 1897**	**7**	**DM**	**350**	**1**	EPA HW Number: **F 0 0 1** / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
JOSEPH PELLICANE	Joseph Pellicane	12 19 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
CLARENCE NEAL	Clarence Neal	

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
STEVE KULAVICK	Steve Kulavick	12 19 86

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

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

REV.# 5

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

011357

120 R T-63

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.8.3.4.3.9
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
Bel Air Tool
2424 W Bloomingdale Chicago Il 60647
4. Generator's Phone (312) 276 7550

A. State Manifest Document Number: INA 0205892
B. State Generator's ID:
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9343
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 768 3400

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: I.L.D.0.4.5.6.9.5.7.1.5
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service Griffith In 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.5.6.2

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Perchlor ORM-A UN 1897	10	DM	500	GAL	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Frank C. DeFrank
Signature: [signature]
Date: Month 7 Day 27 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clarence Neal
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: Harrod F Schmidt
Signature: [signature]
Month 09 Day 29 Year 88

GENERATOR / TRANSPORTER / FACILITY

INA 0205892

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

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

1 ATK T63 5/12M

National Response Center at 800/424-8802 or 202/426-2675.

014382

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI** 0127935

006197

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BELDING PROD CO	VALLEY CITY REFUSE DISPOSAL	AMERICAN CHEMICAL SERVICE INC
Site Address	**Transporters Address**	**Facility Address**
209 E. MAIN ST BELDING MI 48809	2640 THORNWOOD S.W WYOMING, MI 49509	420 S. COLFAX P.O BOX 190 GRIFFITH IND 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 794-9850	(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**
MID006018196	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	FLAMMABLE LIQUID	UN1263	08	13	DR		X			715	GALS	D001
2.	WASTE TOULENE	FLAMMABLE LIQUID	UN1294	08	1	DR					55	GAL	F005
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

IN CASE OF SPILL - KEEP SPARKS & FIRE FROM CONTAINERS - CONTAIN

TO THE BEST OF GENERATORS KNOWLEDGE CONTAINS NO polychlorinated Biphenyls.

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 Peggy A. Nelson — Date Shipped MO. DAY YEAR: 020883

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 501

Transporter Signature: ② Butch R — Date(s) Received: 020883

Subsequent transporter(s) signature(s): ③ Russell Henning — 020883

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: 2 9 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

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

TSDF COPY

To 204R T-50 GRW 2.9.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0127952**

006196

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Belding Products Co	Valley City Refuse Disp Inc	American Chemical Serv.
Site Address	**Transporters Address**	**Facility Address**
209 E. Main St. Belding, MI 48809	2650 Thornwood SW Wyoming, MI 49509	420 S. Colfax Griffith, IND. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 794-9850	(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**
MID006018196	NID055855373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	1-1-1 TRICHLORETHANE WASTE	ORM-A	2831	09	2	DR		X			110	Gals	F001
2.	1 PAINT THINNER WASTE	Cumbustible	1993	01	1	DR					55	Gals	D001
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 Peggy A. Nelson — Date Shipped MO. DAY YEAR: 062983

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 830366

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch Rogers — Date(s) Received: 62983

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 7 8 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

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

On dock 7-8-83

TSDF COPY

1 - To 204 KT-50 GRM 7-12-83
2 - To 117 KT-63 GRM 8-30-83

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0127953**

IDENTIFICATION

Generator's Name: BELDING PROD CO	Primary Transporter's Name: VALLEY CITY REFUSE DISP. INC	Treatment, Storage or Disposal Facility: AMERICAN CHEMICAL SERV.
Site Address: 209 E. MAIN ST BELDING MI 48809	Transporters Address: 2640 THORNWOOD S.W GRAND RAPIDS MI 49509	Facility Address: 470 S. COLFAX GRIFFITH, IND 4
Phone Number: (616) 794-9850	Phone Number: 616 538 8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006018196	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360765

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.	PAINT THINNER WASTE	COMBUSTIBLE	1993	01	2	DR		X			110	GALS	D001
2.	~~WASTE TRICHLOROETHYLENE~~	~~ORM-A~~	~~UN1710~~	~~09~~	~~8~~	~~DR~~		~~X~~			~~[illegible]~~	~~GALS~~	~~F001~~
3.	WASTE TRICHLOROETHYLENE	ORM-A	UN1710	09	10	DR		X			550	GAL	F001
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 Peggy A. Nelson — Date Shipped MO. DAY YEAR: 022084

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: H83091.0

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Jack Rusta — Date(s) Received: 022084

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 Frank Price

Facility Site EPA I.D. Number: IND016360765

☒ Accepted ☐ Rejected

Date Received: 2/21/84

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.

TSDF COPY 70122E T-63 GRM 7.2.84

W[illegible]E DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0127960**

IDENTIFICATION

Generator's Name: Belding Products	Primary Transporter's Name: Valley City Refuse Disp.	Treatment, Storage or Disposal Facility: American Chemical Service
Site Address: 209 E. Main St Belding, Mi. 48809	Transporters Address: 2640 Thornwood S.W. Wyoming, Mi. 49509	Facility Address: 470 S Colfax Griffith Ind.
Phone Number: (616) 794-9850	Phone Number: (616) 538-8499	Phone Number: (211) 924-4370
Generator's Site EPA I.D. Number: MID006018196	Transporter's EPA I.D. Number: MID055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Paint Thinner	Flamable	1993	08	12	DR		X			660	Gals	D001
2.	Waste Trichloroethylene	ORM-A	1710	13	7	DR		X			385	Gals	F001
3.	Waste 111 Trichloroethane	ORM-A	2831	13	4	DR		X			220	Gals	F001
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 Peggy Nelson — Date Shipped MO. DAY YEAR: 072584

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 #830910

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Jack Ruste — Date(s) Received: 072584

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number

☒ Accepted ☐ Rejected

Date Received: 72784

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

13 - 204 R T-50
10 - Cude 1,1,1 + TRI

UU1529

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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

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

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved OMB No 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006018196 Manifest Document No.: 0001
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Belding Products Co.
209 E. Main St.
Belding, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: MI 0548421
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID055855373
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, 470 S. Colfax, GRIFFITH, IND. 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.	N/H
a.	X	WASTE TRICHLOROETHYLENE ORMA NA1710	5	DM	250	G	F001	H
b.	X	WASTE 1,1,1-TRICHLOROETHANE ORMA NA2831	3	DM	150	G	F001	H
c.	X	WASTE SOLVENT, NOS FLAMMABLE LIQUID NA 1993	1	DM	40	G	D001	H
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month Day Year
Philip S. Bell	Philip S. Bell	10 09 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Jim Reitsma	Jim Reitsma	10 09 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year
R. Rudnick	R. Rudnick	10 10 84

GENERATOR / TRANSPORTER / FACILITY

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

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

TSDF COPY 1-206 T-50 5-1AR 3-120 007530

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MIDOO6018196 Manifest Document No. 00006

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Belding Products Company
209 E. Main Street
Belding, MI 48809

A. State Manifest Document Number MI 0548428

B. State Generator's ID

4. Generator's Phone (616) 794-9850

5. Transporter 1 Company Name
Valley City Refuse Disposal

6. US EPA ID Number MIDO55853733

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
Griffith, Indiana 46319

10. US EPA ID Number INDO163602651

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.	State	J. Waste No.	State
a.	X WASTE 1,1,1-TRICHLOROETHANE ORMA UN2831	001	DM	00055	G	F001	MI		
b.									
c.									
d.									

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
Philip S. Bell	Philip S. Bell	12 9 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Jim Reitsma	Jim Reitsma	12 9 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	12 7 84

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

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

TSDF COPY

Hold for Code

007531

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006018196 — Manifest Document No.: 00010
2. Page 1 of 1

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

3. Generator's Name and Mailing Address:
* Belding Products Co.
209 E. Main St.
Belding, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: MI 0562566
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID055855373
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address:
American Chemical Service, Inc.
420 S. Colfax
Griffith, Indiana 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	WASTE TRICHLOROETHYLENE ORM-A UN1710	002	DM	100	G	P001	H
b.	X	WASTE 1,1,1-TRICHLOROETHANE ORM-A UN2831	003	DM	150	G	P001	H
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Philip S. Bell — Signature: Philip S. Bell — Date: Month Day Year: 03 20 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Earl W. Coons — Signature: Earl W. Coons — Date: Month Day Year: 03 20 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: GR MURPHY — Signature: [signature] — Date: Month Day Year: 3 22 85

GENERATOR — TRANSPORTER — FACILITY

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

EPA Form 8700-22 (3-84)

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Ho H Curtis

PR 5110 Rev. 7/84

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: SMALL QNTY.GENERATOR
Manifest Document No.: 12128G
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bee-Zee Service
3205 West Howard, Skokie, IL 60076

4. Generator's Phone (323) 673-2400

A. State Manifest Document Number

B. State Generator's ID: 0312 885 1-11

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 000 646 810

C. State Transporter's ID: 0311

D. Transporter's Phone: 312-385-8440

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

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

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

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		4	dm	220	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: [illegible] Signature: [illegible] Month 12 Day [illegible] Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: Whitaker A Signature: [illegible] Month 12 Day 20 Year 88

GENERATOR

TRANSPORTER

FACILITY

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL0448812365 Manifest Document: 00011

3. Generator's Name and Mailing Address: Bee Zee Body Shop, 320 S.W. Howard, Skokie, IL 60076

4. Generator's Phone: (708) 673-2400

A. State:

B. State Generator's ID: 0312885111

5. Transporter 1 Company Name: ADCO Services

6. US EPA ID Number: IL0047267365

C. State Transporter's ID: 0367

D. Transporter's Phone: (708) 429-3013

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service, 420 S. Colfax Ave., Griffith IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~Hazardous Waste Liquid, N.O.S.~~		~~0~~				
b. Waste Paint Related Material N.O.S. UN 1263 Flammable Liquid		003	DM	00150	G	
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: Yosef Bega

Signature: X [signature]

Month Day Year: 03 23 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ~~[illegible]~~ ROBERT K. THORN

Signature: X Robert K Thorn

Month Day Year: 03 23 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: STEVE KULAVICK

Signature: Steve Kulavick

Month Day Year: 03 28 90

GENERATOR / TRANSPORTER / FACILITY

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

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

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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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.: MID006018196 — Manifest Document No.: 00013
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: Belding Products Co., 209 E. Main St., Belding, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: MI 0562569

B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal

6. US EPA ID Number: MID055855373

C. State Transporter's ID:

D. Transporter's Phone:

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical service, Inc., 420 S. Colfax, Griffith, Indiana 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone:

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	N/H
a.	Waste Adhesive Flammable Liquid UN1133	X	002	DM	110	G	D001	H
b.	Paint Related Material Flammable Liquid NA1263	X	001	DM	50	G	D001	H
c.	WASTE 1,1,1-TRICHLOROETHANE ORM-A UN 2831	X	003	DM	165	G	F001	H
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Philip S. Bell — Signature: Philip S. Bell — Date: Month 05 Day 07 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Looks — Signature: James Looks — Date: Month 05 Day 07 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: GR MURPHY — Signature: GR Murphy — Date: Month 5 Day 9 Year 85

GENERATOR — TRANSPORTER — FACILITY

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

EPA Form 8700-22 (3-84)

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3-120 R T-63
3-204 R T-50

PR 5110 Rev. 7/84

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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. MIDO06018196 — Manifest Document No. 00022 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Belding Products Co.
209 E. Main Atreet
Belding, MI 48809

4. Generator's Phone (616) 7949850

A. State Manifest Document Number MI 0676685
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

5. Transporter 1 Company Name: Valley City Refuse Disposal — 6. US EPA ID Number: MIDO055855373

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

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax
Griffith, Indiana 46319

10. US EPA ID Number: INDO163602 65

	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 ADHESIVE FLAMMABLE LIQUID UN1133	002	DM	1110	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.

GENERATOR

Printed/Typed Name: Philip S. Bell — Signature: Philip S Bell — Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: MURPHY — Signature — Date: Month Day Year: 9 30 85

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

EPA Form 8700-22 (Rev. 4-85)

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PR 5110 Rev. 4/85

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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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. MID060181961 Manifest Document No. 00026

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Belding Products Company
209 East Main Street
Belding, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: MI 0669028

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal

6. US EPA ID Number: MID055855373

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: IND011636025

G. State Facility's ID

H. Facility's Phone

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	WASTE INK, FLAMMABLE LIQUID, UN 1210	X	001	DM	55	G	F005	
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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GENERATOR

Printed/Typed Name: Philip S. Bell — Signature: Philip S Bell — Date: Month Day Year 01 16 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Arnold Dykstra — Signature: Arnold Dykstra — Date: Month Day Year 01 16 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 — Date: Month Day Year 01 16 86

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

EPA Form 8700-22 (Rev. 4-85)

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M-I-D-0-0-6-0-1-8-1-9-6 | Manifest Document No.: 0-0-0-5-4 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BELDING PRODUCTS COMPANY
209 East Main Street, Belding, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: INA 0144703
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M-I-D-9-8-1-9-5-6-0-6-3

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

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE INK (F005) Flammable Liquid UN1210	0 0 1	D M	5 5	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Philip S. Bell | Signature: Philip S. Bell | Date: Month 12 Day 15 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ronald L. Cheyne | Signature: Ronald L. Cheyne | Date: Month 12 Day 15 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harold E. Schmidt | Signature: Harold E. Schmidt | Date: Month 12 Day 21 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 0144703

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 1-204R T-50 12/22/87

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

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 0 0 6 0 1 8 1 9 6 — Manifest Document No. 5 9 1 8 9
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BELDING PRODUCTS, CO.
209 W. Main Street, Belding, MI 48809
4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: INA 0159189
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE ADHESIVE (Ignitable) Flammable Liquid UN1133	1	DM	55	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste solvent-based glue mixed with mineral spirits

K. Handling Codes for Wastes Listed Above
D-85 FUEL BLEND

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Gerald R Nelson — Signature: [signature] — Date: Month 11 Day 12 Year 87

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Arnold Dykstra — Signature: [signature] — Date: Month 11 Day 12 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: HARROLD F. [illegible] — Signature: [signature] — Date: Month 11 Day 12 Year 87

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

INA 0159189

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State Form 11865 1-20ATR T-50 11/16/87

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

013806

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 0 6 0 1 8 1 9 6
Manifest Document No.: 4 4 6 4 5
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BELDING PRODUCTS COMPANY
209 E. Main Street, Belding, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: INA 0144645
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE ADHESIVE (Ignitable) Flammable Liquid UN1133	001	DM	00055	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste solvent-based glue mixed with mineral spirits.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 3 Day 2 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Russell L. Heminger Signature: Russell L. Heminger Date: Month 03 Day 08 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 03 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 0144645

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

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
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PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

1-204R TSD B 013805

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.: MID006018196 / 97545

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
BELDING PRODUCTS COMPANY
209 E. Main Street, Belding, MI 48809

A. State Manifest Document Number: IN 097545

4. Generator's Phone (616) 794-9850

B. State Generator's ID:

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

6. US EPA ID Number: MID055853713

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ADHESIVE Flammable Liquid UN1133	001	DM	55	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Waste solvent-based glue mixed with mineral spirits.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Philip S. Bell	Philip S. Bell	03	17	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Donald Van Ess	Donald Van Ess	03	17	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
William F. Schmidt	William F. Schmidt	03	17	87

IN 097545

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

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRH 1-24-R F5-15

013804

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
M I D 0 0 6 0 1 8 1 9 6	8 9 4 6 8		

GENERATOR

3. Generator's Name and Mailing Address
BELDING PRODUCTS CO.
209 W. MAIN STREET, BELDING, MI. 48809

A. State Manifest Document Number: INA 0189468

B. State Generator's ID:

4. Generator's Phone (616) 794-9850

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

6. US EPA ID Number: M I D 9 8 1 9 5 6 0 6 3

C. State Transporter's ID:

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

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

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

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

G. State Facility's ID:

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE ADHESIVE (ignitable) FLAMMABLE LIQUID UN1133	5	D M	275	G	D001
b. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263	3	D M	110	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
GERALD R. NELSON		04	14	88

TRANSPORTER

17. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Roger Norton		04	14	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	Signature	Month	Day	Year
HAROLD F. SCHMIDT		04	18	88

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

204 TC TSO 4/21 M

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

INA 0189468

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.: MI D0 06 01 81 96 | Manifest Document No.: 10 00 1
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Belding Products Company
209 East Main Street
Belding, MI 48809

A. State Manifest Document Number: INA 0266914
B. State Generator's ID:

4. Generator's Phone (616) 794-9850

5. Transporter 1 Company Name: Valley City Refuse Disposal
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 South Colfax
Griffith, Indiana 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Flammable Liquid, N.O.S., Flammable Liquid, UN1993, (Methanol, Acetpne)	1	DM	55	G	D001
b. Waste Flammable Liquid, N.O.S., Flammable Liquid, UN1993	1	DM	55	G	D001
c. Waste Petroleum Naphtha, Combustible Liquid, UN1255	1	DM	55	G	D001
d.					

J. Additional Descriptions for Materials Listed Above
11a - Gasflux: trimethyl borate, methanol, acetone
11b - Aliphatic hydrocarbons, oils
11c - Mineral spirits (F.P. approx 106°F)

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: PHILIP S. BELL | Signature: Philip S Bell | Date: Month 11 Day 02 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: ROGER NORTON | Signature: Roger Norton | Date: Month 11 Day 02 Year 88
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: | Signature: | Date: Month Day Year

FACILITY
19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A | Signature: | 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.

INA 0266914

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

COPY 5. TSD COPY 204 TCTSO 11/7

014360

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·0·6·0·1·8·1·9·6
Manifest Document No.: 1·0·0·0·2
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
BELDING PRODUCTS CO.
209 EAST MAIN ST.
BELDING, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: INA 0266927
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL
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, INC.
420 S. Colfax P.O. Box 190
Griffith, IN 46319

10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5
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 TRICHLOROETHYLENE MIXTURE, ORMA UN 1710	1	DM	55	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
ALSO CONTAINS OIL <5% 1,1,1 - TRICHLOROETHANE, < 2% DICHLOROMETHANE, AND <2% 1,1,2 - TRICHLORO - 1,2,2 - TRIFLUOROETHANE.

K. Handling Codes for Wastes Listed Above
T-18 OTHER (FUEL BLEND)
T-16 (EVENTUAL USE)

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Philip S. Bell
Signature: Philip S. Bell
Date: Month 11 Day 30 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 11 Day 30 Year 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A
Signature: A Whitaker
Month 12 Day 12 Year 88

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0266927

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

204 RTSO 12/8

COPY 5. TSD COPY

014381

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.: MID006018196 — Manifest Document No.: 10005
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:
BELDING PRODUCTS CO.
209 E. MAIN ST.
BELDING, MI 48809

4. Generator's Phone (616) 794-9850

A. State Manifest Document Number: INA 0266929
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
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 RQ(F003 & F005)	1	DM	55	G	F003
b. WASTE PETROLEUM NAPHTHA, COMBUSTIBLE LIQUID, UN 1255	1	DM	55	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a. Also is an F005 Waste

K. Handling Codes for Wastes Listed Above: FUEL BLENDING T18

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Philip S. Bell — Signature: Philip S. Bell — Date: Month 02 Day 22 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Nigel Norton — Signature: Nigel Norton — Date: Month 02 Day 22 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 the manifest except as noted Item 19
Printed/Typed Name: Whitaker A — Signature: Whitaker A — Date: Month 12 Day 24 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 0266929

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

COPY 5. TSD COPY 204 RTSO 2/27

0016196

HAZARDOUS WASTE MANIFEST

1

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Bell Terry 4376 Ogden Chgo Il 60623 5229696	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 Roosevelt Chgo Il 60650 2617236	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	Amer Chem Serv Griffith In 46319 312 768 3400	11/17/83
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)
1dr		F001	Perchlor ORM-A	1897		none	55g	50g		

SPECIAL HANDLING INSTRUCTIONS

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

COMMENTS

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

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

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

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

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

_____ Signature

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

_____ (Signature of Consignor)

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

CERTIFICATION

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

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

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

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To IART-63 GRM 11.30.83

004643

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.: IKD031491502
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bellman-Melcor 7575 W 183rd
Tinley Park Il 60477
4. Generator's Phone (312) 532 5000

A. State Manifest Document Number: IN 089261
B. State Generator's ID: 0314915021

5. Transporter 1 Company Name: H Roskin Motor Service
6. US EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 2617236

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

9. Designated Facility Name and Site Address: American Chemical Service
Griffith In 46319
10. US EPA ID Number: IND016360562
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Per-chlor O R M-A UN 1897 WASTE MATERIAL	3	DM	1500	1	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = POUNDS

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: 04 12 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: CLARENCE NEAL Signature: [illegible] Neal Month Day Year: 04 02 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Signature: Month Day Year:

19. Discrepancy Indication Space

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

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

GENERATOR / TRANSPORTER / FACILITY

IN 089261

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

T.S.D. DETACH AND RETAIN THIS COPY

MRG 3-120 TO3 B

013803

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
IL D 0 0 3 1 4 9 1 5 0 2	00002		

3. Generator's Name and Mailing Address
BELLMAN-MELCOR, INC.
18333 S. 76th AVE.
TINLEY PARK, IL 60477
4. Generator's Phone (312)532-5000

A. State Manifest Document Number: INA 0328986
B. State Generator's ID: 0314915021

5. Transporter 1 Company Name	6. Use EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
H ROSKIN MOTOR SERVICE	IL D 0 4 5 6 9 5715	1400	2617236

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

9. Designated Facility Name and Site Address	10. Use EPA ID Number	G. State Facility's ID	H. Facility's Phone
AMERICAN CHEMICAL SERVICE GRIFFITH, IN 46319	IN D 0 1 6 3 6 0 5 6 2	XXXX 9180890002	312-768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. PER-CHLOR O R M-A UN 1897 WASTE MATERIAL	5	DM	2500	1	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = POUNDS

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name	Signature	Date Month	Day	Year
E.W. H Schaen Jr.		04	11	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
RAY ZAK		04	11	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	Signature	Date Month	Day	Year
HAROLD F Schmidt		04	11	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.

INA0328986

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

1BET63 4/19

COPY 5. TSD COPY

0017789

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

0662947
Authorization Number

Bema Film Systems Inc. | 744 N. Oakfawn Ave. | 312-279-7800 | 0 4 3 0 3 5 0 0 1 1 G
(Company Name) | Address | Phone Number | Generator Number

Elmhurst | Illinois | 60126 | I L T 1 8 0 0 1 4 8 7 0
City | State | Zip | EPA Number

WASTE HAULER(S)

Landgrebe Truck Lines PO Box 31 Valparaso, IN 46383 | I L C C 2 9 8 0
Hauler Name | Hauler Address | S.W.H. Registration Number

Waste | 3 1 2-8 4 2-3 1 2 1 | I N D 0 0 9 8 4 2 8 2
Phone Number | EPA Number

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services PO Box 190 | 9 1 8 0 8 9 0 2
(Facility Name) | Address | Site Number

Griffith | Indiana | 46319 | 219-924-4370 | I N D 016360265
City | State | Zip | Phone Number | EPA Number

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent 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:		
Solvents NOS	Flamable	N A 1 9 9 3 (UN or NA Number)	F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 10850 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 1196 (47–52) (GALLONS (Circle One)) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One): (DRUMS 28 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: George Corbett (Authorized Signature) DATE: 7/23/82

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) Michelle Mueller (Authorized Signature) DATE: 7/23/82 (54–59)

(2) (Authorized Signature) DATE: / /

POSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE: YES ____ NO X

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

Phenger (Authorized Signature) DATE: 7/26/82 (60–65)

TS OR SPECIAL INSTRUCTIONS.

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

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

SITE COPY - PART 3

002230

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

0662948

Authorization Number _____

BEMA FILM SYSTEMS INC. (Company Name) | 744 N. OAKLAWN AVE. (Address) | 312-279-7800 (Phone Number) | 0 4 3 0 3 5 0 0 1 1 G (Generator Number)

ELMHURST (City) | ILLINOIS (State) | 60126 (Zip) | I L T 1 8 0 0 1 4 8 7 0 (EPA Number)

WASTE HAULER(S)

LANDGREBE TRUCK LINES (Hauler Name) | PO BOX 31 VALPARASO, IN 46383 (Hauler Address) | S.W.H. Registration Number I C C 2 9 8 0

312-842-3121 (Phone Number) | I N D 0 0 9 8 4 2 8 2 4 (EPA Number)

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

_____ (Phone Number) | _____ (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICES (Facility Name) | PO BOX 190 (Address) | 9 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 219-924-4370 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SPENT 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:		
SOLVENTS N.O.S.	FLAMMABLE	N A 1 9 9 3 (UN or NA Number)	F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE 5400 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 6 6 0 | (1 GALLONS (Circle One) 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) (DRUMS 12 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 _____ (Authorized Signature) DATE: 1-12-83

WASTE HAULER

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

(1) L.M.T. Philip L Lyons (Authorized Signature) DATE: 1 1 21 8 3

(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:

Allen Whitaker (Authorized Signature) DATE: 1/13/83

COMMENTS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. # 4

SITE COPY - PART 3

On dock 1-13-83 T-204 T-50 GWM 1-13-83

004844

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

0662949

Authorization Number (8–13)

BEMA FILM SYSTEMS INC. | 744 N. OAKLAWN AVE. | 312-279-7800 | 0 4 3 0 3 5 0 0 1 1 G
(Company Name) | Address | Phone Number | 14 Generator Number 24

ELMHURST | ILLINOIS | 60126 | I L T 1 8 0 0 1 4 8 7 0
City | State | Zip | EPA Number

WASTE HAULER(S)

Landgrebe Truck Lines PO Box 31 Valparaso, IN 46383 | S.W.H. Registration Number I C C 2 9 8 0 (25–31)
Hauler Name | Hauler Address

312-842-3121 | I N D 0 0 9 8 42824
Phone Number | EPA Number

Hauler Name | Hauler Address | S.W.H. Registration Number (32–36)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services PO Box 190 | 9 1 8 0 8 9 0 2 (39–46)
(Facility Name) | Address | Site Number

Griffith | Indiana | 46319 | 219-924-4370 | I N D 0 1 6360265
City | State | Zip | Phone Number | EPA Number

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent 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: Solvents N.O.S. | HAZARD CLASS: Flammable | N A 1 9 9 3 (UN or NA Number) | F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 2700 (1) LBS. / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 3 3 0 (47–52) | 1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One): (DRUMS Number X 6) | 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 _____ (Authorized Signature) DATE: _____

WASTE HAULER

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

(1) _____ (Authorized Signature) DATE: 4 / 19 / 83 (54–59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

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

_____ (Authorized Signature) DATE: 4 / 21 / 83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. # 4

SITE COPY - PART 3

To 204RT-50 GLM 4.20.83

004645

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

0662950

Authorization Number

BEMA FILM SYSTEMS INC. (Company Name) | 744 N. OAKLAWN AVE. (Address) | 312-279-7800 (Phone Number) | 0 4 3 0 3 5 0 0 1 1 (Generator Number)

ELMHURST (City) | ILLINOIS (State) | 60126 (Zip) | I L T 1 8 0 0 1 4 8 7 0 (EPA Number)

WASTE HAULER(S)

Landgrebe Truck Lines (Hauler Name) | PO BOx 31 Valparaso, IN 46383 (Hauler Address) | S.W.H. Registration Number I C C 2 9 8 0

312-842-3121 (Phone Number) | I N D 0 0 9 8 4 2824 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services (Facility Name) | PO Box 190 (Address) | 9 1 8 0 8 9 0 2 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 219-924-4370 (Phone Number) | I N D 0 1 6 36 02 65 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent 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: Solvents N.O.S. HAZARD CLASS: Flammable

N A 1 9 9 3 (UN or NA Number) F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE 2250 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 275 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 5 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 George [signature] (Authorized Signature) DATE: 8/29/83

WASTE HAULER

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

(1) Landgrebe Mtr. [signature] (Authorized Signature) DATE: 8/29/83

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

Frank [signature] (Authorized Signature) DATE: 8/29/83

COMMENTS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. # 4

SITE COPY - PART 3 T0204RT-50 GRM 8-30-83

004846

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

0662951

Authorization Number

BEMA FILM SYSTEMS INC. 744 N. OAKLAWN AVE. 312-279-7800 0 4 3 0 3 5 0 0 1 1 G
(Company Name) Address Phone Number Generator Number

ELMHURST ILLINOIS 60126 I L T 1 8 0 0 1 4 8 7 0
City State Zip EPA Number

WASTE HAULER(S)

LANDGREBE TRUCK LINES PO BOX 31 VALPARASO, IN 46383 I C C 2 9 8 0
Hauler Name Hauler Address S.W.H. Registration Number

312-842-3121 IN D 0 0 9 8 4 2 8 2 4
Phone Number EPA Number

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

Phone Number 499 EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICES PO BOX 190 9 1 8 0 8 9 0 2
(Facility Name) Address Site Number

GRIFFITH INDIANA 46319 219-924-4370 I N D 0 1 6 3 6 0 2 6 5
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SPENT 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: SOLVENTS N.O.S.
HAZARD CLASS: FLAMMABLE
N A 1 9 9 3 (UN or NA Number)
F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE 3600 ~~1800~~ LBS TONS (circle one)
WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 440 ~~220~~ 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS ~~4~~ 8 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: 10/28/83

WASTE HAULER

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

(1) LMT [signature] (Authorized Signature) DATE: 10/28/83

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

[signature] (Authorized Signature) DATE: 10/30/83

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV # 4

SITE COPY - PART 3

To 204 R T-50 GRM 10.31.83

004847

IL 532-610
LPC 62 8/81

TO BE COMPLETED BY
ASTE 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

0660583
1 7

Authorization Number ____ 8 13

BEMA FILM SYSTEMS INC. 744 N. OAKLAWN AVE. 312-279-7800 0 4 3 0 3 5 0 0 1 1 G
(Company Name) Address Phone Number 14 Generator Number 24

ELMHURST ILLINOIS 60126 I L T 1 8 0 0 1 4 8 7 0
City State Zip EPA Number

WASTE HAULER(S)

LANDGREBE TRUCK LINES PO BOX 31 VALPARASO, IN 46383 I C C 2 9 0
Hauler Name Hauler Address S.W.H. Registration Number 25 31

312-842-3121 I N D 0 0 9 8 4 2 8 2
Phone Number EPA Number

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

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICES PO BOX 190 9 1 8 0 8 9 0 2
(Facility Name) Address 39 Site Number 46

GRIFFITH INDIANA 46319 219-924-4370 I N D 0 1 6 3 6 0 2 6 5
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address 39 Site Number 46

City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SPENT 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: SOLVENTS N.O.S. HAZARD CLASS: FLAMMABLE

N A 1 9 9 3 UN or NA Number F 0 0 3 EPA HW Number

WEIGHT FOR D.O.T. USE 3520 ~~XXXX~~ LBS ~~TONS~~ (circle one)

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

QUANTITY OF WASTE DELIVERED: 440 ~~XXXX~~ 47 52 1 GALLONS (Circle One) 2 CU. YDS. 53

METHOD OF SHIPMENT (Circle One) (DRUMS ~~X~~8 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 2-28-84

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 2-28-84 [signature] (8-Drums) (Authorized Signature) DATE: 54 59

(2) (Authorized Signature) DATE: 54 59

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:

Frank Price (Authorized Signature) DATE 60 2/29/84 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 204 T-50 ERM 3.2.84

007525

WASTE ... BY
WASTE ... OR

STATE OF ILLINOIS

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

0660584

Authorization Number

BEMA FILM SYSTEMS INC. (Company Name) | 744 N. OAKLAWN AVE. (Address) | 312-279-7800 (Phone Number) | 0 4 3 0 3 5 0 0 1 1 G (Generator Number)

ELMHURST (City) | ILLINOIS (State) | 60126 (Zip) | I L T K 1 8 0 0 1 4 8 7 0 (EPA Number)

WASTE HAULER(S)

LANDGREBE TRUCK LINES (Hauler Name) | PO BOXX 31 VALPARASO, IN 46383 (Hauler Address) | S.W.H. Registration Number I C C 2 9 8 0

312-842-3121 (Phone Number) | I N D 0 0 9 8 4 2 8 2 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICES (Facility Name) | PO BOX 190 (Address) | 2 1 8 0 8 9 0 2 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 219-924-4370 (Phone Number) | I N D 0 1 6 3 6 0 2 6 (EPA Number)

1400 | 288 | 14400

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SPENT 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: SOLVENTS N.O.S. | HAZARD CLASS: FLAMMABLE | N A 1 9 9 3 (UN or NA Number) | F 0 0 3 (EPA HW Number)

WEIGHT FOR D.O.T. USE 3520 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 440 | 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 8 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 _____ (Authorized Signature) DATE:

WASTE HAULER

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

(1) LMT Philip L Lyn (Authorized Signature) DATE 05/14/84

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

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

Frank Price (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

SITE COPY - PART 3

On lock

007526

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L T 1 8 0 0 1 4 8 7 0 — Manifest Document No.

2. Page 1 of 1

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

GENERATOR

3. Generator's Name and Mailing Address
BEMA FILM SYSTEMS INC.
744 N. OAKLAWN AVE. ELMHURST, IL 60126

4. Generator's Phone (312) 279-7800

A. Illinois Manifest Document Number: IL 1171192

B. Illinois Generator's ID: 0 4 3 0 3 5 0 0 0 4

5. Transporter 1 Company Name: LANDGREBE TRUCK LINES

6. US EPA ID Number: IND 0 0 9 8 4 2 8 4 2

C. Illinois Tranporter's ID: ICC 2 9 8 0

D. (312) 842-3121 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
PO BOX 190 GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: I 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone: (219) 942-4370

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol	14. Waste No.
a.	HM SPENT SOLVENTS N.O.S. FLAMMABLE NA1993	9	DM	495	GAL	EPA HW Number: F003
b.						EPA HW Number
c.						EPA HW Number
d.						EPA HW Number

Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George COnditto — Signature: George Conditto — Date (Month Day Year): 10 29 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LANDGREBE TRUCK F. Schlundt — Signature: F Schlundt — Date (Month Day Year): 11 29 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date (Month Day Year): 120188

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

204TT-50

UU1521

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.: IRT1 R0014819
Manifest Document No.:
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bema Film Systems
744 N. Oaklawn Ave. Elmhurst, IL 60126
4. Generator's Phone (312) 279-7800

A. State Manifest Document Number: IN 106697
B. State Generator's ID: 0430350004
C. State Transporter's ID:
D. ~~XXXXXXXXXXXX~~ 842-3121 (312)
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-9240 4370

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. US EPA ID Number: IN D 00 9 84 2 8 24
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: IN D 01 6 3 60 2 65

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Flammable Liquid N.O.S. Flammable UN 1993	2	D M	110 ~~1000~~	1	F003
b. Waste					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Ink Solvents 500 lbs 10-7

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.

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: Serena R. Sposato
Signature:
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Langrebe Motor Transit
Signature: Fred L. Koelke
Date: Month 11 Day 02 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year

GENERATOR / TRANSPORTER / FACILITY

IN 106697

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

2-204TC-T-50 11/4/87

T.S.D. DETACH AND RETAIN THIS COPY

013802

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.

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

3. Generator's Name

4. Generator's Phone ( )

A. State Manifest Document Number: IN 106696

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

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

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

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	Waste No.
a.					
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 presence and future threat to human health and the environment.

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date

FACILITY

19 Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month Day Year

IN 106696

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

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013801

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. ILTI800119179 | Manifest Document No.

2. Page 1 of 7 | Information in the shaded areas is not required by Federal law

3. Generator's Name [illegible]
[illegible]
GRANITE CITY IL 62040

4. Generator's Phone (312) 274-1200

A. State Manifest Document Number IN 106695

B. State Generator's ID 043035XXX4

C. State Transporter's ID 1575

D. Transporter's Phone 812-332-1121

5. Transporter 1 Company Name: MIDWEST PIPE TRANSIT | 6. US EPA ID Number: INDOOS172984

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] SERVICE
1100 S. COUNTY RD.
COLTON IN 46119 | 10. US EPA ID Number: IND980844945

G. State Facility's ID 9130270002

H. Facility's Phone 317-734-4370

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.
GENERATOR a. FLAMMABLE LIQUID N.O.S. FLAMMABLE (UN 1993)	04	DM	1495	1	F003
b. WASTE					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE INK SOLVENTS 1,780 LBS

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.

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

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 | Month Day Year

IN 106695

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

T.S.D. DETACH AND RETAIN THIS COPY 4-204R T50 13

013800

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.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
[illegible]		7	

3. Generator's Name [illegible]

4. Generator's Phone (312) 271-7200

A. State Manifest Document Number: IN106694

B. State Generator's ID: 4130350004

5. Transporter 1 Company Name: [illegible] Trans-Transit

6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]

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: American Chemical Service, Inc. 1965 Calumet Ave. Griffith, IN 46319

10. US EPA ID Number: [illegible]

G. State Facility's ID: IND 000 768 903

H. Facility's Phone: 219-838-1370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
b. Flammable Liquid N.O.S. Flammable UN 1993	001	DM	1495	1	F003
c.					
d.					

J. Additional Descriptions for Materials Listed Above

3760 LBS
WASTE INK SOLVENTS

K. Handling Codes for Wastes Listed Above

1. Gallons

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]			87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
[illegible] Trans-Transit	[illegible]			87

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
Harold F. Schmidt	[illegible]			87

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

UHWM 2/LP2

MRF T.S.D. DETACH AND RETAIN THIS COPY

8-204K TSD 12

IN106694

013744

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.: ILT180014870
Manifest Document No.:
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bema Film Systems
744 N. Oaklawn Ave, Elmhurst, Il. 60126
4. Generator's Phone (312) 279-7800

A. State Manifest Document Number: IN 106693
B. State Generator's ID: 0430350004
C. State Transporter's ID: 1875
D. Transporter's Phone: 312-842-3121
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: Landgrebe Motor Transit
6. US EPA ID Number: IND009842824
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service
420 S. Colfar Ave.
Griffith, IN 46319
10. US EPA ID Number: IND0X16360265

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 UN-1993	8	DM	440	1	F003
b. Waste Material Placarded Flammable UN-1993					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Wast Ink Solvents

K. Handling Codes for Wastes Listed Above: 1=gallons

15. Special Handling Instructions and Additional Information

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

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: Serena R. Sposato
Signature:
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Fred L. Koselke
Signature: Fred L. Koselke
Date: Month 03 Day 24 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year

GENERATOR / TRANSPORTER / FACILITY

IN 106693

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

T.S.D. DETACH AND RETAIN THIS COPY

MRF 8-204R TSD B

013798

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. ILTIIOEIKH5I7I0 — Manifest Document No.

2. Page 1 of 7

Information in the shaded areas is not required by Federal law

3. Generator's Name: BERLIN FILM SYSTEMS
744 N. OAKLAWN AVE
ELMHURST IL 60126

A. State Manifest Document Number: IN 093089

4. Generator's Phone: (312) 279-7500

B. State Generator's ID: 043035 0004

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT — 6. US EPA ID Number: INDOOF8K9285H

C. State Transporter's ID: 1875

D. Transporter's Phone: 312-842-3121

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: INDOOB8D2615

G. State Facility's ID: 4185390002

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. [redacted]	[redacted]		[redacted]		
b. FLAMMABLE LIQUID N.O.S FLAMMABLE UN-1993	09	DM	1195	1	F003
c. WASTE MATERIAL PACKAGED FLAMMABLE UN-1993	1				
d. [illegible] EXEMPT [illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

GENERATOR

J. Additional Descriptions for ~~Materials Listed Above~~

WASTE INK SOLVENTS
4050 LBS

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.

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

Printed/Typed Name	Signature	Month	Day	Year
[illegible]				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name	Signature	Month	Day	Year
JIM MARKS	(Jim Marks)	01	06	87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19 Discrepancy Indication Space
[illegible] NOT Required

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

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

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

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8-2047E TSD 8 MRL

IN 093089

013791

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

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611735

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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. IATTPOCHMTP | Manifest Document No.

2. Page 1 of 7 | Information in the shaded areas is not required by Federal law

3. Generator's Name
Bema Film Systems Inc.
744 N Oaklawn Ave. Elmhurst, IL 60126

4. Generator's Phone (312) 279-7800

A. State Manifest Document Number IN 106698

B. State Generator's ID 04303500004

5. Transporter 1 Company Name: Landgrebe Motor X Transit | 6. US EPA ID Number: IN DO 09 [illegible]

C. State Transporter's ID

D. Transporter's Phone 42- [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 [illegible]

G. State Facility's ID 71803 10002

H. Facility's Phone 219-924-4[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	15. Waste No.
a. [illegible]	1	DM	750 [illegible]	1	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
WASTE PAINT SOLVENTS - 2 @ 250 LBS each
WASTE OIL - 1 @ 250 LBS each

K. Handling Codes for Wastes Listed Above
1 - [illegible]

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: SERENA SIGNETO | Signature | Month 1 | Day 12 | Year 88

TRANSPORTER

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

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 HAROLD F. SCHMIDT | Signature | Month 1 | Day 12 | Year 88

IN 106698

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

3-204R T-50 1/12/88 T.S.D. DETACH AND RETAIN THIS COPY

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Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
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Bema Film Systems, Inc.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. P

3. Generator's Name

4. Generator's Phone ( )

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

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

9. Designated Facility Name and Site Address | 10. US EPA ID Number

A. State Manifest Document Number: IN106700

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

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.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month Day Year

IN 106700

EPA Form 8700-22A (Rev. 11-85) UHWM 2-PP2

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Division of Land Pollution Control - Manifest
Indiana State Board of Health
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of 7 | Information in the shaded areas is not required by Federal law

3. Generator's Name

A. State Manifest Document Number: IN 106699

4. Generator's Phone ( )

B. State Generator's ID

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

C. State Transporter's ID

D. Transporter's Phone

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date

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

GENERATOR

TRANSPORTER

FACILITY

Bema Film Systems, Inc.

IN 106699

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

UHWM 2/LP2

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILT180014870
Manifest Document No.:
2. Page 1 of 7
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bema Film Systems, 744 N Oak Lawn, Elmhurst IL 60126
4. Generator's Phone (312) 279-7800
A. State Manifest Document Number: IN 093090
B. State Generator's ID: 0430350004
5. Transporter 1 Company Name: LANDGREBE
6. US EPA ID Number: IND001842824
C. State Transporter's ID:
D. Transporter's Phone: 842-3121
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. COFAX, Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: 9180890002
H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Flammable Liquid N.O.S. Flammable UN# 1993	4	DM	220 GALS 2,000	1	FM03
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Ink Solvents 4
K. Handling Codes for Wastes Listed Above: 1 = LBS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Laura Hodges
Signature: Laura Hodges
Month 09 Day 14 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month 9 Day 15 Year 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: [illegible]
Signature: [illegible]
Month 9 Day 20 Year 88

IN 093090

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

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

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. T.1.5.1.8.0.0.1.4.8.7.0 | Manifest Document No. | 2. Page 1 of 7 | 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: BEMA FILM SYSTEMS, 744 BARLAGON ST, EL 60126

4. Generator's Phone (312) 279-7800

A. State Manifest Document Number: INA 0159693

B. State Generator's ID: [redacted]0430350004

5. Transporter 1 Company Name: LAND GREBE

6. Use EPA ID Number: T.N.D.0.0.9.8.4.2.8.2.4

C. State Transporter's ID

D. Transporter's Phone: 842-3731

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL, 420 S. COLFAX, GRIFFITH, IN 46319

10. Use EPA ID Number: T.N.D.0.1.2.2.6.0.2.6.5

G. State Facility's ID: 8080790002

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. FLAMMABLE LIQUID NOS FLAMMABLE [illegible]	4	DM	2000	1	5003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE INK 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: [illegible] | Signature: [illegible] | Date: Month 11 Day 17 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MITCH MULLINS, EMT | Signature: [illegible] | Date: Month 11 Day 17 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: STEPHEN L KULAVICK | Signature: Stephen L Kulavick | Month 11 Day 18 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 0159693

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

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

3-204 TCT 50 11/2
1-204 TCT 50 11/21

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

00024

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible] Manifest Document No. 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: BEMA Film Systems [illegible]

4. Generator's Phone ([illegible]) [illegible]

A. State Manifest Document Number: INA 0159694

B. State Generator's ID: [illegible]

5. Transporter 1 Company Name: [illegible]

6. Use EPA ID Number: [illegible]

C. State Transporter's ID:

D. Transporter's Phone: [illegible]

7. Transporter 2 Company Name:

8. Use EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: [illegible] Gaffney, IN 46319

10. Use EPA ID Number: [illegible]

G. State Facility's ID: [illegible]

H. Facility's Phone: 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. [illegible]	4	DM	226 CAL 2000	1	F003
b.					
c.					
d.					

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

K. Handling Codes for Wastes Listed Above: [illegible]

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	12	19	88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Mitch Mollins	Mitch Mollins	12	19	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
A. Whitaker	A. Whitaker	12	20	88

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9-86)
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State Form 11865 4-2042 TSD 12/22/88

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PAGE 3 (light green) TSD MAIL TO TSD STATE
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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

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/833-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0159694

0143

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I·L T1·80·0·14870 · | 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
Bema Film Systems
744 N Oaklawn Ave. Elmhurst, IL 60126

4. Generator's Phone (708) 279-7800

A. State Manifest Document Number: INA 0326583
B. State Generator's ID: 0430350004

5. Transporter 1 Company Name: Landgreebe
6. Use EPA ID Number: IND 0098 4·2·8·2 4
C. State Transporter's ID: 1875
D. Transporter's Phone: 842-3121

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

9. Designated Facility Name and Site Address
American Chemical
420 S. Colfax
Griffith, IN 46319
10. Use EPA ID Number: IND 016360265
G. State Facility's ID: 9180890002
H. Facility's Phone: 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Flammable Liquid NOS Flammable UN# 1993	5	DM	275 GAL 2,500 lbs		F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Wast Ink Solvents
K. Handling Codes for Wastes Listed Above: 1 - lbs

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Laura Hodges | Signature: Laura Hodges | Date: Month 11 Day 16 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carl Coulter | Signature: Carl Coulter | Date: Month 11 Day 16 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month 11 Day 16 Year 89

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK | Signature: Steve Kulavick | Month 11 Day 13 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.

INA 0326583

EPA Form 8700-22
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State Form 11865 (R/4-88)

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0016193

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.: T·L·T·1·8·0·0·1·4·8·7·0
Manifest Document No.: 0·0·0·0·1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BEMA FILM SYSTEMS, 744 N OAKLAND, ELMHURST, IL 60126
4. Generator's Phone: (312) 279-7800
A. State Manifest Document Number: INA 0326581
B. State Generator's ID: 6436350004
C. State Transporter's ID: 1875
D. Transporter's Phone: 242-3121
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 924-4370

5. Transporter 1 Company Name: [illegible]
6. Use EPA ID Number: [illegible]
7. Transporter 2 Company Name:
8. Use EPA ID Number: [illegible]
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL, 486 S [illegible] CULPAX, GRIFFITH, IN 46319
10. Use EPA ID Number: [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. FLAMMABLE LIQUID N.S. FLAMMABLE [illegible]	6	[illegible]	330GAL 3900	1	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE [illegible] SOLVENTS 6
K. Handling Codes for Wastes Listed Above: [illegible]

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: SERENA SPOSATO
Signature: [signature]
Date: Month 04 Day 18 Year 89

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAU KK
Signature: Steve Kulau
Date: Month 04 Day 18 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0326581

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

2-204TCT50 4/27
4-204TCT50 4/8

COPY 5. TSD COPY

0016194

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·LT·1·80·01 4·8·70
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
Bema Film Systems Inc.
744 N Oaklawn Ave., Elmhurst, IL 60126

4. Generator's Phone (312) 279-7700

A. State Manifest Document Number: INA 0326582
B. State Generator's ID: 0430350004

5. Transporter 1 Company Name: LandGreebe
6. Use EPA ID Number: IND009842824
C. State Transporter's ID: 1875
D. Transporter's Phone: 842-3121

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

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

10. Use EPA ID Number: IND016360265
G. State Facility's ID: 918089000 2
H. Facility's Phone: 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. FLAMMABLE LIQUID NOS FLAMMABLE UN#1993	4	DM	220 GAL 2000	1	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE INK SOLVENTS
K. Handling Codes for Wastes Listed Above: 1=LBS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: SERENA SPOSATO
Signature: Serena Sposato
Date: Month 07 Day 17 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DENNY STALBAUM
Signature: [illegible]
Date: Month 07 Day 17 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: ALVIN WHITAKER
Signature: Alvin Whitaker
Date: Month 7 Day 18 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0326582

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

COPY 5. TSD COPY

204 TC 50 7/24

0016195

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I.L.T. 1890. 14870			

GENERATOR

3. Generator's Name and Mailing Address
Bema Film Systems
744 N Oaklawn Ave.
Elmhurst, IL 60126 (708) 279-7800

A. State Manifest Document Number: INA 0326585

B. State Generator's ID: 0430X350004

4. Generator's Phone

5. Transporter 1 Company Name: Landgrebe
6. Use EPA ID Number: IND009842824
C. State Transporter's ID: 1875
D. Transporter's Phone: 842-3121

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

9. Designated Facility Name and Site Address
American Chemical
420 S. Colfax
Griffith, IN 46319
10. Use EPA ID Number: IND016360265
G. State Facility's ID: 9180850002
H. Facility's Phone: 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. Flammable Liquid - N.O.S. Flammable UN# 1993	10	DM	550	1	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: waste ink solvents

K. Handling Codes for Wastes Listed Above: 1- lbs

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name	Signature	Month	Day	Year
Serena R. Sposato		10	9	90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
LANDGREBE DEANNY STALBAUM		10	9	90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
STEVE KUINUICC		10	15	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.

INA0326585

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

COPY 5. TSD COPY

9-20472-TSD 5/14
1-20472-TSD 5/14 (2-3)

0017788

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.T.1.8.0.0.1.4.8.7.0 — 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: BEMA FILM SYSTEMS, 744 N OAKLAWN, ELMHURST, IL 60126
4. Generator's Phone: (708) 279-7900
5. Transporter 1 Company Name: LANDGREBE
6. Use EPA ID Number: IND009.8.4.2.8.2.4
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL, 450 S. COLFAX, GRIFFITH, IN 46319
10. Use EPA ID Number: IND016.3.6.0.2.6.5

A. State Manifest Document Number: INA-0326584
B. State Generator's ID: 0430350004
C. State Transporter's ID: [illegible]
D. Transporter's Phone: [illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 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. FLAMMABLE LIQUID FLAMMABLE UN#1993	8	DM	4,000	500	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: WASTE INK SOLVENTS

K. Handling Codes for Wastes Listed Above: 771[illegible] 1-LBS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: SERENA SPOSATO — Signature: [signature] — Date: Month 1 Day 30 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carl Coulter — Signature: [signature] — Date: Month 1 Day 30 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: Alvin Whitaker — Signature: [signature] — Date: Month 1 Day 31 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 0326584

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

COPY 5. TSD COPY

204 TCT 50 2/21

0017787

(015)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No. Manifest Document No.: Small Quantity Generator

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 S. 86th Court Justice, IL 60458
~~Justice, IL 60458~~

4. Generator's Phone 312-496-0616

A. State Manifest Document Number

B. State Generator's ID 0311475006

5. Transporter 1 Company Name: Super Cartage

6. US EPA ID Number: ILD052631496

C. State Transporter's ID 1008

D. Transporter's Phone 312-243-1110

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
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.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X Flammable Liquid NA1263 Waste Paint Related Material	3 ~~2~~	DM	165 ~~110~~	1	D001
b.	0295988					
c.	0295987					
d.	0295990					

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Patrick Benes | Signature: [signature] | Month 5 Day 15 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Karavites | Signature: [signature] | Month 5 Day 15 Year 87

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] | Signature: [signature] | Month 5 Day 15 Year 87

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

3-126K T63 B

MRK

TSDF COPY

013796

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.: SMALL QTY GENERATOR | | b b b b b

2. Page 1 of: 7

Information in the shaded areas is not required by Federal law

3. Generator's Name: Benes Auto Rebuilders
8231 S. 86th Court Justice, Ill. 60458

4. Generator's Phone ( ): 312 496-0616

A. State Manifest Document Number: IN 034141

B. State Generator's ID:

C. State Transporter's ID: Ill. 0311475006

D. Transporter's Phone: 312-243-1110

5. Transporter 1 Company Name: Super Cartage

6. US EPA ID Number: I L D 0 5 2 6 3 1 4 9 6

E. State Transporter's ID: 1008

7. Transporter 2 Company Name:

8. US EPA ID Number:

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: 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	R1	D M	800lbs 010111	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
D. Benes		01	11	88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
James Karavites		01	11	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
Harold F. Nimdt		01	12	88

FACILITY

IN 034141

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

2-126E T-63 1/26/88 T.S.D. DETACH AND RETAIN THIS COPY

014310

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

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch) typewriter.)* *Form Approved. OMB No. 2050-0039. Expires 9-30-88*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: Small Quantity Generator | Manifest Document No.: | 2. Page 1 of 8 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 S. 86th Court, Justice, IL 60458
4. Generator's Phone (312) 496-0616

A. State Manifest Document Number: INA 0159999
B. State Generator's ID: 0311475006

5. Transporter 1 Company Name: ABC Service | 6. Use EPA ID Number: W·I·D·0·7·6·1·5·9·8·3·9 | C. State Transporter's ID: IN9908-0050-11 | D. Transporter's Phone: 414-657-6222

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

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	003	D M	165	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kip Nelson | Signature | Date: Month 05 Day 04 Year 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: HAROLD F. SCHMIDT | Signature | Date: Month 05 Day 04 Year 88

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

123RCT63 5/5M

INA 0159999

0143

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.

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No: SMALL QUANTITY GENERATOR

2. Page 1 of 8 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 S. 86th Court, Justice, IL 60458
4. Generator's Phone (312) 496-0616

A. State Manifest Document Number: ACS 00132
B. State Generator's ID: 0311 475 006

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: I L D 0 0 0 6 4 6 8 1 0
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: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263		3	DM	0126	G	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: [illegible] | Signature: [signature] | Month 06 Day 03 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard M Strand | Signature: [signature] | Month 06 Day 03 Year 88

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

FACILITY

19. Discrepancy Indication Space
116KT63 8/4M

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK PRICE | Signature: Frank Price | Month 8 Day 4 Year 88

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

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

TSDF COPY

014372

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.: 0311 475 006
Manifest Document No.: 10248 A
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 South 86th Ct., Justice, IL. 60458

4. Generator's Phone (312) 496-0616

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]

C. State Transporter's ID: [illegible]
D. Transporter's Phone: 312 [illegible]

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

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

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Ave.
Griffith, IN. 43619

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263		02	dm	0110	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: Nicole Dimelo | Month 10 Day 21 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Leonard M Strand | Signature: Leonard M Strand | Month 10 Day 21 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

Discrepancy Indication Space

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

Printed/Typed Name: [illegible] KULAVICK | Signature: Steve Kulavick | Month 10 Day 24 Year 88

[illegible]er, Div. of American Labelmark Co. Inc. 60646

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

TCT 63 18/26

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014373

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: Small Qnty. Generator | Manifest Document No.: 6589G

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

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 S. 86th Ct. Justice, IL 60458

4. Generator's Phone (312) 496-0616

A. State Manifest Document Number:

B. State Generator's ID: 0311 475 006

5. Transporter 1 Company Name: Adco Express

6. US EPA ID Number: ILD 047,267 364

C. State Transporter's ID: 0367

D. Transporter's Phone: 312 429-1660

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

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

10. US EPA ID Number: IND 016 360 255

G. State Facility's ID:

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

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	X	2	DM	110	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
LAWRENCE A HAROLD				

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
William Vor A		10	4	89

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

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

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071089M

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. SMQTTGEN — Manifest Document No.

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

GENERATOR

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 S. 86th St.Justice, IL. 60458
4. Generator's Phone (312) 496-0616

A. State Manifest Document Number

B. State Generator's ID 0311 475 006

5. Transporter 1 Company Name: ADCOM EXPRESS, INC.
6. US EPA ID Number: ILD084726736 4

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: IND001636025

G. State Facility's ID

H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (P003) FLAMMABLE LIQUID NA1263	X	01	DM	55	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: 07/11/87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LAWRENCE A. GODBOLD | Signature: Laurence A. Godbold | Month Day Year: 07/11/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVE KILNUICK | Signature | Month Day Year: 07/11/87

Style F15REV-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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Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: SMONTYGENER
Manifest Document No.: 11024J
2. Page 1 of 6

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

3. Generator's Name and Mailing Address
Benes Auto Rebuilders
8231 South 86th Court, Justice, IL 60458

4. Generator's Phone (312) 496-0616

A. State Manifest Document Number

B. State Generator's ID: 0311 475 006

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: ILD047267364

C. State Transporter's ID: 0367

D. Transporter's Phone: 312-429-1660

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: IND016360265

G. State Facility's ID

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

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	001	dm	00050	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: 11 11 11

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LEN WARSINNY | Signature: [illegible] | Month Day Year: 11 9 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: WHITAKER A | Signature: [illegible] | Month Day Year: 11 16 89

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.

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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 984 [illegible] Manifest Document No. 21998
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
BENES AUTO REBUILDERS
8231 SOUTH 86TH CT.
JUSTICE, IL. 60458
4. Generator's Phone (708) 496-0616

A. Illinois Manifest Document Number IL 1932506
B. Illinois Generator's ID 03 11475096
C. Illinois Transporter's ID 0367
D. Transporter's Phone 708 429-3013
E. Illinois Transporter's ID
F. Transporter's Phone
G. Illinois Facility's ID
H. Facility's Phone 219 924-4370

5. Transporter 1 Company Name
ADCOM EXPRESS
6. US EPA ID Number
ILD 047267365
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 SOUTH COLFAX AVE.
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. R.Q. WASTE FLAMMABLE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA 1263	001	DM	054	G	EPA HW Number X X T 003 State Authorization Number
b.					EPA HW Number X X State Authorization Number
c.					EPA HW Number X X State Authorization Number
d.					EPA HW Number X X State Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item 14 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name EDWARD S. LEWIS Signature [signature] Month 2 Day 5 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name VINCENT AGUILAR Signature [signature] Month 03 Day 05 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 in item 19.
Printed/Typed Name WHITAKER A. TITLE ENV. Signature [signature] Month 3 Day 8 Year 90

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

2695 6378

0017786

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. SMALL QNTY. GENERATOR | Manifest Document No. 021388D

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

GENERATOR

3. Generator's Name and Mailing Address
Bebes Auto Rebuilders
8231 South 86th Court, Justice, IL 60458
4. Generator's Phone (312) 496-0616

A. State Manifest Document Number
B. State Generator's ID 0311 475 006

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 000 646 810
C. State Transporter's ID 0311
D. Transporter's Phone 312-385-8440

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263		02	dm	0110	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: [illegible] | Signature: [signature] | Month 02 Day 13 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard M [illegible] | Signature: [signature] | Month 02 Day 13 Year 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Whitaker A | Signature: [signature] | Month 02 Day 13 Year 89

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

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

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Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 0 2 5 0 5 7 6 | Manifest Document No.: 1 1 2 7 A

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

3. Generator's Name and Mailing Address
Bennett Auto Rebuilders
2300 West 79th Street, Chicago, IL 60620

4. Generator's Phone (312) 434-0181

A. State Manifest Document Number:

B. State Generator's ID: 0316 710 007

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: I L D 0 4 7 2 6 7 3 6 4

C. State Transporter's ID: 0367

D. Transporter's Phone: 708-429-1660

7. Transporter 2 Company Name:

8. 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)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	05	DM	250	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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GENERATOR

Printed/Typed Name: Michael F. McCann | Signature | Month Day Year: 11 21 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LAWRENCE A. GODBOLD | Signature | Month Day Year: 11 21 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: WHITAKER H | Signature | Month Day Year: 11 27 87

Style F15 REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

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

1260CT63 11/30

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00016189

TO BE COMPLETED BY WASTE GENERATOR

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

0163014

Authorization Number 781859

WASTE GENERATOR

BENNETT INDUSTRIES (Company Name) — 515 First St (Address)

Peotone (City) — ILL (State) — 60468 (Zip)

1970750001 G (Generator Number)

WASTE HAULER(S)

(1) KKK industrieal Disposal (Hauler Name) — 1360 E Locust Kankakee (Hauler Address) — S.W.H. Registration Number 0066007

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — Colfax Avenue & Orr (Address) — 91808902 (Site Number)

Griffith (City) — IN (State) — _____ (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Dirty Solvent

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Solvent N.O.S.

HAZARD CLASS: Flammable Liquid

F005

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1/28/81 — Jack Smith (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED 002640 (1 GALLONS / 2 CU. YDS) (Circle One)

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

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

(1) X [signature] (Authorized Signature) — DATE: 1/28/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

[signature] (Authorized Signature) — DATE 1/28/81

COMMENTS OR SPECIAL INSTRUCTIONS: pumped to 142E 1/28/81 T-63 Jim Mingoff

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

001911

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

0 1 6 3 0 1 4
MANIFEST DOCUMENT NUMBER

1970750001
SHIPPER NUMBER

Kankakee Industrial Dispoal Inc
NAME OF CARRIER (SCAC)

0066007
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	ILD 005103577	BENNETT INDUSTRIAL 515 N First St Peotone, ILL 312-258-3211	28 Jan8
TRANSPORTER # 1	054155080 IND [illegible]	Kankakee Industrial Disposal Inc	1/28/81
TRANSPORTER # 2 (If required)		1360 E Locust, Kankakee ,ILL. 815-933-2931	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND-016360265	American Chemical Service PO Box 190 Griffith, IN 219-924-4370	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
48 5 gal rum		F005	Dirty Solvent,07,F005				17688	2640 gals		

ECIAL 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.

MMENTS

PLACARDS TENDERED
Yes [X] No [ ]

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

I TO:
ESS

COD Amt: $

C.O.D. FEE.
PREPAID ☐
COLLECT ☐ $

TOTAL CHARGES. $

FREIGHT CHARGES
FREIGHT PREPAID except as noted in Item 7 of consignor's instructions
Check box if charges are to be collected

Where the rate is dependent on value, shippers ed to state specifically in writing the agreed or alue of the property.
ed or declared value of the property is hereby y 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

s to certify that the above-named materials are properly fied, described, packaged, marked and labeled, and are in condition for transportation according to the applicable tions of the Department of Transportation and the U.S. Environmental Protection Agency

NERATOR'S SIGNATURE — DATE

Pumped to 142 x, 1/28/81 T-63

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

LE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001919

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

0163023

Authorization Number 781859

ILD005103577

WASTE GENERATOR

Bennett Industries (Company Name) — 515 First St (Address)

Peotone (City) — IL (State) — 60468 (Zip)

1970750001 (Generator Number)

WASTE HAULER(S)

(1) KKK Industrial Disposal (Hauler Name) — 1360 E Locust, Kankakee (Hauler Address) — S.W.H. Registration Number 0066007

ILD054155080

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) — Colfax Avenue & Orr (Address) — 91808902 (Site Number)

Griffith (City) — IN (State) — _____ (Zip)

IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Dirty Solvent

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Solvent N.O.S.

HAZARD CLASS: Flammable Liquid

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5/13/81 — [signature] (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 002805 (47–52) — 1 GALLONS / 2 CU. YDS. (Circle One) 1 (53)

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

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

(1) [signature] (Authorized Signature) — DATE: 05/13/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

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

[signature] (Authorized Signature) — DATE: 5/13/81

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 5/13/81
PUMPED TO 124Z 5/14/81 T-63 JFM

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

001912

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

0469406

Authorization Number

Bennett Industries	515 First Street	312-258-3211	1 9 7 0 7 5 0 0 0 1 G
(Company Name)	Address	Phone Number	Generator Number
Peotone	IL	60468	I L D 0 0 5 1 0 3 5 7 7
City	State	Zip	EPA Number

WASTE HAULER(S)

Kankakee Indusrial Disposal Service	1360 E. Locust Kankakee, IL 60901		S.W.H. Registration Number 0066008
Hauler Name	Hauler Address	815-933-2931 Phone Number	ILD054155080 EPA Number
			S.W.H. Registration Number
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service	PO Box 190 S. Colfax Ave.			9 1 8 0 8 9 0 2
(Facility Name)	Address			Site Number
Griffith	IN	46319	219-924-4370	I N D 0 1 6 3 6 0 2 6 5
City	State	Zip	Phone Number	EPA Number
Alternate (Facility Name)	Address			Site Number
City	State	Zip	Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Dirty Solvent WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION:	HAZARD CLASS:	UN or NA Number	EPA HW Number
Solvent N.o.s.	Flammable Liquid	U N 1 1 9 3	F o o 5

WEIGHT FOR D.O.T. USE: 17860 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 002585 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS 47 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: 8-4-81

WASTE HAULER

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

(1) (Authorized Signature) DATE: 8/4/81

(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: 8/4/81

COMMENTS OR SPECIAL INSTRUCTIONS: To 124x T-63 8/4/81 gm.

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

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

SITE COPY - PART 3

001913

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

0469411

Authorization Number

Bennett Industries (Company Name) | 515 First St (Address) | 312-258-3211 (Phone Number) | 1 9 7 0 7 5 0 0 0 1 G (Generator Number)

Peotone (City) | IL (State) | 60468 (Zip) | I L D 0 0 5 1 0 3 5 7 7 (EPA Number)

WASTE HAULER(S)

Kankakee Industrial Disposal Service (Hauler Name) | 1360 E. [illegible] Locust Kankakee, IL 60901 (Hauler Address) | S.W.H. Registration Number 0 0 6 6 0 0 8 | 815-933-2931 (Phone Number) | I L D 0 5 4 1 5 5 0 8 (EPA Number)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | PO Box 190 S. Colfax Ave. (Address) | 9 1 8 0 8 9 0 2 (Site Number)

Griffith (City) | IN (State) | 46319 (Zip) | 219-924-4370 (Phone Number) | I N D 0 1 6 3 6 0 2 6 5 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Dirty Solvent | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Solvent N.O.S. | HAZARD CLASS: Flammable Liquid | UN 1 1 9 3 (UN or NA Number) | F 0 0 5 (EPA HW Number)

WEIGHT FOR D.O.T USE 12,540 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 0 0 1 8 1 5 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS 33 Number) | TANK TRUCK | OPEN TRUCK | OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE 10-7-81

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) John D. Murphy (Authorized Signature) DATE 10 7 81

(2) (Authorized Signature) DATE / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

[signature] (Authorized Signature) DATE 10 7 81

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 10/7/81
TO 124E T-63 10/12/81 gpm

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

001914

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 005103577 | Manifest Document No.: 0007

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address:
Bennett Industries
515 1st Street
Peotone, IL 60468

4. Generator's Phone (312) 2583211 (Bruce Waldvogel)

A. Illinois Manifest Document Number: IL 1237406

B. Illinois Generator's ID: 1970750003

5. Transporter 1 Company Name: Landgrebe Motor Transit | 6. US EPA ID Number: IND 009842824

C. Illinois Tranporter's ID: [redacted]187

D. (219) 462-4181 Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address:
American Chemical Service
420 S. Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID: 9180890002

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

GENERATOR

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.		Waste Flammable Liquid N.O.S. UN 1993 Flammable Liquid	28	dm	1540	1	EPA HW Number: D001
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. Dirty Solvent from painting operations

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons, 2 = Cubic Yards
#1-gallons

15. Special Handling Instructions and Additional Information:
if undeliverable, return to generator.

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

Printed/Typed Name	Signature	Date (Month Day Year)
Bruce Waldvogel	Bruce Waldvogel	01 17 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JIM SHOLHART	Jim Sholhart	01 17 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	1 18 85

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

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

REV. 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

204R 7-50

010300

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 ... 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 005103577 | Manifest Document No.: 0023

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
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (312) 258-3211

A. Illinois Manifest Document Number: IL 1237423

B. Illinois Generator's ID: 1970750003

5. Transporter 1 Company Name: Landgrebe Motor Transit | 6. US EPA ID Number: IND 009842824

C. Illinois Tranporter's ID: 1875

D. 219 4624181 Transporter's Phone

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

E. Illinois Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID: 1918090002

H. Facility's Phone: 219 924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Waste Flammable Liquid, Flammable Liquid N.O.S. UN 1993	X	27	Dm	1485	1	D005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
A. Dirty Solvent from painting operations.

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons, 2 = Cubic Yards
1

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

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

Printed/Typed Name	Signature	Date (Month Day Year)
BRUCE WALDVOGEL	Bruce Waldvogel	08 15 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
D. PURSLEY	D Pursley	8 15 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)
STEPHEN L. KULAVICK	Stephen L Kulavick	8 16 85

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

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

REV. 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

C10517

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 005103577 | Manifest Document No.: 0031 | 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
Bennett Industries
515 First Street Peotone, IL 60468

A. Illinois Manifest Document Number: IL-1181320

4. Generator's Phone (312) 258-3211

B. Illinois Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking | 6. US EPA ID Number: ILD 000646810

C. Illinois Tranporter's ID: 0311

D. 312 385-8460 Transporter's Phone

7. Transporter 2 Company Name: American Chemical Service | 8. US EPA ID Number: IND 016360265

E. Illinois Transporter's ID: 0024

F. 219-924-4370 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: 016360265 IND 000

G. Illinois Facility's ID: 9180890002

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

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X Waste Flammable Liquid Flammable Liquid N.O.S. UN 1993	X	23	dm	1265	1	EPA HW Number: F005; Authorization Number:
b.	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 I have selected the method of disposal currently available to me which minimizes the present and future threat to human health and the environment						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. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
1=gallons
2=cubic yards
1

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

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

Printed/Typed Name: BRUCE WALDVOGEL | Signature: Bruce Waldvogel | Date: Month Day Year 10 14 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JAMES BATTEN | Signature: James Batten | Date: Month Day Year 10 14 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: MICHAEL O. BURGE | Signature: Michael O. Burge | Date: Month Day Year 10 14 85

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

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

204E 7-50

010576

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 005103577 | Manifest Document No. 0037 | 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
Bennett Industries
515 First Street Peotone, IL 60468
4. Generator's Phone (312) 2583211

A. Illinois Manifest Document Number: IL 1181326
B. Illinois Generator's ID: 1970750003
C. Illinois Transporter's ID: 1875
D. Transporter's Phone: 2194624181
E. Illinois Transporter's ID:
F. Transporter's Phone:
G. Illinois Facility's ID: 9180890002
H. Facility's Phone: 219 924-4370

5. Transporter 1 Company Name: Landgrebe Motor Transit | 6. US EPA ID Number: IND 009842824
7. Transporter 2 Company Name | 8. US EPA ID Number
9. Designated Facility Name and Site Address: American Chemical Service, 420 S. Colfax Ave., Griffith IN 46319 | 10. US EPA ID Number: IND 016360265

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Waste Flammable Liquid X Flammable Liquid N.O.S. UN 1993	X	23	dm	1265	1	EPA HW Number: D001; Authorization Number:
b.	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 I have selected the method of disposal currently available to me which minimized the present and future threat to human health and the enviroment.						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. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
1-gallons
2-cubic yards
(1)

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

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

Printed/Typed Name	Signature	Date (Month Day Year)
Bruce Waldvogel		12/01/85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Mitch Mullins		12/10/85

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)
E MURPHY		12/4/85

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

01050

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 005103577 | Manifest Document No. 0043

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
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (312) 2583211

A. Illinois Manifest Document Number IL 1181328

B. Illinois Generator's ID 1970750003

5. Transporter 1 Company Name: Landgrebe Motor Transit

6. US EPA ID Number: IND 009842834

C. Illinois Tranporter's ID 1875

D. (219) 4624181 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID 9180890002

H. Facility's Phone (219 924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Flammable Liquid Flammable Liquid N.O.S. UN 1993	X	20	dm	1100	1	EPA HW Number: F005; Authorization Number:
b. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I						EPA HW Number: Authorization Number:
c. have determined to be economically practicable and I have selected the method of disposal currently available to me which minimized the present and future threat to						EPA HW Number: Authorization Number:
d. human health and the environment.						EPA HW Number: Authorization Number:

J. Additional Descriptions for Materials Listed Above
A. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
1=gallons
2=cubic yards
(1)

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

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

Printed/Typed Name	Signature	Date (Month Day Year)
Bruce Waldvogel	Bruce Waldvogel	02 07 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
S. Shaban	S. Shaban	2 7 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
STEVE KULAVICK	Steve Kulavick	2 7 86

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

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

204ET-50 ✓

011350

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. **ILD005103577** Manifest Document No. **0048**

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
Bennett Industries
515 First Street Peotone, IL 60468
4. Generator's Phone (**312**) **258-3211**

A. Illinois Manifest Document Number **IL 1542682**

B. Illinois Generator's ID **1970750003**

5. Transporter 1 Company Name **Landgrebe Motor Transit** 6. US EPA ID Number **Ind 009842824**

C. Illinois Transporter's ID **1875**

D. **2194624181** Transporter's Phone

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

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 So. Colfax Ave.
Griffith, 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.
GENERATOR a.	Waste Flammable Liquid N.O.S. (UN 1993) Flammable Liquid	X	29	DM	1595	1	EPA HW Number F005 / Authorization Number
b.	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 I						EPA HW Number / Authorization Number
c.	have selected the method of disposal currently available to me which minimized the present and future threat to						EPA HW Number / Authorization Number
d.	human health and the environment.						EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above
A. Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards
(1)

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator

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

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

Printed/Typed Name	Signature	Date (Month Day Year)
Bruce Waldvogel	Bruce Waldvogel	04 07 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Landgrebe Motors Philip Lyons	Philip L Lyons	04 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 in item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
MURPHY		4 7 86

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

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

REV #6

GENERATOR COPY – PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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

FACILITY COPY - PART 3

204 R T50 011351

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

177

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 005103577 | Manifest Document No.: 0056
2. Page 1 of: 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name: Bennett Industries
515 First Street Peotone, IL 60468
4. Generator's Phone (312) 2583211

A. State Manifest Document Number: IN 037237
B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. US EPA ID Number: IND 009842824
C. State Transporter's ID: 1875
D. Transporter's Phone: 2194624181

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

9. Designated Facility Name and Site Address: American Chemical Service
420 So. Colfax Ave.
Griffith, IN 46319
10. US EPA ID Number: IND 016360265
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 Flammable Liquid N.O.S. UN 1993	28	DM	1540	1	F005
b.					
c.					
d.					

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 I have selected the method of disposal currently available to me which minimized the present and future threat to human health and the environment.

GENERATOR

J. Additional Descriptions for Materials Listed Above: A. Dirty solvent from painting operations, 1-gallons

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: If undeliverable, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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
Bruce Waldvogel	Bruce Waldvogel LAT	06	11	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Terry Cummings	28 Drums Terry Cummings	06	11	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	Signature	Month	Day	Year
EDUNFEE	J Dunfee	6	12	86

IN 037237

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

T.S.D. DETACH AND RETAIN THIS COPY 123ET63

011352

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 005103577
Manifest Document No.: 0064
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (312) 258-3211

A. State Manifest Document Number: IN 037238
B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Landgrebe Motor Transit
6. US EPA ID Number: I N D 0 0 9842824
C. State Transporter's ID: 1875
D. Transporter's Phone: 2194624181

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

9. Designated Facility Name and Site Address: American Chemical Service
420 So. Colfax Ave.
Griffith, IN. 46319
10. US EPA ID Number: IND 016360265
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 Flammable Liquid N.O.S. UN 1993	25	DM	1375	1	F005
b. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined					
c. to be economically practicable and I have selected the method of disposal currently available to me which ~~XXXXXX~~ minimized the present and future threat to human health and the environment					
d.					

J. Additional Descriptions for Materials Listed Above: Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above: 1-gallons

15. Special Handling Instructions and Additional Information

If undeliverable return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel
Signature: [signature]
Month Day Year: 10 07 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year: 10 07 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 Item 19.
Printed/Typed Name: [illegible]
Signature: [signature]
Month Day Year: 10 07 86

IN 037238

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

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

123 0143353

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 005103577 | Manifest Document No.: 0067 | 2. Page 1 of: 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name
Bennett Industries
515 First Street Peobone, IL 60468

A. State Manifest Document Number: IN 037239

4. Generator's Phone (312 2583211

B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Landgrebe Motor Transit | 6. US EPA ID Number: IND 009842824 | C. State Transporter's ID: 1875 | D. Transporter's Phone: 2194624181

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

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

10. US EPA ID Number: IND 016360265

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 Flammable XXX Liquid N.O.S. UN 1993	37	DM	2035	1	F005
b.					
c.					
d.					

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 XXXXX practicable and I have selected the method xof disposal currently availXable to me which minimized the present and future threat to human health and the environmentxx

J. Additional Descriptions for Materials Listed Above

XXXXXXXXXXXXX Dirty Solvent from painting operations.

K. Handling Codes for Wastes Listed Above

1+ gallons

15. Special Handling Instructions and Additional Information

If undelivable return to generator.

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

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

Printed/Typed Name	Signature	Month	Day	Year
Bruce Waldvogel	Bruce Waldvogel	10	21	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
FRED K. TUCKER	Fred K. Tucker	11	21	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	Signature	Month	Day	Year
HAROLD F. SCHMIDT	Harold F. Schmidt	11	21	86

IN 037239

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

T.S.D. DETACH AND RETAIN THIS COPY 123 K T63

011354

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 005103577 | Manifest Document No.: 0072
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bennett Industries
Mailing Address: 515 First Street Peotone, IL 60468
4. Generator's Phone: 312 2583211

A. State Manifest Document Number: IN037240
B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 000646810
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123858440

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

9. Designated Facility Name and Site Address: American Chemical Service
420 So. Colfax Ave.
Griffith, IN 46319
10. US EPA ID Number:
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 Flammable Liquid NOS UN 1993	25	DM	1375	1	F005
b.					
c.					
d.					

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 I have selected the method of disposal currently available to me which minimized the present and future threat to human health and ~~and~~ the environment.

J. Additional Descriptions for Materials Listed Above: Dirty Solvent from painting operations.

K. Handling Codes for Wastes Listed Above: 1=gallons

15. Special Handling Instructions and Additional Information: If undeliverable return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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
Bruce Waldvogel		12	09	86

TRANSPORTER

17. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		12	09	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	Signature	Month	Day	Year
		12	10	86

IN037240

EPA Form 8700-22A (Rev. 11-85) IN WMB/LP2

T.S.D. DETACH AND RETAIN THIS COPY

011355

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005103577
Manifest Document No.: 0095
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
Bennett Industries
515 First Street Peotone, IL 60468
4. Generator's Phone (312) 258-3211

A. State Manifest Document Number: INA 0108430
B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: ILD 000646810
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123858440

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: IND 016360265
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 N.O.S. un 1993	25	DM	1375	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above
G=Gallons

15. Special Handling Instructions and Additional Information
If undeliverable , return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: [illegible] Signature: [signature] Date: Month . Day . Year .

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES BATTEN Signature: [signature] Date: Month 08 Day 15 Year 87
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: HAROLD F. Schmidt Signature: [signature] Date: Month 08 Day 15 Year 87

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

INA 0108430

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

013795

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005103577
Manifest Document No.: 0091
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
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone 312) 258-3211

A. State Manifest Document Number: INA 0108429
B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: ILD 000646810
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123858440

7. Transporter 2 Company Name: American Chemical Service
8. Use EPA ID Number: IND 016360265
E. State Transporter's ID: 0024
F. Transporter's Phone: 2199244370

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Ave.
Griffith, IN 46319
10. Use EPA ID Number: IND 016360265
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 N.O.S. un 1993	26	dm	1430	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: A. Dirty Solvent from painting operations
K. Handling Codes for Wastes Listed Above: G=Gallons

15. Special Handling Instructions and Additional Information
IF undeliverable, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel
Signature: Bruce Waldvogel
Date: Month 06 Day 25 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES BATTCH
Signature: James Battch
Date: Month 06 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: GRHOLDAY
Signature: [signature]
Date: Month 06 Day 26 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 0108429

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

26-123R T63B

013794

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items G, F, H and I are required by State law.
ILD 005103577	0084		

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street Peotone, IL 60468

A. State Manifest Document Number: INA 0108428

4. Generator's Phone (312) 258-3211

B. State Generator's ID: 1970750003

5. Transporter 1 Company Name	6. Use EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
Strand Trucking	ILD 000646810	0311	3123858440

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

9. Designated Facility Name and Site Address	10. Use EPA ID Number	G. State Facility's ID	H. Facility's Phone
American Chemical Service 420 S. Colfax Ave. Griffith, IN 46319	IND 016360265	9180890002	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. UN 1993	20.	dm	1100	G	F005 K088
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
A. Dirty solvent from painting operations	G-Gallons

15. Special Handling Instructions and Additional Information

If undeliverable, return to generator.

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

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

GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
Bruce Waldvogel	Bruce Waldvogel	05	01	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
JAMES BATTEN	James Batten	05	01	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year
Warren F. Hundt	Warren F. Hundt	05	1	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 0108428

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State Form 11865

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PAGE 8 (white) TRANSPORTER 2 COPY

MAIN
20-123R TC3 0

013793

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
ILD 005103577	0088		

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (312) 258-3211

A. State Manifest Document Number: INA 0108427
B. State Generator's ID: 1970750003
C. State Transporter's ID: 0311
D. Transporter's Phone: 312-385-8440
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name	6. Use EPA ID Number
STRAND TRUCKING	IL0000646810

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

9. Designated Facility Name and Site Address	10. Use EPA ID Number
American Chemical Service **420 So. Colfax Ave.** **Griffith, IN. 46319**	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 Flammable Liquid N.O.S. UN 1993**	20	dm	1100	1	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
A. Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above
1-gallons

15. Special Handling Instructions and Additional Information
If undeliverable, return M to generator.

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

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

GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
bruce waldvogel	Bruce Waldvogel	5	1	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Leonard M Strand	Leonard M Strand	5	1	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year
Harold E Schacht	Harold E Schacht	5	1	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 0108427

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State Form 11865 20-123/2 T63 13 MRK

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PAGE 8 (white) TRANSPORTER 2 COPY

013792

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 005103577 | Manifest Document No. 0075 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law

3. Generator's Name
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (312 2583211

A. State Manifest Document Number IN 037241

B. State Generator's ID 1970750003

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 000646810
C. State Transporter's ID 0311
D. Transporter's Phone 3123858440

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

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

10. US EPA ID Number
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 UN 1993	21	dm	1155	1	F005
b.					
c.					
d.					

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 I have selected the method of disposal currently available to me which minimized the present and future threat to human health and the environment.

J. Additional Descriptions for Materials Listed Above: Dirty Solvent from painting operations.

K. Handling Codes for Wastes Listed Above: 1=gallons

15. Special Handling Instructions and Additional Information

If undeliverable, return to generator.

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

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

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Bruce Waldvogel		02	03	87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Stan Strand		02	03	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
William F. Schmidt				

FACILITY

IN 037241

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

T.S.D. DETACH AND RETAIN THIS COPY

MAR 21 - 123 T630

013791

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

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch) typewriter.)* *Form Approved. OMB No. 2050-0039. Expires 9-30-88*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005103577 | Manifest Document No.: 0104 | 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
Bennett Industries
515 First Street Peotone, IL 60468

A. State Manifest Document Number: INA 0108433

4. Generator's Phone (312) 258-3211

B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking | 6. Use EPA ID Number: ILD 000646810

C. State Transporter's ID: 0311

D. Transporter's Phone: 3123858440

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: IND 016360265

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	033	DM	01815	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above
G-Gallons

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Bruce Waldvogel	Bruce Waldvogel	04	11	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Leonard M. Strand	Leonard M. Strand	04	11	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	Signature	Month	Day	Year
HAROLD F. SCHMIDT	Harold F. Schmidt	04	11	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.

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State Form 11865 32-123R T63 4/12/88 1-204R T50 8/3

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PAGE 8 (white) TRANSPORTER 2 COPY

INA 0108433

014

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.: ILD 005103577 | Manifest Document No.: 0106 | 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
Bennett Industries
515 First Street Peotone, IL 60468
4. Generator's Phone (312) 258-3211

A. State Manifest Document Number: INA 0199874
B. State Generator's ID: 1970750003
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123858440
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: Strand Trucking | 6. Use EPA ID Number: ILD 000646810
7. Transporter 2 Company Name | 8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Ave.
Griffith, IN. 46319
10. Use EPA ID Number: IND 016360265
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 UN1993	29	DM	1595	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a. Dirty solvent from painting operations
K. Handling Codes for Wastes Listed Above: C-Gallons

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel | Signature: Bruce Waldvogel | Month: 06 | Day: 08 | Year: 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: THOMAS STRAND | Signature: Thomas Strand | Month: 06 | Day: 08 | 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: HARROLD F SCHMIDT | Signature: Harrold F Schmidt | Month: 06 | Day: 20 | Year: 88

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State Form 11865

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PAGE 8 (white) TRANSPORTER 2 COPY

29-123E T63 6/89

In case of a spill call Indiana Office of Environmental Response at 317/243-5136 (day), or 317/633-0144 (night), or the National Response Center at 800/424-8802 or 202/426-2675.

INA 0199874

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.: ILD 005103577
Manifest Document No.: 0108
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
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (312) 258-3211

A. State Manifest Document Number: INA 0199875
B. State Generator's ID: 1970750003
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123858440
E. State Transporter's ID:
F. Transporter's Phone:

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: ILD000646810
7. Transporter 2 Company Name:
8. Use EPA ID Number:

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

10. Use EPA ID Number:

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 UN 1993 Liquid	025	DM	01375	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11 a. Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above
G-Gallons

15. Special Handling Instructions and Additional Information
IF undeliverable, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel
Signature: Bruce Waldvogel
Month 08 Day 05 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND
Signature: Thomas Strand
Month 08 Day 05 Year 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: ALVIN WHITAKER
Signature: Alvin Whitaker
Month 08 Day 9 Year 88

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
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24-123 FCT 63 8/10
1-204 FCT 50 8/10

INA 0199875

01436

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.

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.: ILD 005103577 | Manifest Document No.: 0109 | 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
Bennett Industries
515 First Street Peotone, IL 60468

A. State Manifest Document Number: INA 0199876

4. Generator's Phone (312) 258-3211

B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking

6. Use EPA ID Number: ILD 000646810

C. State Transporter's ID: 0311

D. Transporter's Phone: 3123858440

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: IND 016360265

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 Flammabble Liquid UN1993	025	DM	01375	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a. Dirty solvent from painting operations

K. Handling Codes for Wastes Listed Above: Gallons

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel | Signature: Bruce Waldvogel | Month: 10 | Day: 03 | Year: 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND | Signature: Thomas Strand | Month: 10 | Day: 03 | Year: 88

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

FACILITY

19. Discrepancy Indication Space
23 12 8 76 5 4
2-254 R 50

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: A Whitaker | Signature: A Whitaker | Month: 10 | Day: 03 | Year: 88

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

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

INA 0199876

National Response Center at 800/424-8802 or 202/426-2675.

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

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch) typewriter.)* *Form Approved. OMB No. 2050-0039. Expires 9-30-88*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
ILD 005103577	0111		

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street, Peotone, IL. 60468

A. State Manifest Document Number: INA 0199877

4. Generator's Phone (312) 258-3211

B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: **Strand Trucking**

6. Use EPA ID Number: ILD 000646810

C. State Transporter's ID: 0311

D. Transporter's Phone: 3123858440

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: IND 016360265

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 UN1993	019	DM	01045	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
C-Gallons

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Bruce Waldvogel	Bruce Waldvogel	12	15	88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
THOMAS STRAND	Thomas Strand	12	15	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
Whitaker A	A Whitaker	12	16	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.

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

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

INA 0199877

01436

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.: ILD 005103577
Manifest Document No.: 0112
2. Page 1 of 2
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street Peotone, IL. 60468

A. State Manifest Document Number: INA 0199878
B. State Generator's ID: 1970750003
4. Generator's Phone: 312) 258-3211

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: ILD 000646810
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123858440

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: IND 016360265
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	021	DM	01155	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty Solvent From Painting Operations.

K. Handling Codes for Wastes Listed Above
G-Gallons

15. Special Handling Instructions and Additional Information
If undeliverable, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel
Signature: Bruce Waldvogel
Month: 10 Day: 13 Year: 89

TRANSPORTER

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: THOMAS STRAND
Signature: Thomas Strand
Month: 10 Day: 30 Year: 89

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: Bruce Waldvogel
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: Whitakon ALUM
Signature:
Month: 10 Day: 30 Year: 89

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
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PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

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

INA 0199878

0016183

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.: ILD 005103577
Manifest Document No.: 0114
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items G, H and I are required by State law.

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street Peotone, IL. 60468

A. State Manifest Document Number: INA 0199879
B. State Generator's ID: 1970750003
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123838440
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

4. Generator's Phone: 312 258-3211
5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 000646810
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: 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, Flammable Liquid, NOS UN 1993	027	DM	01485	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
G-Gallons

15. Special Handling Instructions and Additional Information
IF UNDELIVERABLE, RETURN TO GENERATOR.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel
Signature: Bruce Waldvogel
Date: Month 04 Day 03 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND
Signature: Thomas Strand
Date: Month 04 Day 03 Year 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: STEVE KINNUICK
Signature: Steve Kinnuick
Date: Month 04 Day 04 Year 89

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

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

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

123 F163 4/6

0016184

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.: ILD 005103577 . . . | Manifest Document No.: 0115 | 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
Bennett Industries
515 First Street. Peotone,IL. 60468

4. Generator's Phone (312) 258-3211

A. State Manifest Document Number: INA 0353673

B. State Generator's ID: 1970750003

5. Transporter 1 Company Name: Strand Trucking

6. Use EPA ID Number: ILD 000646810 . . .

C. State Transporter's ID: [illegible] 0311

D. Transporter's Phone: 3123858440

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: IND 016360265 . . .

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	028	DM	01540	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
G=Gallons

15. Special Handling Instructions and Additional Information
IF UNDELIVERABLE RETURN TO GENERATOR.

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

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GENERATOR — Printed/Typed Name: Bruce Waldvogel | Signature: Bruce Waldvogel | Date: Month 06 Day 07 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND | Signature: [signature] | Date: Month 06 Day 07 Year 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KUHNICK | Signature: Steve Kuhnick | Date: Month 06 Day 07 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.

INA0353673

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

26-173KT63 6/8
2-204KT50 6/5

COPY 5. TSD COPY

00016185

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.: ILD 005103577
Manifest Document No.: 011 6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street. Peotone, IL. 60468

A. State Manifest Document Number: INA 0353674
B. State Generator's ID: 1970750003
C. State Transporter's ID: 0311
D. Transporter's Phone: 3123318440

4. Generator's Phone (312) 258-3211

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: I L D 984774489

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

E. State Transporter's
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 0 1 6 3 6 0 2 6

G. State Facility's ID: 9180890002
H. Facility's Phone: 5— 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	23	D M	1265	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
lla. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
G-Gallons

15. Special Handling Instructions and Additional Information
If undeliverable return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national 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: Bruce Waldvogel
Signature: Bruce Waldvogel
Date: Month 07 Day 25 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND
Signature:
Date: Month 07 Day 25 Year 89

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

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER ALVIN
Signature: Alvin Whitaker
Month 7 Day 25 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0353674

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

COPY 5. TSD COPY

23-123RT63 7/2

0016186

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 2	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I L D 0 0 5 1 0 3 5 7 7	0 1 1 8 -		

3. Generator's Name and Mailing Address
Bennett Industries
515 First Street. Peotone,IL. 60468

A. State Manifest Document Number: INA 0379705

B. State Generator's ID: 1970750003

4. Generator's Phone (312) 258-3211

5. Transporter 1 Company Name: Strand Trucking

6. Use EPA ID Number: I L D 9 8 4 7 7 4 4 8 9

C. State Transporter's ID: 0311

D. Transporter's Phone: 312-331-8440

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
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: 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	0 3 2	D M	0 1 7 6 0	G	F 005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
C=GALLONS

15. Special Handling Instructions and Additional Information
If undeliverable return to generator.

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

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GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
Bruce Waldvogel				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Conrad M Strand	Conrad M Strand			

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
Whittaker A	A Whittaker	10	3	89

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

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31-123CT63 12/4
1-204RT63 12/4

0016187

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 0379705

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 1 0 3 5 7 7 — Manifest Document No. 0 1 2 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
Bennett Industries
515 First Street. Peotone, IL. 60468

A. State Manifest Document Number: INA 0379706

B. State Generator's ID: 1970750003

4. Generator's Phone (312) 258-3211

5. Transporter 1 Company Name: Strand Trucking

6. Use EPA ID Number: I L D 9 8 4 7 7 4 4 8 9

C. State Transporter's ID: 0311

D. Transporter's Phone: 312-331-8440

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

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

G. State Facility's ID: 9180890002

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste, Flammable Liquid, NOS Flammable Liquid UN 1993 RQ.	0 2 4	D M	0 1 3 2 0	G	F 005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
G=Gallons

15. Special Handling Instructions and Additional Information
If undeliverable return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel — Signature: Bruce Waldvogel — Date: Month 1 1 Day 2 9 Year 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lew Strand — Signature: Lew Strand — Date: Month 1 Day 3 0 Year 8 9

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 Kunick — Signature: Steve Kunick — Date: Month 1 1 Day 3 0 Year 8 9

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 0379706

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

1235CT63 12/4

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00016188

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.: ILD005103577-------- Manifest Document No.: 0125-- 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
Bennett Industries
515 First Street Peotone, IL 60468

4. Generator's Phone (708) 258-3211

A. State Manifest Document Number: INA 0379709

B. State Generator's ID: 1970750003-

5. Transporter 1 Company Name: Strand Trucking

6. Use EPA ID Number: ILD984774489--------

C. State Transporter's ID: 0311

D. Transporter's Phone: 7083318440

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: 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 RQ Flammable Liquid UN1993	035-	DM	01925	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above: G=Gallons

15. Special Handling Instructions and Additional Information

If undeliverable return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel Signature: Bruce Waldvogel Date: Month 06 Day 22 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LEVAN BRAYBOY Signature: Levan Brayboy Date: Month 6 Day 22 Year 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: Whitaker A Signature: A Whitaker Date: Month 6 Day 22 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 0379709

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

COPY 5. TSD COPY

122RT63 6/25

0017785

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 0 3 5 7 7 — Manifest Document No. 0 1 2 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
Bennett Industries
515 First Street Peotone, IL 60468

A. State Manifest Document Number: INA 0379710
B. State Generator's ID: 1970750003-
4. Generator's Phone (708) 258-3211
5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: I L D 9 8 4 7 7 4 4 8 9
C. State Transporter's ID: 0311
D. Transporter's Phone: 7083318440
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 0 0 6 3 6 0 2 6 5
G. State Facility's ID: 9180990002
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 RQ FLAMMABLE LIQUID UN1993	029	D-M	01595	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
IIa. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
G=Gallons

15. Special Handling Instructions and Additional Information
If undeliverable return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: Bruce Waldvogel — Signature: Bruce Waldvogel — Date (Month Day Year): 6 29 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: STAN STRAND — Signature: Stan Strand — Date (Month Day Year): 6 29 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 KULYUKA — Signature: Steve Kulyuka — Date (Month Day Year): 08 29 90

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

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

COPY 5. TSD COPY

19. 120JT63 8/30 10-120TT63 8/31

INA 0379710

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 1 0 3 5 7 7 — Manifest Document No. [illegible] -0122-
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
Bennett Industries
515 First Street. Peotone, IL. 60468
4. Generator's Phone (708) 258-3211

A. State Manifest Document Number: INA 0379707
B. State Generator's ID: 1970750003
C. State Transporter's ID: 0311
D. Transporter's Phone: 708-331-8440
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: I L D 9 8 4 7 7 4 4 8 9
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, 420 S. Colfax Ave., Griffith, IN. 46319
10. Use EPA ID Number: I N D 0 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	(Waste No.)
a. Waste, Flammable Liquid, NOS RQ. FLAMMABLE LIQUID UN1993	024	DM	01320	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: 11a. Dirty solvent from painting operations.
K. Handling Codes for Wastes Listed Above: G = GALLONS

15. Special Handling Instructions and Additional Information: If undeliverable return to generator.

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

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GENERATOR — Printed/Typed Name: Bruce Waldvogel — Signature: [signature] — Date: 12 5 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Len Strand — Signature: [signature] — Date: 12 5 90
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date:

FACILITY
19. Discrepancy Indication Space
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19. — Printed/Typed Name: Steve Kulnick — Signature: [signature] — Date: 12 05 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 0379707

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

COPY 5. TSD COPY

123 TCT 63 2/4

0017783

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.: ILD005103577
Manifest Document No.: 0123
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
Bennett Industries
515 First ST. Peotone, IL. 60468

A. State Manifest Document Number: INA 0379708
B. State Generator's ID: 1970750003
4. Generator's Phone: (708) 258-3211
5. Transporter 1 Company Name: Strand Trucking
6. Use EPA ID Number: ILD984774489
C. State Transporter's ID: 0311
D. Transporter's Phone: 7083318440
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: 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, FLAMMABLE LIQUID UN1993 nos RQ	025	DM	01375	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Dirty solvent from painting operations.

K. Handling Codes for Wastes Listed Above
G=GALLONS

15. Special Handling Instructions and Additional Information
If undeliverable return to generator.

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

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GENERATOR — Printed/Typed Name: Bruce Waldvogel — Signature: Bruce Waldvogel — Date: Month 04 Day 23 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lew STRAND — Signature: Lew Strand — Date: Month 04 Day 23 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: A Whitaker — Date: Month 4 Day 23 Year 90

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

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

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23-123TC-63 4/24
2-204TCTSD 4/25

INA 0379708

0017782

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 0 5 1 0 9 6 9 9 | Manifest Document No.: 3 7 9 8 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
Benton Harbor Engineering
2200 E Empire Ave, Benton Harbor MI 49022
4. Generator's Phone (616) 925-7081

A. State Manifest Document Number: INA 0437980
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M. I. D. 9. 8. 1. 9. 5. 6. 0. 6. 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

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

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090
10. Use EPA ID Number: I. N. D. 0. 1. 6. 3. 6. 0. 2. 6. 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material Flammable Liquid NA1263 (F005)	4	D M	220	G	F 0 0 5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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GENERATOR — Printed/Typed Name: Howard Henry | Signature: Howard Henry | Date: Month 08 Day 17 Year 90

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date: Month 08 Day 20 Year 90

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

FACILITY — 19. Discrepancy Indication Space

FACILITY — 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Whitaker 19 | Signature: A Whitaker | Month 8 Day 17 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 0437980

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

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0017731

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.0.5.1.0.9.6.9.9
Manifest Document No.: 5.5.9.9.8
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
Benton Harbor Engineering
2200 E Empire Ave, Benton Harbor MI 49022

4. Generator's Phone (616) 925-7081

A. State Manifest Document Number: INA 0355998
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 (F005)	13	D.M	715	G	F005
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: Wayne Tremblay
Signature: Wayne Tremblay
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials: 07 20 90
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials: 07 20 90
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A
Signature: [signature]
Month Day Year: 7 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.

INA0355998

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

212 TCT 50 7/24

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.0.5.1.0.9.6.9.9
Manifest Document No.: 5.5.9.8.4
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
Benton Harbor Engineering
2200 E Empire Ave, Benton Harbor MI 49022

4. Generator's Phone (616) 925-7081

A. State Manifest Document Number: INA 0355984
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.	Waste No.
a. Waste Paint Related Material Flammable Liquid NA1263 (F005)		D.M		G	F005
b.	10		550		
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: HOWARD HENRY
Signature: Howard Henry
Date: Month 05 Day 04 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 05 Day 04 Year 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK
Signature: Steve Kulavick
Date: Month 05 Day 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.

INA0355984

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

123 K 763 55

COPY 5. TSD COPY

0017779

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 0 5 1 0 9 6 9 9 | Manifest Document No. 5 5 9 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
Benton Harbor Engineering
2200 E Empire Ave, Benton Harbor MI 49022

4. Generator's Phone (616) 925-7081

A. State Manifest Document Number: INA 0355931

B. State Generator's ID:

C. State Transporter's ID:

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

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

6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3

7. Transporter 2 Company Name:

8. Use EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090

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

G. State Facility's ID:

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material Flammable Liquid NA1263 (P005)	010	DM	00550	G	P005
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: WAYNE TREMBLAY | Signature: Wayne Tremblay | Date Month 01 Day 23 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Kyle L. Southwick | Signature | Date Month 01 Day 23 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name: STEVE KUCAUICK | Signature: Steve Kucauick | Date Month 01 Day 23 Year 90

FACILITY

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

COPY 5. TSD COPY 204250 1/24

0017778

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 0355931

HAZARDOUS WASTE MANIFEST

8-3-83 1-72-3921
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

KOGERS, 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	14	BERKO ELECTRIC CO. RT Highway 19 North, Peru, IN 1-72-3921	
TRANSPORTER # 1	IND980702237	KOGERS, INC. R.R. 1 BOX 55-18, Stilesville, IN 46180 317 539 5250	
TRANSPORTER # 2 (If required)	MICH. MID 0969631941	Chem. Met Service 18550 Allen Rd - Wyandotte, MI 48192 313-282-9250	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	AMERICAN CHEMICAL COMPANY 420 S. Colfax Avenue Griffith, IN 46319 219	8/18
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)
15-drums	XX	D001	FLAMMABLE LIQUID NOS FLAMMABLE LIQUID	1993		1/t90	500LB.	7500	n/a	n/a
			NOTE: MATERIALS APPROVED BY MANAGER PRIOR TO RECEIVING.							

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 ☒ XXX 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]
GENERATOR'S SIGNATURE DATE
RAY LUKINS 8-3-83

This is to certify acceptance of the hazardous waste shipment.

[signature] 8-3-83 [signature] 8-3-83 [signature] 8-17-83
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (If required)

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

[signature] 8/18/83
TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

T0204ET-50 GRW 8-15-83 TSDF COPY

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: OHD097228142
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
Bernthisel Auto Works, Inc.
425 Grant St. Bowling Green, OH 43402

A. State Manifest Document Number: INA 0159751
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

4. Generator's Phone (419) 352-6579

5. Transporter 1 Company Name: A & B INDUSTRIAL SERVICES
6. Use EPA ID Number: MID017167222

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

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax
Griffith, IN 46319

10. Use EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	0030	M	00165	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: James Bernthisel
Signature: James Bernthisel
Month / Day / Year

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: A. Whitaker
Signature: [signature]
Month / Day / Year: 7 13 88

GENERATOR / TRANSPORTER / FACILITY

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

INA 0159751

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 0 6 4 0 1 7 4 5 2
Manifest Document No.: 000 2 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
Berol USA
2415 Kishwaukee
Rockford, IL 61108
4. Generator's Phone (815) 962-6051

A. State Manifest Document Number: INA 0364861
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 414/458-6030
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219/924-4370

5. Transporter 1 Company Name: E&K Hazardous Waste Service, Inc
6. Use EPA ID Number: W I D 9 8 2 2 1 9 5 2 9
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American CHemical Service
420 s. Colfax
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. "RQ", Waste Flammable Liquid, N.O.S, Flammable Liquid, UN 1993, (EPA Ignitability)	.7	55 DM	.385	G	D001
b. WASte Combustible Liquid, N.OS, Combustible Liquid, NA 1993	2 .3	55 D.M	.110	G	N/A D001
c. "RQ", Hazardous Waste Liquid, N.O.S., ORM-E, NA 9189, (F001)	.1	35 D.M	.30	G	F001
d.					

J. Additional Descriptions for Materials Listed Above
11a) Waste After Evaporator
11b) Waste Stoddard Solvent
11c) Waste Electric Motor Cleaner

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Please contact CBC at (414)764 7005 with any load discrepancies (off spec material).

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

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: John Mohr
Signature:
Date: Month 08 Day 25 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: D.W. Mitchell
Signature:
Date: Month 8 Day 25 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: Whitaker A
Signature: A Whitaker
Date: Month 8 Day 28 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0364861

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

COPY 5. TSD COPY

0016182

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.: S MA L L quanity exempt
Manifest Document No.:
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Best Paint and Body Shop
501 Flamigo Drive, West Palm Beach, Fla.
4. Generator's Phone (305) 833-9996

A. State Manifest Document Number: IN 034111
B. State Generator's ID:

5. Transporter 1 Company Name: ABC Services
6. US EPA ID Number: WID 076 159839
C. State Transporter's ID:
D. Transporter's Phone:

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

9. Designated Facility Name and Site Address: American Chemical Service
420 So. Colfax Street
Griffith, Indiana 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Flammable Liquid NOS Iquitable- UN 1993	04	DM	220	1	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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

Printed/Typed Name: — Signature: — Month Day Year: 9 19 86

17. Transporter 1 Acknowledgement of Receipt of Materials — Date:
Printed/Typed Name: LENNY [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: FDUNKEE Signature: [illegible] Month Day Year: 9 23 86

GENERATOR / TRANSPORTER / FACILITY

IN 034111

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

T.S.D. DETACH AND RETAIN THIS COPY

011349

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.N.D.1.1.5.3.1.0.0.1.3 — 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: Better Way Products Inc, 71913 CR 23, New Paris, In 46553
4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0245829
B. State Generator's ID:
C. State Transporter's ID: IN9505-000-21
D. Transporter's Phone: 312-720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: MR Frank Inc
6. Use EPA ID Number: I.L.D.0.6.9.5.0.6.1.6.0
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax Ave, Griffith, IN. 46319
10. Use EPA ID Number: I.N.0.0.1.6.3.6.0.2.6.5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Flammable liquid ACETONE, UN1090 F003, RQ 100lb	2	DM	1.1.0	G	F003
b. Waste Flammable Liquid NOS, UN1993 F005, RQ 100lb.	3	DM	0.0.1.6.5	G	F005
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: Cindy Newland — Signature: Cindy Newland — Date: Month 06 Day 20 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carrie E. Milburn — Signature: Carrie E. Milburn — Date: Month 06 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: John S. Mirda — Signature: John S. Mirda — Month 06 Day 24 Year 88

GENERATOR / TRANSPORTER / FACILITY

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

INA 0245829

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-127RT63 6/27/88
3B-126RT63 6/27/88

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 1 1 5 3 1 0 0 1 3
Manifest Document No.: 0 0 0 0 2
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Better Way Products, Inc.
71913 C.R. 23, New Paris, IN. 46553

4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0245830
B. State Generator's ID: XXXXXXXXXXXX

5. Transporter 1 Company Name: Mr. Frank Inc.
6. Use EPA ID Number: IL D 0 6 9 5 8 0 6 1 6 0
C. State Transporter's ID: IN9505-000-21
D. Transporter's Phone: 312-920-0100

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 Ave.
Griffith, IN. 46319

10. Use EPA ID Number: I N D 1 1 6 3 6 0 2 6 5
G. State Facility's ID: 918909062
H. Facility's Phone: 219-924-4510

11. US DOT Description (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 F003, RQ 100lb.	0 0 2	D M	0 0 1 1 0	G	F003
b. Waste Thinner, Flammable Liquid, UN 1993 F005, RQ 100lb.	0 0 1	D M	0 0 0 5 5	G	F005
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: BRUCE KORENSTRA
Signature: [signature]
Date: Month 01 Day 09 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dave Voss
Signature: [signature]
Date: Month 01 Day 09 Year 89

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

19. Discrepancy Indication Space
2A-121 TCT63 1/12
1B-204 TCT50 1/12

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 01 Day 10 Year 89

GENERATOR / TRANSPORTER / FACILITY

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

INA 0245830

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

0016176

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.: IND115310013 Manifest Document No.: 94126 5
2. Page 1 of 7
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
BETTER WAY PRODUCTS, INC.
71913 CR 23 NEW PARIS, IN 46553
4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0346471
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK, INC.
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID: IN9505-000-21
D. Transporter's Phone: 312-920-0100

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 AVE.
GRIFFITH, IN 46319
10. Use EPA ID Number: IND116360265
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. RQ (100#) WASTE ACETONE, FLAMMABLE LIQUID UN1090 F003	-2-	DM	110	G	F003
b. RQ (100#) WASTE FLAMMABLE LIQUID N.O.S. UN1993 F005	-3-	DM	165	G	F005
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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

Printed/Typed Name: CINDY L NEWLAND Signature: [signature] Date: Month 06 Day 07 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY Signature: [signature] Date: Month 06 Day 07 Year 89

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

19. Discrepancy Indication Space
A 2-12 OTCT 63 6/13
B 3-12 3TCT 63 6/13

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A Signature: [signature] Month 6 Day 7 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.

INA0346471

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

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0016177

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.: IND115310013 — Manifest Document No.: 00010
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: Better Way Products Inc. 71913 C.R. 23, New Paris, IN 46553
4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0377078
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: 312-720-0700

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

9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax Ave., Griffith, IN 46319
10. Use EPA ID Number: IND116360265
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Acetone, Flammable Liquid UN1090, RQ. 100 lbs.	**8	DM	**440	G.	F003
b. Waste ~~[illegible]~~, Flammable Liquid N.O.S. UN1993, F005 R.Q. 100 lbs	**3	DM	**165	G.	F005
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: Terry W. Norris — Signature: Terry W. Norris — Date: Month 08 Day 03 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY — Signature: [signature] — Date: Month 08 Day 03 Year 89

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

19. Discrepancy Indication Space
A: 8-120RT63 8/7
B: 3-123RT63 8/7

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: Alvin Whitaker — Month 8 Day 14 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0377078

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

COPY 5. TSD COPY

0016178

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND115310013 — Manifest Document No.: 0011
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: Better Way Products Inc. 71913 C.R. 23 New Paris, IN 46553
4. Generator's Phone (219) 831-7340

A. State Manifest Document Number: INA 0383242
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: 312-720-0700

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

9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax Ave., Griffith, IN. 46319
10. Use EPA ID Number: IND116360265
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Acetone, Flammable Liquid UN 1090, R.Q. 100lbs.	003	DM	00165	G	F003
b. Waste, Flammable Liquid, NOS UN 1993, F005, RQ100lbs	005	DM	00275	G	F005
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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

Printed/Typed Name: Terry W. Norris — Signature: Terry W. Norris — Date: Month 10 Day 1 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ronald W. Prosser — Signature: [signature] — Date: Month 10 Day 1 Year 89

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

19. Discrepancy Indication Space:

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

3A - 12 OTCT 63 15/24
5B - 123 TCT 63 15/24

0016179

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND 11 531 0013 | Manifest Document No. 00001

2. Page 1 of 8 | Information in the shaded are not required by Federal law. Items D, F, H and I are require State law.

3. Generator's Name and Mailing Address
BETTER WAY PRODUCTS, INC.
71913 CR. 23, NEW PARIS, IN 46553

A. State Manifest Document Number: INA 0383244

B. State Generator's ID:

4. Generator's Phone 219)831-3340

5. Transporter 1 Company Name: MR. FRANK, INC.

6. Use EPA ID Number: ILD 98 477 5049

C. State Transporter's ID: IN9505-00(

D. Transporter's Phone: 312-120-01

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 AVE.
GRIFFITH, IN 46319

10. Use EPA ID Number: IND11 636 026 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 UN1090 F003, R.Q. 100 LBS	003	DM	165	6	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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

GENERATOR

Printed/Typed Name: TERRY NORRIS | Signature | Date Month 12 Day 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JACK McCLEVERTY | Signature | Date Month 12 Day 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: WHITAKER A | Signature | Month 12 Day 30

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)

120TC63 12/21

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0016180

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.1.1.5.3.1.0.011.3
Manifest Document No.: 0 0 0 0 3
2. Page 1 of 8
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BETTER WAY PRODUCTS, INC.
71913 CR 23
NEW PARIS, IN 46553

4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0346431
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: I L D Q 6 9 5 0 6 1 6 0
C. State Transporter's ID: ~~IN9505-000-21~~
D. Transporter's Phone: 312-920-0100 0079

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 Ave.
Griffith, IN 46319
10. Use EPA ID Number: I N D 1 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 F003 R.Q. 100 LB	3	D M	165	G	F003
b. WASTE THINNER, FLAMMABLE LIQUID UN1993 F005 R.Q. 100 LB	4	D M	220	G	F005
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: Terry Norris
Signature: Terry W. Norris
Month 4 Day 1 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard [illegible]
Signature: [illegible]
Month 04 Day 1 Year 89

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

19. Discrepancy Indication Space
4B-124TCT63 4/14
3A-121TCT63 4/14 - TO 3DR 5/1/89
3A-MARINE SHALE 3/6/90 00387

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KUIAVICK
Signature: Steve Kuiavick
Month 04 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.

INA0346431

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

COPY 5. TSD COPY

0016181

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.: IND115310013 | Manifest Document No.: 83246
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
Better Way Products, inc.
71913 CR 23
New Paris, IN 46553
4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0383246
B. State Generator's ID:
C. State Transporter's ID: IN9505-000-21
D. Transporter's Phone: (312)920-0100

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 Services
420 S Colfax Ave.
Griffith, IN 46319
10. Use EPA ID Number: IND116360265
G. State Facility's ID:
H. Facility's Phone: (219)924-4510

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
GENERATOR a. Waste Flammable Liquid, NOS UN1993 F005 RQ 100LB.	00 8	DM	00440	G	F005
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name	Signature	Date Month	Day	Year
Terry W. Norris	Terry W. Norris	05	16	90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Robert PERKINS	Robert Perkins	05	16	90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
WHAKER A		5	17	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.

IINA U383249

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

COPY 5. TSD COPY

1234567 5/4

0017777

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 ND 9 8 4 8 7 3 2 6 [illegible] Manifest Document No.: 7 0 7 7

2. Page 1 of 8

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BETTER WAY PRODUCTS, INC.
71211 C.R. 23
NEW PARIS, IN 46553

4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0377077

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANK, INC.

6. Use EPA ID Number: I LD 9 8 4 7 7 5 0 4 9

C. State Transporter's ID: IN9505-000+[illegible]

D. Transporter's Phone: (312)120-0100

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 AVE.
GRIFFITH, IN 46319

10. Use EPA ID Number: I N D 1 1 6 3 8 0 2 6 5

G. State Facility's ID:

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE ACETONE, FLAMMABLE LIQUID, UN1090 F003, R.Q. 100 LB	8	DM	**440	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: TERRY NORRIS
Signature: [signature]
Date: Month 03 Day 22 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY
Signature: [signature]
Date: Month 03 Day 22 Year 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A
Signature: [signature]
Month Day Year 3 23 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 0377077

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

COPY 5. TSD COPY 120TCT63 3/26

0017776

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. IND115310013 Manifest Document No. 52477
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
5th Ave Warehouse
7193 CR 155
Burn Park, IN 46323
4. Generator's Phone (219) 1831-3340

A. State Manifest Document Number INA 0383247
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
4120 S. Cline Ave
Griffith, IN. 46319
10. Use EPA ID Number IND116360265
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.
GENERATOR a. Waste, Flammable Liquid, NOS, UN1993, FOOS, RQ 100 lbs (Toluene, Xylene)	006	DM	00330	G	FOOS
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name	Signature	Date Month	Day	Year
Terry W. Norris	T. W. Norris	07	13	90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
CARL T JUNGER	Carl T. Junger	07	13	90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
		.	.	.

FACILITY
19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year
STEVE KWINICK	Steve Kwinick	07	13	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[illegible]
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

IV2TCF637/17

INA 0383247

0017775

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.: IND984873265
Manifest Document No.: 52927
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: Better Way Products Inc. 71211 C R 23 New Paris, IN. 46553
4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0452927
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:
G. State Facility's ID: 9180890002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: MR Frank Inc.
6. Use EPA ID Number: ILD984775049
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, IN 46319
10. Use EPA ID Number: IND116360215

11. US DOT Description (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 F003, RQ. 100lbs	006	DN	00330	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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

Printed/Typed Name: Terry Norris
Signature: [signature]
Date: Month 07 Day 13 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL T JUNGER
Signature: Carl T. Junger
Date: Month 07 Day 13 Year 90

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

19. Discrepancy Indication Space:

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: STEVE KULAVICK
Signature: Steve Kulavick
Date: Month 07 Day 13 Year 90

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0452927

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

12 [illegible] 7/17

COPY 5. TSD COPY

0017774

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.: IND984873265
Manifest Document No.: 83245
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
BETTERWAY PRODUCTS, INC.
71211 C.R. 23 new parid, in 46553
4. Generator's Phone (219) 831-3340

A. State Manifest Document Number: INA 0383245
B. State Generator's ID:
C. State Transporter's ID: IN9505-000-21
D. Transporter's Phone: 312-920-0100
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219)924-4510

5. Transporter 1 Company Name: MR FRANK INC.
6. Use EPA ID Number: ILD984775049 ~~IND116360265~~
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, iN 46319
10. Use EPA ID Number: IND116360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Acetone, Flammable liquid, UN1090 F003,RQ 100LB	004	DM	000220	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: Terry W. Norris
Signature: Terry Norris
Date: Month 05 Day 07 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert PERKINS
Signature: Robert Perkins
Date: Month 05 Day 07 Year 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker H
Signature: [signature]
Month 5 Day 9 Year 90

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0383245

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

COPY 5. TSD COPY

120 SET 63 5A

0017773

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.: WVD068143114
Manifest Document No.: 00025
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: BFGOODRICH
Rt 1, Box 7
Grantsville, W. Va. 26147
4. Generator's Phone (304) 354-6126

A. State Manifest Document Number: IN 085551
B. State Generator's ID:

5. Transporter 1 Company Name: Belpar Chemical Service Inc
6. US EPA ID Number: WVD980552202
C. State Transporter's ID:
D. Transporter's Phone: 304-489-1118

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

9. Designated Facility Name and Site Address: American chemical Services Inc
420 S. Colfax
Griffith, IN. 46319-0190
10. US EPA ID Number: IN D016360265
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 Flammable Liquid N.O.S. UN 1993	67	DM	3350	G	F005
b.	46	DM	ACCEPTED 2300	G	
c.					
d.					

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

15. Special Handling Instructions and Additional Information: Seal # B-C000061

IF UNDELIVERABLE RETURN TO GENERATOR

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national 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: REGINALD HILLS
Signature: [signature]
Month Day Year: 10 30 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David A. Wilson
Signature: David A. Wilson
Date: 10 30 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: David A. Wilson
Signature: David A. Wilson
Date: 11 04 86

19. Discrepancy Indication Space: 21 DRUMS REJECTED BECAUSE DRUMS WERE NON PUMPABLE - 46 DRUMS ACCEPTED

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrold F. Schmidt
Signature: Harrold F. Schmidt
Month Day Year: 11 30 86

IN 085551

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

T.S.D. DETACH AND RETAIN THIS COPY

46 122R T63

010070

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY, DIVISION OF LAND POLLUTION CONTROL
P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610
FOR SHIPMENT OF HAZARDOUS, INFECTIOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 9-86) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. 39695 | 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 | Location If Different:
B.F. GOODRICH / AEROSPACE
555 EAST PLAINFIELD RD., COUNTRYSIDE IL., 65025

4. Generator's Phone (312) 352-2227

A. Illinois Manifest Document Number: IL 4139695 MANIFEST FEE PAID
B. Illinois Generator's ID: 0310375021
C. Illinois Transporter's ID: 0079
D. Transporter's Phone: (312) 720-0700
E. Illinois Transporter's ID:
F. Transporter's Phone:
G. Illinois Facility ID: 9180890002
H. Facility's Phone: 217 768-3300

5. Transporter 1 Company Name: MR. FRANK INC.
6. US EPA ID Number: ILD984775049
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address:
AMERICAN CHEMICAL SERVICES, INC.
420 SOUTH COLFAX AVENUE
GRIFFITN, INDIANA 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. NON-HAZARDOUS WASTE STREAM LIQUID WASTE OIL	003	DM	135	1	EPA HW Number XX Authorization Number
b.					EPA HW Number XX Authorization Number
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Descriptions for Materials Listed Above: 11A. WASTE OIL LUBRICANTS

K. Handling Codes for Wastes Listed Above: In Item 14 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
13-135 Gallons

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date (Month Day Year)
CHARLES C SUTTON	Charles C. Sutton	10 10 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
LEONARD SLOGIS	[signature]	10 11 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
WhitaKER A	A Whitaker	10 11 89

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.

204RT00 10/13 COPY 3. TSD COPY

0017446

In case of a spill call the Illinois Office of Emergency Response Center at 800-424-8802 or 202-426-2675 and the National Response Center at 800-424-8802 or 202-426-2675

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. ILD990784969 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
BIMBA MANUFACTURING CO.
ROUTE 50., MONEE IL., 60449

4. Generator's Phone (312) 534-8544

A. Illinois Manifest Document Number IL 1302738

B. Illinois Generator's ID 1970650002

5. Transporter 1 Company Name MR. FRANK INC.

6. US EPA ID Number ILD069506160

C. Illinois Tranporter's ID 0079

D. (312) 596-3377 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES., INC.
420 SOUTH COLFAX AVENUE
GRIFFITH IN., 46319

10. US EPA ID Number IND016360265

G. Illinois Facility's ID 9180890002

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a.	XX	WASTE FLAMMABLE LIQUID., n.o.s. FLAMMABLE LIQUID UN 1993	001	TT	01400	G	EPA HW Number D001 Authorization Number
b.							EPA HW Number Authorization Number
c.							EPA HW Number Authorization Number
d.							EPA HW Number Authorization Number

J. Additional Descriptions for Materials Listed Above
11a. THIS WASTE MATERIAL IS A MINERAL SPIRITS

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name BRENDA KOWALSKI Signature Brenda Kowalski Date Month Day Year 05 14 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name JOE WEBER Signature Joe Weber Date Month Day Year 05 16 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name [illegible] Signature Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name F DUNFEE Signature F Dunfee Date Month Day Year 5 14 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

119 TCT-63

010573

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 990784969 — 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: BIMBA MFG. CO RT. 50 MONEE, IL 60449

4. Generator's Phone (312) 534 8544

A. Illinois Manifest Document Number: IL 1233612

B. Illinois Generator's ID: 1970650002

5. Transporter 1 Company Name: MR FRANK, INC

6. US EPA ID Number: ILD 069506160

C. Illinois Tranporter's ID: 0079

D. (312) 5963377 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES 420 S. Colfax AVE Griffith, IND 46319

10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID: 9980890002

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.		[redacted]	[redacted]	[redacted]		[redacted]	EPA HW Number / Authorization Number
b.							EPA HW Number / Authorization Number
c.		WASTE FLAMMABLE LIQUID, NOS FLAMMABLE LIQUID UN1993	001	TT	01000	GAL	EPA HW Number D001 / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: BEN GRUSZCZYK — Signature: [signature] — Date: Month 07 Day 05 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RICH WHITE — Signature: [signature] — Date: Month 07 Day 05 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: F DUNFEE — Signature: [signature] — Date: Month 7 Day 8 Year 85

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

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

REV.# 5

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

FACILITY COPY - PART 3

202 FT-50

010574

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 990784969 | Manifest Document No.

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

GENERATOR

3. Generator's Name and Mailing Address BIMBA MFG CO
RT 30
MONEE, IL 60449

4. Generator's Phone (312) 534-8544

A. Illinois Manifest Document Number IL 1233614

B. Illinois Generator's ID 1970650002

C. Illinois Tranporter's ID 0079

D. 312 596-3377 Transporter's Phone

5. Transporter 1 Company Name MR FRANK, INC.

6. US EPA ID Number ILD 069506160

E. Illinois Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address AMERICAN CHEMICAL SER
420 S. CULFAX
GRIFFITH, IN 46319

10. US EPA ID Number IND 016360265

G. Illinois Facility's ID 1918989002

H. Facility's Phone (219) 924-9510

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE FLAMMABLE LIQ, NOS, FLAMMABLE LIQUID, UN1993	X	001	TT	01200	G	EPA HW Number D001
b.						EPA HW Number
c.						EPA HW Number
d.						EPA HW Number

J. Additional Descriptions for Materials Listed Above: WASTE MINERAL SPIRITS

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons, 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: BEN GRUSZCZYK | Signature | Date: Month 08 Day 21 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MIGUEL GARCIA | Signature | Date: Month 08 Day 21 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: FDUNFEE | Signature | Date: Month 08 Day 22 Year 85

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

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

REV. # 5

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

FACILITY COPY - PART 3

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STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 990784969 Manifest Document No. 00000
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 BIMBA MFG CO RT 30 MONEE, IL 60449

4. Generator's Phone (312 534-8544

A. Illinois Manifest Document Number IL 1233616

B. Illinois Generator's ID 1970650002

5. Transporter 1 Company Name MR. FRANK, INC

6. US EPA ID Number ILD 069061606

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 SER 420 S. COLFAX GRIFFITH, IND 46319

10. US EPA ID Number IND016360265

G. Illinois Facility's ID 9180890002

H. Facility's Phone 219 924-4370

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	WASTE FLAMEABLE LIQUID, NOS FLAMEABLE LIQUID UN1993	XX	001	T	0200	G	EPA HW Number / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above: WASTE MINERAL SPIRITS

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons, 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Sectio certify that I have 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 of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name	Signature	Date (Month Day Year)
BEN GRUSZCZYK		10/4/85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
MICHAEL A PFEIFER		10/4/85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
F DUNFEE	F Dunfee	10/4/85

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

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

REV. # 5

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FACILITY COPY - PART 3

2 OF T-50

010515

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 990784969 | 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: BIMBA MFG. CO, Rt. 50, MONEE, IL 60449

4. Generator's Phone (312) 534-8544

A. Illinois Manifest Document Number: IL 1233617

B. Illinois Generator's ID: 1970650002

5. Transporter 1 Company Name: MR. FRANK INC

6. US EPA ID Number: ILD 06906160

C. Illinois Tranporter's ID: 0079

D. (312) 596-3377 Transporter's Phone

7. Transporter 2 Company Name: ____

8. US EPA ID Number: ____

E. Illinois Transporter's ID: ____

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical, 420 S. Wolfe, Griffith, Ind 46319

10. US EPA ID Number: IND D16360265

G. Illinois Facility's ID: 9980890002

H. Facility's Phone: 219 [illegible]

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.	XX	WASTE FLAMEABLE LIQUID, NOS FLAMEABLE LIQUID UN 1993	001	TT	01,000	G	EPA HW Number / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above: WASTE MINERAL SPIRITS

K. Handling Codes for Wastes Listed Above: In Item #14: 1 = Gallons, 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 300 certify that I have 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 of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

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

Printed/Typed Name: BEN GRUSZCZYK | Signature: [signature] | Date: Month 11 Day 21 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE WEBER | Signature: [signature] | Date: Month 11 Day 21 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: F. DUNFEE | Signature: [signature] | Date: Month 11 Day 21 Year 85

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

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

REV. # 5

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FACILITY COPY - PART 3

205 R T-50

010577

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.L.D.0.2.4.8.2.4.6.4.1 | Manifest Document No. 2.3.5.3.2 | 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
BION ENTERPRICES
656 BUSSE HIGHWAY
PARK RIDGE IL 60068 ATTN: ED NOWAKOWSKI JR

4. Generator's Phone (312) 692-9333

A. State Manifest Document Number: INA 0223352

B. State Generator's ID

5. Transporter 1 Company Name: PRECISION ENERGY SYSTEMS
6. Use EPA ID Number: I.L.D.9.8.2.2.0.8.0.8.4
C. State Transporter's ID: 1505
D. Transporter's Phone: 312-916-7661

7. Transporter 2 Company Name: PRECISION ENERGY SYSTEMS
8. Use EPA ID Number: I.L.D.9.8.2.2.0.8.0.8.4
E. State Transporter's ID: 1505
F. Transporter's Phone: 312-916-7661

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 S. COLFAX
GRIFFITH, IND 46319.0190
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 ACETONE, FLAMMABLE LIQUID UN1090 F003	004 ~~007~~	DM ~~DP~~	00220 ~~0027~~	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
PUMPED ON SITE INTO 4-55gal DM DRUMS

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
EDWARD NOWAKOWSKI	[signature]	0.5	0.4	8.8

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Kent Vouldsberry	[signature]	0.5	0.5	8.8

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
HARROLD F Schmidt	[signature]	0.6	0.7	8.8

GENERATOR

TRANSPORTER

FACILITY

INA 0223352

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

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete. State Form 11865 4-12/R 763 6/13/88 gm

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

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I.L.D .0.2.4.6.2.4.6.4.1	2.3.3.6.9		

GENERATOR

3. Generator's Name and Mailing Address
Bion Enterprises
656 Busse HWY Park Ridge, Il 60068 Attn. Ed Nowakowski Jr.

A. State Manifest Document Number: INA 0223389

4. Generator's Phone (312 692-9333

B. State Generator's ID

5. Transporter 1 Company Name: Precision Energy Systems

6. Use EPA ID Number: I.L.D.9.8.2.2.0.8.0.8.4

C. State Transporter's ID: 1505

D. Transporter's Phone: 312-916-1661

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax
Griffith, IN 46319-0190

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

G. State Facility's ID: 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone: 219-924-1370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Acetone, Flammable liquid, UN 1090 F8003	0 0 2	DM	0 0 1 1 0	G	F 003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.
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Printed/Typed Name	Signature	Month	Day	Year
Dorothy Scott	Dorothy Scott	07	06	88

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
ARVIN Whitaker		07	13	88

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State Form 11865

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

In case of a spill call Indiana Office of Environmental Response at 317/633-0141 or National Response Center at 800/424-8802 or 202/426-2675.

INA 0223389

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.LD.0.24.8.2.46.41
Manifest Document No.: 23.3.52
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
BION ENTERPRICES Attn: ED NOWAKOWSKI JR.
656 BUSSE HIGHWAY, PARK RIDGE, IL 60068

4. Generator's Phone (312) 692-9333

A. State Manifest Document Number: INA 0223382
B. State Generator's ID
C. State Transporter's ID: 1505
D. Transporter's Phone: 312-916-1661
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: PRECISION ENERGY SYSTEMS
6. Use EPA ID Number: IL.D.98.2.2.08.08.4
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES
420 S. COLFAX
GRIFFITH, IND 46319-0190
10. Use EPA ID Number: IN.D016.3.60.2.65.

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. ~~WASTE ACETONE, FLAMMABLE LIQUID UN 1090 F003~~	~~0.0.2~~	~~DM~~	~~0.0.210~~	~~G~~	F003
b. WASTE ACETONE, FLAMMABLE LIQUID UN 1090 F003	0.0.2	DM	0.0.110	G	F003
c.					
d.					

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

15. Special Handling Instructions and Additional Information
VOID LINE 11a.
C-0173d

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: ED NOWAKOWSKI
Signature: [signature]
Month: 7 Day: 25 Year: 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature]
Signature: [signature]
Month: 7 Day: 26 Year: 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: FRANK PRICE
Signature: Frank Price
Month: 7 Day: 26 Year: 88

GENERATOR / TRANSPORTER / FACILITY

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

INA 0223382

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

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PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

121 TCT 63 7/28

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I·L·D·0·2·4·8·2·4·6·4·1
Manifest Document No.: 5·5·8·3·5
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
BION ENTERPRISES
656 BUSSE HIGHWAY, PARK RIDGE, IL 60068 ATTN:
4. Generator's Phone (312) 692-9333 Ed Nowakowski JR

A. State Manifest Document Number: INA 0255835
B. State Generator's ID:
C. State Transporter's ID: 1305
D. Transporter's Phone: 312-916-1661
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: PRECISION ENERGY SYSTEMS, INC.
6. Use EPA ID Number: I·L·D·9·8·2·2·0·8·0·8·4
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: AMERICAN CHIMICAL SERVICES
420 S. COLFAX
GRIFFITH, IN 46319-0190
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE ACETONE, FLAMMABLE LIQUID UN 1090 F003	02	DM	110	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
C - 0173

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

	Printed/Typed Name	Signature	Month	Day	Year
GENERATOR	P WEGNER	P Wegner	5	17	88
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials: Scott Knox		5	20	88
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials				
FACILITY	19. Discrepancy Indication Space				
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19. Frank Price	Frank Price	8	16	88

INA 0255835

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

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

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.

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.: ILD024824641 — Manifest Document No.: 5815
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: BION ENTERPRISES, 656 Bussell Hwy, ATTN: ED NAWAKOWSKI
4. Generator's Phone: (312) 692-7283
A. State Manifest Document Number: INA 0255815
B. State Generator's ID:
5. Transporter 1 Company Name: PRECISION SAFETY SYSTEMS
6. Use EPA ID Number: ILD982208084
C. State Transporter's ID: 1505
D. Transporter's Phone: 312-912-1661
7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:
9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax, Griffith, Ind 46319-0190
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.	Waste No.
a. WASTE ACETONE, FLAMMABLE LIQUID UN 1090 F-003	--2	DM	--110	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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: L. CASTELLANO — Signature: L. Castellano — Month: 9 Day: 30 Year: 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Scott R. [illegible] — Signature: [illegible] — Month: 8 Day: 30 Year: 88

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

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Month: 9 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 0255815

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.L.D.0.6.4.6.7.1.5 | Manifest Document No. 3.5.0.8.1 | 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
Bison Gear and Engineering Corp
2424 [illegible]

4. Generator's Phone ( ) 225 6420

A. State Manifest Document Number: INA 0335081
B. State Generator's ID: 043030500207
C. State Transporter's ID: 0311:0029
D. Transporter's Phone: (312) 331-8440
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: STRAND TRUCKING | 6. Use EPA ID Number: I.L.D.0.0.0.6.4.6.8.1.0
7. Transporter 2 Company Name | 8. Use EPA ID Number
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL 425 S COLFAX GRIFFITH IND | 10. Use EPA ID Number: I.N.D.0.0.1.4.2.6.0.2.6.5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Hazardous waste, liquid, n.o.s. (Ethanol, Methanol)	001	DM	00055	1	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS STRAND | Signature | Date Month 04 Day 25 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date Month Day Year

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: WHITAKER A | Signature | Month 04 Day 25 Year 89

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

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INA 0335081

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.

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.0.0.6.4.2.1.7.9.0.5 | Manifest Document No. 2.5.0.8.2 | 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
Bison Gear and Engineering Corp
3850 W. Norton Ave Box 3028 Stone Park IL 60165

A. State Manifest Document Number INA 0345022

4. Generator's Phone (312) 968-6400

B. State Generator's ID 043030530?

5. Transporter 1 Company Name Strand Trucking | 6. Use EPA ID Number I.L.0.5.1.2.2.4.9.9.1 | C. State Transporter's ID 0311 | D. Transporter's Phone 219 291 8440

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

9. Designated Facility Name and Site Address
American Chemical
[illegible] Calumet
[illegible] IL | 10. Use EPA ID Number IND011240265 | G. State Facility's ID | H. Facility's Phone 219 924 4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Flammable waste liquid NOS Flammable UN1993	002	DM	00110	1	F003 F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = Gallons

15. Special Handling Instructions and Additional Information

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

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

GENERATOR — Printed/Typed Name: Dean Oldwill | Signature | Date: Month 11 Day 08 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Lew Strand | Signature | Date: Month 11 Day 08 Year 86

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: WHITAKER A | Signature | Date: Month 11 Day 13 86

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.

INA0345022

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

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0016175

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

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

MI 0381606

GENERATOR COMPLETES IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bissell Inc.	Valley City Refuse Disposal Inc.	American Chemical Service Inc.
Site Address 2345 Walker, N.W. Grand Rapids, Michigan 49501	**Transporters Address** 2650 Thornwood Wyoming, Michigan 49509	**Facility Address** 420 S. Kolfax Griffith, Indiana 46319
Phone Number (616) 453-4451	**Phone Number** (616) 538-8499	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MID 006 022 800	**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:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name)	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	T Units (circle one)	Hazardous or Liquid Waste Number
1.	waste flammable liquid, nos	flammable liq	Unl993	07	19	dr		x			1045	lb. (gal.) yd.	D001
2.												lb. gal. yd.	
3.												lb. gal. yd.	
4.												lb. gal. yd.	
5.												lb. gal. yd.	
6.												lb. gal. yd.	

COMMENTS

Include Safety precautions and special handling instructions.

Is waste subject to Act 64 "SOLD FOR RECYCLE" exemption? ☒ YES ☐ NO

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA 64 as amended and/or 1969 PA 136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① Stephen R. Darcangelo — Date Shipped MO. DAY YEAR: 6 5 84

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1 H-0450

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Jack Ruste — Date(s) Received: 6 5 84

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

Describe any significant discrepancies between manifest and shipment

TSDF Signature: ④ — Date Received: 6 7 84

Facility Site EPA I.D. Number: IND 016 360 265 — ☒ Accepted ☐ Rejected

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

TSDF COPY

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID 006 022 800
Manifest Document No.: 81284
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bissell, Inc.
2345 Walker NW Grand Rapids, MI 49501

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: MI 0481284
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID 055 855 373

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

9. Designated Facility Name and Site Address
American Chemical Services Inc.
430 S. Kolfax Griffith, Indiana 46319
10. US EPA ID Number: IND 016 360 265

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.	N/H
a.	x	waste flammble liquid, nos, flammable	4	DP	220	G	D001	H
b.		liquid, UN 1993						
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
Stephen R. Darcangelo	Stephen R. Darcangelo	10 9 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Jim Reitsma	Jim Reitsma	10 9 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
R Rushnok	R Rushnok	10 12 84

GENERATOR / TRANSPORTER / FACILITY

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

EPA Form 8700-22 (3-84)

PR 5110
Rev. 7/84

TSDF COPY

204 KT-50 ✓

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DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID 006 022 800 — Manifest Document No.: 12561
2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Bissell Inc.
2345 Walker N.W., Grand Rapids, MI 49501

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: MI 0512561
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID 055 855 373

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

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

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

9. Designated Facility Name and Site Address
American Chemical Services Inc.,
430 S. Kolfax, Griffith, Indiana 46319
10. US EPA ID Number: IND 016 360 265

G. State Facility's ID:
H. Facility's Phone:

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	x Solvent, N.O.S., flammable liquid NA 1993	5	DM	275	G	[illegible]	[illegible]
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
Stephen R. Darcangelo	Stephen R. Darcangelo	06 04 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
James Looks	James Looks	06 04 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	6 6 85

GENERATOR / TRANSPORTER / FACILITY

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

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MID 006 022 800 | Manifest Document No. 27114

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

3. Generator's Name and Mailing Address
Bissell Inc.
2345 Walker N.W., Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number MI 0627114

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal Inc | 6. US EPA ID Number: MID 055 373

C. State Transporter's ID

D. Transporter's Phone

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services Inc.
430 S. Kolfax, Griffith, Indiana | 10. US EPA ID Number: IND 016 360 265

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	J. Waste No.	K. N/H
a.	x	Waste paint related material, flammable liquid, NA 1263	16	DM	330	G	D001	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name	Signature	Date Month Day Year
Stephen R Darcangelo	Stephen R. Darcangelo	12 15 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Earl W. Coons	Earl W. Coons	12 16 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year
FRANK PRICE	Frank Price	12 26 86

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EPA Form 8700-22 (3-84)

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PR 5110 Rev 7/84

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M·I·D·0·0·6·0·2·2·8·0·0 | 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
BISSELL Inc.
2345 Walker NW, Grand Rapids, MI 49504
4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308199
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3
C. State Transporter's ID:
D. Transporter's Phone: 616-235-1500

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

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319
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 NA 1263 (D001)	6	D M	330	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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GENERATOR — Printed/Typed Name: Michael J. Winchester — Signature: [signature] — Date: Month 6 Day 13 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Nathe — Signature: [signature] — Date: Month 6 Day 14 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: Richard A [illegible] — Signature: [signature] — Date: Month 6 Day 15 Year 90

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

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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.

INA0308199

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·0·6·0·2·2·8·0·0
Manifest Document No.: 231-93
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
BISSELL Inc.
2345 Walker NW., Grand Rapids, MI 49504
4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308198
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Dis., Inc.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Paint related material Flammable liquid NA 1263 (D001)	7	D·M	385	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: Michael J. Winchester
Signature: [signature]
Date: Month / Day / Year

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAUKE
Signature: [signature]
Month / Day / Year: 04 / 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.

INA0308198

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

4 204TCT50 4/23 / 3-204TCT50 4/23 (2-0)

COPY 5. TSD COPY

0017771

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 0 6 0 2 2 8 0 0
Manifest Document No.: 0 3 1 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
BISSELL Inc.
2345 Walker NW., Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308197
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Dis., Inc.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste paint related material Flammable liquid NA 1263 (D001)	4	DM	220	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: Michael J. Winchester
Signature: [signature]
Date: Month 03 Day 08 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 03 Day 08 Year 90

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

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KUINVICK
Signature: Steve Kuinvick
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.

INA 0308197

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

COPY 5. TSD COPY

204 RTSD 3/22

0017770

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I N D 0 0 6 0 2 2 8 0 0	8 9 4 6 1		

3. Generator's Name and Mailing Address
BISSELL INC.
2345 WALKER AVE. GRAND RAPIDS, MI. 5(8)5

A. State Manifest Document Number: INA 0189461

4. Generator's Phone (616) 453-4451

B. State Generator's ID

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

6. Use EPA ID Number: I N D 9 8 1 9 5 6 0 6 3

C. State Transporter's ID

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

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

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

G. State Facility's ID

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263	2	DM	100	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	Signature	Month	Day	Year
JEROME ROGALSKI	Jerome Rogalski	04	14	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Roger Norton	Roger Norton	04	14	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	Signature	Month	Day	Year
HAROLD F. SCHMIDT	Harold F. Schmidt	04	15	88

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

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 0189461

01435J

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
IND 006 022 800	89471		

3. Generator's Name and Mailing Address
BISSELL INC.
2345 WALKER AVE. GRAND RAPIDS, MI. 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number INA 0189471

B. State Generator's ID

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

6. Use EPA ID Number MID 981 956 063

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX, P.O. BOX 190
GRIFFITH, IN 46319-0190

10. Use EPA ID Number IND 016 360 265

G. State Facility's ID

H. Facility's Phone

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263	3	DM	1.65	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.

TRANSPORTER	Printed/Typed Name	Signature	Date Month	Day	Year
	JERRY ROGALSKI		05	21	88
	17. Transporter 1 Acknowledgement of Receipt of Materials				
			05	21	88
	18. Transporter 2 Acknowledgement of Receipt of Materials				

19. Discrepancy Indication Space

FACILITY	**20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.**				
	Printed/Typed Name	Signature	Month	Day	Year
	HAROLD F SCHMIDT		05	21	88

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 3-204R T-50 5/21/88 M

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

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 0189471

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.: MID 006 022 800
Manifest Document No.: 89474
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
BISSELL INC.
2345 WALKER AVE. GRAND RAPIDS, MI. 49504
4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0189474
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: MID 981 956 063
7. Transporter 2 Company Name
8. Use EPA ID Number

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. COLFAX, P.O. BOX 190
GRIFFITH, IN. 46319-0190
10. Use EPA ID Number: IND 016 360 265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA 1263	21	DM	1155	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: Jerry Bogalski
Signature: Jerry Bogalski
Date: Month 07 Day 07 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [redacted] Ryan Norton
Signature: Ryan Norton
Date: Month 07 Day 07 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [redacted]
Signature: [redacted]
Date: Month 07 Day 07 Year 88

19. Discrepancy Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: ALVIN WHITAKER
Signature: Alvin Whitaker
Month 7 Day 7 Year 88

GENERATOR / TRANSPORTER / FACILITY

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

INA 0189474

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

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

204 KTSO 7/8

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M.I.D.0.0.6.0.2.2.8.0.0 — Manifest Document No. 7.1.4.7.3

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: Bissell Inc, 2345 Walker Street, Rapids, MI 49504

4. Generator's Phone (616) 4[illegible]-4451

A. State Manifest Document Number: INA 0189473

B. State Generator's ID

5. Transporter 1 Company Name: [illegible] Department

6. Use EPA ID Number: M.I.D.0.1.1.1.5.6.0.6.3

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical Service, 420 S. Colfax 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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material Flammable Liquid NA 1263	1	DM	55	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name	Signature	Month	Day	Year
Jerry Rogalski	Jerry Rogalski	09	20	88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Roger Norton	Roger Norton	09	20	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
A. Whitaker	A. Whitaker	09	22	88

GENERATOR / TRANSPORTER / FACILITY

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

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

204 TCT 50 9/23 M

INA 0189473

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.

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.0.6.0.2.2.8.0.0 | Manifest Document No.: | 2. Page 1 of | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BISSELL Inc.
2345 Walker NW, Grand Rapids, MI 49504
4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0266920
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material Flammable Liquid NA 1263	8	D M	440 ~~385~~	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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GENERATOR — Printed/Typed Name: Michael J. Winchester | Signature: M J Winchester | Date: Month 11 Day 2 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date: Month 11 Day 02 Year 88
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: | Signature: | Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A | Signature: C C Whitaker | Date: Month 11 Day 4 Year 88

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

2-204TC TSD 11/7
1 (33 GAL) 204E TSO 12/1/88
(33 GAL) 1-204E TSO 12/12/88

COPY 5. TSD COPY 2 (162 GAL) MARINE SHALE 1/18/89 901098
22 PAILS (132 GAL) ASHDOWN 90102 3/15/89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0266920

014356

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.0.6.0.2.2.8.0.0
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
BISSELL Inc.
2345 Walker Ave., Grand Rapids, MI 49504
4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308189
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material FLAMMABLE LIQUID NA 1263	1	D.M	3.50	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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

Printed/Typed Name: Michael J. Winchester
Signature: [signature]
Date: Month 12 Day 20 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 12 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: Whitaker A
Signature: A. Whitaker
Date: Month 12 Day 28 Year 88

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call the Indiana Office of Environmental Response National Response Center at 800/424-8802 or 202/426-2675.

INA 0308189

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

204 TC TSD 1/5/89

COPY 5. TSD COPY

014355

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·0·6·0·2·2·8·0·0
Manifest Document No.: 0 7 1 7 [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
BISSELL Inc.
2345 Walker NW., Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308190
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263	2	D.M	100	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 J. Winchester
Signature: Michael J. Winchester
Date: Month 2 Day 2 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 02 Day 22 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: Whitaker A
Month 2 Day 24 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 0308190

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

1 - 204 RCT50 2/27

COPY 5. TSD COPY 1 - 204 RCT50 (20) 2/27

0016167

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006022800 — Manifest Document No.: 25171

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
BISSELL Inc.
2345 Walker NW, Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308191

B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263	002	DM	110	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 J. Winchester — Signature: Mike J Winchester — Date: Month 5 Day 8 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim REITSMA — Signature: Jim Reitsma — Date: Month 5 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: Harrold F Schmidt — Date: Month 05 Day 12 Year 88

204 TC 550 3/12

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

0016168

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·0·6·0·2·2·8·0·0
Manifest Document No.: 00000
2. Page 1 of 1
Information in the shaded areas not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BISSELL Inc.
2345 Walker NW., Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308192
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263 (D001)	4	D·M	220	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: Michael J. Winchester
Signature: Michael J Winchester
Date: Month 07 Day 20 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 07 Day 20 Year 89

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

19. Discrepancy Indication Space

GENERATOR

TRANSPORTER

...a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the ...Response Center at 800/424-8802 or 202/426-2675.

...perator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
...e: ...BR A
Signature: G Whitaker
Month 7 Day 28 Year 89

204FCF50 7/31

...5. TSD COPY

0016169

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 0 6 0 2 2 8 0 0 | Manifest Document No. 001975

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
BISSELL Inc.
2345 Walker NW, Grand Rapids, MI 49504

A. State Manifest Document Number: INA 0308193

4. Generator's Phone (616) 453-4451

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263 (D001)	006	D M	330	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: Michael J. Winchester | Signature | Date: Month 9 Day 7 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jim Reitsma | Signature | Date: Month 9 Day 07 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space
5-204 TCTSO 9/11
1-204 TCTSO 9/11 (20)

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

Printed/Typed Name: Whitaker A | Signature: A Whitaker | Month 9 Day 8 Year 89

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

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0308193

0016170

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.: MID006022800
Manifest Document No.: 201.74
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
BISSELL Inc.
2345 Walker NW., Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308194
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263 (D001)	004	DM	220	G	D001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information:

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

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Printed/Typed Name: Michael J. Winchester
Signature: [signature]
Date: Month 10 Day 12 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM REITSMA
Signature: [signature]
Date: Month 10 Day 12 Year 89

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

19. Discrepancy Indication Space
3204 RTSD 10/16
1 " " " 20

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A
Signature: [signature]
Month 10 Day 13

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

0016171

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 0 6 0 2 2 8 0 0 | 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
BISSELLInc.
2345 Walker NW., Grand Rapids, MI 49504

A. State Manifest Document Number: INA 0308195

B. State Generator's ID

4. Generator's Phone (616) 453-4451

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263 (D001)	2	DM	110	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR — Printed/Typed Name: Michael J. Winchester | Signature | Date: Month 11 Day 17 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: Month 11 Day 17 Year 89

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: WHITAKER A | Signature | Date: Month 11 Day 17 Year 89

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

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0308195

0016172

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·0·6·0·2·2·8·0·0
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
BISSELL Inc.
2345 Walker NW., Grand Rapids, MI 49504

4. Generator's Phone (616) 453-4451

A. State Manifest Document Number: INA 0308196
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Dis., 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

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 NA 1263 (D001)	4	D·M	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: Michael J. Winchester
Signature: [signature]
Date: Month 12 Day 20 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature]
Signature: [signature]
Date: Month 12 Day 20 Year 89

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

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A
Signature: [signature]
Date: Month 12 Day 28 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0308196

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

204 TCTSD 12/29

COPY 5. TSD COPY

0016173

STATE OF MICHIGAN

Rev. 3/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0048791

002374

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Blodgett Hospital	Valley City Refuse Disp.	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
1840 Wealthy SE. Grand Rapids MI. 49506	2640 Thornwood SW Wyoming Mi. 49509	420 S Colfax Ave. Griffith, IInd. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 774-7794	(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**
MIDO79292512	MFD055855373	INDO163602615

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Xylene	Flamable Liquid	UN1307	03	3	DR.		X			615	Gal.	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS — Include Safety precautions and special handling instructions.

Keep from flame or open Fires.

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 Frederick A. Cull — Date Shipped MO. DAY YEAR: 3 08 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1 H273-1 — Transporter Signature ② Arnold Dykstra — Date(s) Received: 03 08 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number: INDO163602615 — ☒ Accepted ☐ Rejected — Date Received: 3 8 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

③ TO204RT-50 6RM TSDF COPY 3/9/82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0002826

0023 13

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP	AMERICAN CHEMICAL SERVICE
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTHY S.W. GRAND RAPIDS MI 49506	2640 THORNWOOD S.W. WYOMING MI. 49509	420 S. COLFAX AVE GRIFFITH, IND 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 774-7794	(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**
MI0079292512	MFD055855373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	WASTE XYLENE	FLAMMABLE LIQUID	1307	07	2	DR		X			110	GAL	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRES.

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 Frederick GW

Date Shipped MO. DAY. YEAR: 5 17 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 4213-1

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ②

Subsequent transporter(s) signature(s) ③

Date(s) Received: 5 17 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 05 18 82

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

B1— On dock 5-18-82 GKM
TO 510 RT-50 GKM 5-26-82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☑ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0048776

002572

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTHY S.W. GRAND RAPIDS, MI 49506	2640 THORNWOOD SW WYOMING MI 49509	420 S. COLFAX AVE. GRIFFITH, IND 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 774-7794	(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**
MID079292512	MFD055855373	IN016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	1	DR		X			----55	GAL	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRES

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① Richard J. Kornoely — Date Shipped MO. DAY YEAR: 060382

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

Subsequent Transporter Vehicle I.D. No's. — 218-6

Transporter Signature: ② [signature] — Date(s) Received: 060382

Subsequent transporter(s) signature(s): ③ [signature] — 060382

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: IN016360265

☒ Accepted ☐ Rejected — Date Received: 6482

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY TO 210 KT-50 GRM 6.4.82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0048778

0025

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP	AMERICAN CHEMICAL SERVICE
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTHY SE	2640 THORNWOOD SW	420 S. COLFAX N.W.
GRAND RAPIDS MI 49506	WYOMING MI 49509	GRIFFITH, IND. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 774 7794	(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**
MID079292512	MFD055855373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	1	DR		X			55	GAL	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS — Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRE

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Richard J. Kennedy — Date Shipped MO. DAY YEAR: 07 08 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 1283 — Transporter Signature ② Butch R — Date(s) Received 7 08 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ Michael Burgess — ☒ Accepted ☐ Rejected — Date Received 7 9 82

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY, AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY To 210 R T-50 GRM 7-9-82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0048777

Rev. 3/81

002370

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERV.
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTHY S.E. GRAND RAPIDS MI 49418	2640 THORNWOOD S.W. WYOMING MI 49509	420 S. COLFAX N.W. GRIFFITH IND. 46319
Phone Number	**Phone Number**	**Phone Number**
616, 774-7794	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**
MID079292512	MFD055855373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	1	DR		X			55	GAL	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME AND OPEN FIRE'S

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Richard J. Kornely — Date Shipped MO. DAY YEAR 08 26 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 Russ Heminger — Date(s) Received 08 26 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

☒ Accepted ☐ Rejected

Date Received 8 27 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

T0210 R 1-50 GPM 8-27-82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

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

MI 0226359

Rev. 8/81

002369

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address: 1840 WEALTHY S.W. GRAND RAPIDS MI. 49506	Transporters Address: 2640 THORNWOOD SW. WYOMING MI 49509	Facility Address: 420 S. COLFAX AVE GRIFFITH, IND 46319
Phone Number: 616 774-7794	Phone Number: 616 538-8499	Phone Number: 219 924-4370
Generator's Site EPA I.D. Number: MID079292512	Transporter's EPA I.D. Number: MFD055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	2	DR		X			110	GAL	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRE

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① Richard J. Kornaly — Date Shipped MO. DAY YEAR: 10 13 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 Hemingway — Date(s) Received: 10 13 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 H Dunfee

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 10 15 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

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

To 124 KT-63 6104 TSDF COPY 10.14.82

STATE OF MICHIGAN

Rev. 8/81

WASTE DISPOSAL MANIFEST

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

MI 0226360

002368

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address: 1840 WEALTHY SE GRAND RAPIDS MI 49506	Transporters Address: 2640 THORNWOOD SW WYOMING MI 49509	Facility Address: 420 S. COLFAX AVE. GRIFFITH, IND 46319
Phone Number: (616) 774-7794	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID079292512	Transporter's EPA I.D. Number: MFD055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMEABLE LIQUID	UN1307	07	1	DR		✓			55	GAL	U239
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRE

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① X P Vickers

Date Shipped MO. DAY YEAR: 1 12 9 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 Russ Hemingen

Date(s) Received: 1 12 9 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 FRANK PRICE

Facility Site EPA I.D. Number: IND016360265

☑ Accepted ☐ Rejected

Date Received: 11 30 82

Describe any significant discrepancies between manifest and shipment. Frank Price

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.

On dock 11·29·82

TSDF COPY

To 204 R T-50 GRM 12·8·82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☑ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0226361**

004651

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTHY SE GRAND RAPIDS, MI. 49418	5640 THORNWOOD SW, WYOMING, MI 49509	420 S. COLFAX AVE. GRIFFITH, IND. 46319
Phone Number	**Phone Number**	**Phone Number**
616 774-7794	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**
MID079292512	MFD055855373	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 XYLENE	FLAMABLE LIQUID	UN1307	07	1	DR		X			55	GAL	F003
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 Richard J. Kornsey

Date Shipped MO. DAY YEAR: 020883

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** 301

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch R

Date(s) Received: 020883

Subsequent transporter(s) signature(s): ③ Russell Hemingway

Date(s) Received: 020983

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: 2 9 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

T0204KT-50 GRM 2.9.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

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

MI 0226362

Rev. 8/81

004652

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT MEM MED CEN	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address: 1840 WEALTHY SE GRAND RAPIDS MI 49506	Transporters Address: 2640 THORNWOOD SW WYOMING MI 49509	Facility Address: 420 S COLFAX AVE. GRIFFITH, IND 46319
Phone Number: 616, 774 7794	Phone Number: 616, 538 8499	Phone Number: 219, 924 4370
Generator's Site EPA I.D. Number: MID079292512	Transporter's EPA I.D. Number: MFD055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	1	DR		✓			55	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME AND FIRE

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① Richard J. Kornoff

Date Shipped MO. DAY YEAR: 02 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 G. Henning

Date(s) Received: 02 17 83

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 02 21 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 204 RT-50 GRM 2.24.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0226364

Rev. 8/81

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISPOSAL	AMERICAN CHEMICAL SERVICE
Site Address 1840 WEALTHY ST GRAND RAPIDS, MI 49506	**Transporters Address** 2640 THORNWOOD S.W. WYOMING, MI 49509	**Facility Address** 420 S. COLFAX AVE. GRIFFITH, IND 46319
Phone Number (616) 774-7794	**Phone Number** (616) 538-8499	**Phone Number** (219) 924-4370
Generator's Site EPA I.D. Number MID079292512	**Transporter's EPA I.D. Number** MFD055855373	**Facility Site EPA I.D. Number** IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMMABLE LIQUID	UN1307	01	1	DR		X			55	GAL.	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRE

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Bruce Kelsey — Date Shipped MO. DAY YEAR: 4.1.83

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 — Transporter Signature ② Russell D. Hemingen — Date(s) Received 04.01.83

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 CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received 4.5.83

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

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

TSDF COPY

To 204R T-50 GRM 4-25-83

GENERATOR COMPLETES — TRANSPORTER COMPLETES — TSDF COMPLETES

359400

004648

IDENTIFICATION

Site Address	Transporter's Address	Facility Address
Blodgett Hospital 1840 Wealthy S.E. Grand Rapids, MI 49506	Valley City Refuse Disp 2650 Thornwood, SW Wyoming, MI 49509	American Chemical Service 420 S. Colfax Ave Griffith, IND. 46319
Phone Number (616) 774-7794	Phone Number (616) 538-8499	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID079292512	Transporter's EPA I.D. Number MFD055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Xylene	Flamable Liquid	UN1307	07	2	Dr.		X			110	gal	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Keep From Flame or open Fires

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 Frederick A. Gill

Date Shipped MO. DAY YEAR: 07 07 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

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Russell L Heminger

Date(s) Received: 07 07 83

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 7 8 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.

On dock 7.8.83

TSDF COPY

To 204 & T-50 GRM 7.12.83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

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

MI 0226369

Rev. 8/81

004650

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISPOSAL	AMERICAN CHEMICAL SERVICE
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTH SE GRAND RAPIDS, MI 49506	2640 THORNWOOD S.W. WYOMING, MI 49509	420 S. COLFAX AVE, GRIFFITH, IND 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 774-7794	(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**
MI D079292512	MFD055855373	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 XYLENE	FLAMEABLE LIQUID	UN1307	07	2	DR		X			110	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FREE OF FLAME OR FIRES

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 27 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830366

Subsequent Transporter Vehicle I.D. No's ~~[illegible]~~

Transporter Signature ② [signature] — Date(s) Received: 09 27 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: *I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes.* I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☑ Accepted ☐ Rejected

Date Received: 10 7 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 204 K T-50 GRM 10-7-83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0226370**

Rev. 8/81

004649

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT MEMORIAL HOSP.	VALLEY CITY REFUSE DISP	AMERICAN CHEMICAL SERVICE
Site Address: 1840 WEALTHY SE. GRAND RAPIDS, MICH.	Transporters Address: 2640 THORNWOOD SE WYOMING MI 49509	Facility Address: 420 S. COLFAX AVE. GRIFFITH, IND. 46319
Phone Number: (616) 774-7794	Phone Number: (616) 538-8499	Phone Number: 219 924 4370
Generator's Site EPA I.D. Number: MID079292512	Transporter's EPA I.D. Number: MFD055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE - XYLENE	FLAMABLE LIQUID	UN1307	07	2 ~~DR~~	DR		X			110	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRES

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 Richard J. Kormaly

Date Shipped MO. DAY YEAR: 1/2/83

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 H8309.10

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Jack Rusta

Date(s) Received: 1/2/83

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 1/30/83

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 T0204R T-50 GRW 11-30-83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☑ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0226368**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP	AMERICAN CHEMICAL SERVICE
Site Address 1840 WEALTHY ST. GRAND RAPIDS, MI. 49506	Transporters Address 2640 THORNWOOD SW WYOMING, MI. 49509	Facility Address 420 S. COLFAX AVE. GRIFFITH, IND 46319
Phone Number (616) 774-7794	Phone Number (616) 538 8499	Phone Number 219, 924-4370
Generator's Site EPA I.D. Number MID079292512	Transporter's EPA I.D. Number MFD055855373	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	1	DR		X			55	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

KEEP FROM FLAME OR OPEN FIRE

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Frederick Gill — Date Shipped MO. DAY YEAR 04 13 84

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 Jack Ruste — Date(s) Received 04 13 84

Subsequent transporter(s) signature(s) ③

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 Frank Pino

Facility Site EPA I.D. Number IND016360265

☑ Accepted ☐ Rejected

Date Received 4 15 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.

T0204 RT-50 GRM 4.15.84 TSDF COPY

001510

R 4896
Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0226363

GENERATOR COMPLETES — IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address: 1840 WEALTHY SE, GRAND RAPIDS MI. 49506	Transporters Address: 2640 THORNWOOD SW, WYOMING, MI 49509	Facility Address: 420 S. COLFAX AVE, GRIFFITH, IND. 46319
Phone Number: (616) 774-7794	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID079292512	Transporter's EPA I.D. Number: MFD055855373	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMABLE LIQUID	UN1307	07	2	DR		X			100	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.
KEEP FROM FLAME OR OPEN FIRES

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 Richard J. Kanney — Date Shipped: MO. DAY YEAR 032084

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 H830910

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Jack Puste — Date(s) Received: 022084

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 Frank Price

Facility Site EPA I.D. Number: [illegible]

☒ Accepted ☐ Rejected

Date Received: 2 21 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-204K T-50 GAM 2-21-84 TSDF COPY

R 4896
Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☑ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0226365

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BLODGETT HOSPITAL	VALLEY CITY REFUSE DISP.	AMERICAN CHEMICAL SERVICE
Site Address	**Transporters Address**	**Facility Address**
1840 WEALTHY SE GRAND RAPIDS, MI 49506	2640 THORNWOOD SW WYOMING, MI 49509	420 S. COLFAX AVE. GRIFFITH, IND 46319
Phone Number	**Phone Number**	**Phone Number**
616 774-7794	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**
MID079992512	MFD055855373	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	WASTE XYLENE	FLAMMABLE LIQUID	UN1307	07	2	DR		X			110	GAL	F003
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.
WITH FROM FLAME AND OPEN FIRE

GENERATOR COMPLETES

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: TRANSPORTER ① Jack Rust — Date Shipped MO. DAY YEAR: 07 18 84

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. 1: H8309.10

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: TRANSPORTER ② Richard J. Kennedy — Date(s) Received: 7 18 84

Subsequent transporter(s) signature(s) ③ — 07 18 84

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 Frank Price — ☑ Accepted ☐ Rejected — Date Received: 7 18 84

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☑ No

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

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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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.

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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.: MID079292512 — Manifest Document No.: 35736

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Blodgett Hospital
1840 Wealthy, S.E., Grand Rapids, MI 49506

4. Generator's Phone (616) 774-7794

A. State Manifest Document Number: MI 0535736

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

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

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Xylene Flammable Liquid UN1307	3	DM	140	G	F003	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Keep from flame & open fire.

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

Printed/Typed Name	Signature	Date Month Day Year
FREDERICK Gill	Frederick Gill	10 09 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Jim Reitsma	Jim Reitsma	10 09 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year
R Rushnock	R Rushnock	10 12 84

GENERATOR

TRANSPORTER

FACILITY

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

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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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. MIDO79295512 Manifest Document No. 15908

2. Page 1 of

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

3. Generator's Name and Mailing Address
Blodgett Hospital
1840 Wealthy, S.E., Grand Rapids, Mi. 49506

4. Generator's Phone (616) 7747794

A. State Manifest Document Number: MI 0515908

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.

6. US EPA ID Number: MIDO055853733

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax, P. O. Box 190
Griffith, IN 46319

10. US EPA ID Number: INDO163602665

G. State Facility's ID

H. Facility's Phone: (219) 924-4570

	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.	X Waste Xylene Flammable Liquid UN1307	2	DM	110	G	FDO01
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
~~Keep from flame and open fire.~~

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

Printed/Typed Name	Signature	Date (Month Day Year)
BILL KUBILIUS		12 04 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
EARL W. COONS	Earl W. Coons	12 04 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	12 17 84

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

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MIDD7929512 — Manifest Document No.: 31550
2. Page 1 of

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

3. Generator's Name and Mailing Address
Blodgett Hospital
1840 Wealthy, S.E., Grand Rapids, MI 49506

4. Generator's Phone (616) 774-7794

A. State Manifest Document Number: MI 0531550
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: (210) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Disposal, INC
6. US EPA ID Number: MMI558553 73

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

9. Designated Facility Name and Site Address
American Chemical Service, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Xylene Flammable Liquid UN1307	2	DM	110	G	F003	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Keep from flame and open fire.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

Printed/Typed Name: Bill Kubilius — Signature: [signature] — Date: Month Day Year 01 29 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM REITSMA — Signature: [signature] — Date: Month Day Year 01 29 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: GR MURPHY — Signature: [signature] — Date: Month Day Year 1 31 85

GENERATOR — TRANSPORTER — FACILITY

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

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 7 9 2 9 2 5 1 2 — Manifest Document No. 1 5 4 6

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

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Healthy S.E., Grand Rapids, Mi. 49506

A. State Manifest Document Number MI 0531544

4. Generator's Phone (616) 774-7704

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal, INC.

6. US EPA ID Number: M F D 0 5 5 8 5 5 3 7 3

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

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 7 5 3 6 0 2 6 5

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (210) 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.	N/H
a. X Waste Xylene Flammable Liquid UN1307	1	DM	165	G	F003	H
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
Keep from flame and open fire

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

GENERATOR

Printed/Typed Name: Bill Kubilius — Signature — Date: Month Day Year 05 17 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Earl W. Coons — Signature — Date: Month Day Year 05 15 85

TRANSPORTER

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.

FACILITY

Printed/Typed Name: R MURPHY — Signature — Date: Month Day Year 5 16 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.

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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.: MID079292512 — Manifest Document No.: 31045 — 2. Page 1 of

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

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy S.E., Grand Rapids, Mi. 49506

4. Generator's Phone (616) 774-7794

A. State Manifest Document Number: MI 0531545
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. US EPA ID Number: MID055855373

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

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax, P.O. Box 190
Griffity, IN 46319 n
10. US EPA ID Number: IND016360265

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.	N/H
a.	X Waste Xylene Flammable Liquid UN1307	2	DM	110 ~~165~~	G	F003	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Keep from flame and open fire

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

Printed/Typed Name: Bill Rubilius — Signature: Bill Rubilius — Date: Month 07 Day 25 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 07 Day 25 Year 85

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date: Month 07 Day 26 Year 85

GENERATOR — TRANSPORTER — FACILITY

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PR 5110 Rev. 7/84

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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.: MID079292512 — Manifest Document No.: 31546
2. Page 1 of 1

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

3. Generator's Name and Mailing Address: Blodgett Memorial Medical Center, 1840 Wealthy, SE, Grand Rapids, MI 49506
4. Generator's Phone ( )

A. State Manifest Document Number: MI 0531546
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Valley City Refuse Disposal Inc
6. US EPA ID Number: MID055855373
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, Inc., 420 S. Colfax, P.O. Box 190
10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.	N/H
a.	X Waste Xylene Flammable Liquid UN1307	2	DM	110	gal	F003	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: Keep from flame and Open fire.

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: Keep from flame and Open fire.

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

Printed/Typed Name: FREDERICK Gill — Signature: Frederick A. Gill — Date: Month Day Year 09 27 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month Day Year 09 27 85

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: MUPPHY — Signature: [signature] — Date: Month Day Year 9 27 85

GENERATOR — TRANSPORTER — FACILITY

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EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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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.: MID079292512 — Manifest Document No.: 59205
2. Page 1 of
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Blodgett Memorial Medical Center, 1840 Wealthy SE. Grand Rapids, MI 49506
4. Generator's Phone (616) 774-7704

A. State Manifest Document Number: MI 0659205
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. US EPA ID Number: MFD055855373
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: American Chemical Service Inc., 420 S. Colfax, PO Box 190, Griffith, IN 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a. X Waste Xylene - Flammable Liquid UN1307	2	DM	100	G	F003	H
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above: Keep from flame and open fire.

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

15. Special Handling Instructions and Additional Information: Keep from flame and open fire,

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

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

Printed/Typed Name	Signature	Date (Month Day Year)
Frederick Gill	Frederick Gill	12 03 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
James Looks	James Looks	12 04 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
Frank Price	Frank Price	12 5 85

GENERATOR — TRANSPORTER — FACILITY

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EPA Form 8700-22 (Rev. 4-85)

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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. / Manifest Document No.: MID079292512 / 9202

2. Page 1 of

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

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy S.E., Grand Rapids, MI. 49506

4. Generator's Phone ( )

A. State Manifest Document Number: MI 0659202

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.

6. US EPA ID Number: MFD055855377 3

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: INDC136026 5

G. State Facility's ID

H. Facility's Phone: (210) 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.	N/H
a.	X Waste Xylene Flammable Liquid UN1307	2	DM	110	G	F003	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: Keep from flame and open fire.

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

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

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Printed/Typed Name	Signature	Date (Month Day Year)
Jeffrey J. Surmon	Jeffrey J. Surmon	03 24 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Earl W. Coons	Earl W. Coons	03 24 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	03 26 86

GENERATOR

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

EPA Form 8700-22 (Rev. 4-85)

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PR 5110 Rev. 4/85

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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.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
M·I·D·0·7·9·2·9·2·5·1·2	5·9·1·2·4		

3. Generator's Name and Mailing Address
BLOGETT MEMORIAL MEDICAL CENTER
1840 Wealthy St. S.E., Grand Rapids, MI 49506
4. Generator's Phone (616) 245-6836

A. State Manifest Document Number: INA 0159124
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

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

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE XYLENE, Flammable Liquid UN1307	3	D·M	165	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
KEEP FROM FLAM AND OPEN FIRE

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: MARK MESSENGER
Signature:
Date: Month 8 Day 21 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM GRUNWELL
Signature:
Date: Month 8 Day 21 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: HARRELD F SCHMIDT
Signature:
Date: Month 8 Day 24 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 0159124

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

013782

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.: MID079292512 — Manifest Document No.: 59161
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
BLODGETT MEMORIAL MEDICAL CENTER
1840 Wealthy St., S.E., Grand Rapids, MI 49506

4. Generator's Phone (616) 774-7794

A. State Manifest Document Number: INA 0159161
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: MID981956063
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
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 XYLENE Flammable Liquid UN1307	3	DM	165	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
KEEP FROM FLAME AND OPEN FIRE

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

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

Printed/Typed Name: Barbara Bankton — Signature: [signature] — Date: Month 12 Day 13 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 12 Day 13 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 13 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 0159161

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 3-204x T-50 12/18/87

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

013783

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.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name

4. Generator's Phone ( )

A. State Manifest Document Number: IN035350

B. State Generator's ID

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

C. State Transporter's ID

D. Transporter's Phone

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

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
MILT PUPA	Milt Pupa	12	1	85

IN 035350

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

T.S.D. DETACH AND RETAIN THIS COPY MRK 2-126F

013781

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. / Manifest Document No.: MIPPMAR1R5 1 R55B149

2. Page 1 of: 1-

Information in the shaded areas is not required by Federal law

3. Generator's Name: Blodgett Memorial Medical Center
1840 Wealthy ST. SE
4. Generator's Phone (616) 245-6836 GRAND RAPIDS MI

A. State Manifest Document Number: IN 035349

B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY City Refuse Disposal
6. US EPA ID Number: MIF D558 5 5 B 1 B
C. State Transporter's ID:
D. Transporter's Phone: 616-538-8448

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

9. Designated Facility Name and Site Address: American Chemical Services Inc,
420 S. Colfax P.O. Box 190
Griffith, IN 46319-0190
10. US EPA ID Number: I N D 1 1 6 3 6 0 R 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 Xylene, Flammable Liquid UN1307	1	R	1 1 0	GAL	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Keep from flame and Open fire

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: Keep from flame and Open fire

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Ted Gill
Signature: Ted Gill
Month / Day / Year: 0 3 / 0 7 / 8 7

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:
Date / Month / Day / Year:

FACILITY

19. Discrepancy Indication Space

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

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

IN 035349

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

UHWM 2/LP2

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MRK 2-12-88 TGS E

013780

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.: MIDO17912191215112 5 9 12 DH

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Blodgett Memorial Medical Center
1840 Wealthy Street SE
4. Generator's Phone (616) 774-7774 Grand Rapids, MI 49506

A. State Manifest Document Number: IN 035348

B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MIDO55B5513 1713

C. State Transporter's ID:

D. Transporter's Phone: 616 538-3449

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.
1420 S. Colfax, P.O. Box 190
Griffith, In. 46319-0190
10. US EPA ID Number: INDUVLFKPRKF

G. State Facility's ID:

H. Facility's Phone: (219) 924-4390

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE Xylene Flammable Liquid UN1307	1	3 DRUMS	1155	G	F003 H
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Keep from flame and Open fire.

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: Keep from flame and Open fire.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 presents and future threat to human health and the environment.

GENERATOR — Printed/Typed Name: FRED GIL | Signature: Fred Gil | Month 12 Day 21 Year 86

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] Martin | Signature: [illegible] | Date: Month 12 Day 21 Year 86

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

FACILITY — 19. Discrepancy Indication Space:

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

Printed/Typed Name: [illegible] | Signature: [illegible] | Month 12 Day 21 Year 86

IN 035348

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

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3-123R T63

013774

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 7 9 2 9 2 5 1 2 | Manifest Document No. 5 9 1 6 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
BLODGETT MEMORIAL MEDICAL CENTER
1840 Wealthy St., S.E., Grand Rapids, MI 49506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0159160
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (616)235-1500
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (219)924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. Colfax, P.O. Box 190, Griffith, IN. 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE XYLENE, Flammable Liquid, UN1307	2	D M	1 1 0	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
KEEP FROM FLAME AND OPEN FIRE.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: BRIAN J KELSEY | Signature: Brian J Kelsey | Date: Month 3 Day 13 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JIM REITSMA | Signature: Jim Reitsma | Date: Month 03 Day 15 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: HAROLD F SCHMIDT | Signature | Date: Month 03 Day 15 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 0159160

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 2-204R T-50 3/13/88

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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

014344

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 7 9 2 9 2 5 1 2
Manifest Document No.: 5 9 1 5 9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BLODGETT MEMORIAL MEDICAL CENTER
1840 Wealthy., S.E. Grand Rapids, MI 49506

A. State Manifest Document Number: INA 0159159
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616)235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

4. Generator's Phone:
5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
~~Griffith~~ GRIFFITH, IN. 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 3 6 0 2 6 5

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE EXYLENE Flammable Liquid UN1307	2	DM	110	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
KEEP FROM FLAME AND OPEN FIRE.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: MARK MESSENGER
Signature: [signature]
Date: Month 05 Day 25 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 05 Day 25 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: MILT POPA
Signature: Milt Popa
Date: Month 5 Day 26 Year 88

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

INA 0159159

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

204 TCT50 S/31M

014345

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 7 7 9 2 9 2 5 1 2
Manifest Document No.: 3 5 3 5 3
2. Page 1 of
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy, S.E.
Grand Rapids, Mi. 49506

A. State Manifest Document Number: INA 0235353
B. State Generator's ID
4. Generator's Phone

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

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

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN. 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID
H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Xylene Flammable Liquid UN 1307	3	D M	165	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

Keep from Flame and open fire.

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

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

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

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Alvin Whitaker Signature: [illegible] Date: Month / Day / Year: 8 26 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 0235353

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

123TCT63 8/29

014346

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

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 7 7 9 2 9 2 5 1 2
Manifest Document No.: 3 0 0 6 1
2. Page 1 of
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy S.E.
Grand Rapids, Mi. 49506

A. State Manifest Document Number: INA 0235351
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 219-924-4370

4. Generator's Phone

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3

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

9. Designated Facility Name and Site Address
American Chimical Service
420 S. Colfax, P.O. Box 190
Griffith, IN. 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. Waste Xylene Flammable Liquid UN 1307	2	DM	110	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

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Printed/Typed Name: MIKE FRIAR
Signature: Michael F. Friar
Date: Month 11 Day 01 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Arnold Dykstra
Signature: Arnold Dykstra
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: A Whitaker
Month 11 Day 14 Year 88

GENERATOR

TRANSPORTER

FACILITY

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

INA 0235351

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

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

204 R TSD 11/7

014347

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M·I·D·0·7·9·8·2·8·8·5·2 | Manifest Document No. 6·6·9·0·8 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy S.E.
Grand Rapids, Michigan 49506
4. Generator's Phone

A. State Manifest Document Number: INA 0266908
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3

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

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 Xylene Flammable Liquid UN 1307	2	DM	110	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
BRIAN KELSEY	Brian B Kelsey	01	18	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Kenneth F Hobma	Kenneth F Hobma	01	18	89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year
WHITAKER ALVIN	Al Whitaker	01	19	89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

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

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0016162

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
MID074292512	66908		

3. Generator's Name and Mailing Address
Blodgett memorial Medical Center
1849 Wealthy S.E.
Grand Rapids, MI 49506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0266911
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:

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 Xylene Flammable Liquid UN 1307	4	DM	220	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
Keep from flame and open fire

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

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GENERATOR
Printed/Typed Name: Lynn Baker
Signature: Lynn Baker
Date: Month 5 Day 8 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma
Signature: Jim Reitsma
Date: Month 5 Day 8 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: Harold F Schmidt
Signature:
Date: Month 05 Day 12 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

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

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0016163

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.: MI 8 0 7 4 2 9 2 5 1 2
Manifest Document No.: 6 6 9 0 9
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
Blodgett Memorial Medical Center
1840 Wealthy S.E.
Grand Rapids Mi. 49506

A. State Manifest Document Number: INA 0266909
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: MID981956063
7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
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 Xylene Flammable Liquid UN 1307	2	DM	110	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: MARK MESSENGER
Signature: [signature]
Month / Day / Year: 07 [illegible] 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Month / Day / Year: 07 [illegible] 89

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whita Ker A
Signature: [signature]
Month / Day / Year: 7 29 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 0266909

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

204 TCTSD 7/31

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0016165

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.: H·I·D·0·7·4·2·9·2·5·1·2 | Manifest Document No.: 55857 | 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
Blodgett Memorial Medical Center
1840 Wealthy, S.E.
Grand Rapids, MI. 49506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0355857
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:

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

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Xylene Flammable Liquid UN 1307	3	D·M	165	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

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GENERATOR — Printed/Typed Name: Lynn Baker | Signature: Lynn Baker | Date Month/Day/Year: 11/29/89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date Month/Day/Year: 11/29/89
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: | Signature: | Date Month/Day/Year:

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK | Signature: Steve Kulavick | Date Month/Day/Year: 11/30/89

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.

INA0355857

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

2044CV63 12/1

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0016164

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 8	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
M I D 0 7 4 2 9 2 5 1 2	5 5 8 5 8		

GENERATOR

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy, S.E.
Grand Rapids, Mi. 49506

4. Generator's Phone ( )

A. State Manifest Document Number: INA 0355858

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:

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. 47319-0190

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

G. State Facility's ID:

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Xylene Flammable Liquid UN 1307	2	D M	1 1 0	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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Printed/Typed Name	Signature	Date (Month Day Year)
Lynn Baker	Lynn Baker	02 15 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Jim REITSMA	Jim Reitsma	02 15 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
Whitaker A	G Whitaker	2 16 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.

INA0355858

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

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2047250 2/90

0017765

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
M I B 0 7 4 2 9 2 5 1 2	5 5 8 5 9		

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy, S.E.
Grand Rapids, MI, 49506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0355859
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:

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

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Xylene Flammable Liquid UN 1307	3 2	D N	165 110	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
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GENERATOR

Printed/Typed Name	Signature	Date Month	Day	Year
Lynn Baker	Lynn Baker	05	1	90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Roger Norton	Roger Norton	05	1	90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year
STEVE KUNICK	Steve Kunick	05	04	90

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

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INA0355859

0017766

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
M I D 0 7 4 2 9 2 5 1 2	5 5 8 6 0		

3. Generator's Name and Mailing Address
Blodgett Memorial Medical Center
1840 Wealthy, S.E.
Grand Rapids, Mi. 49506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0355860
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. Use EPA ID Number: M.I.D.9.8.1.9.5.6.0.6.3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I.N.D.0.1.6.3.0.2.6.5.

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Xylene Flammable Liquid UN 1307	3	D M	1 6 5	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
Keep from flame and open fire.

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

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

Printed/Typed Name	Signature	Month	Day	Year
Lynn Baker	Lynn Baker			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Nigel Martin	Nigel Martin			

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year
STEVE KULWICK	Steve Kulwick	12	20	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.

INA0355860

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

2-212RT50 7/5-4

COPY 5. TSD COPY 1-212RT50 7/5-4 (20)

0017767

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.7.4.[illegible] Manifest Document No.: 55861
2. Page 1 of 4
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
Blodgett Memorial Medical Center
1840 Wealthy, S.E.
Grand Rapids, Mi. 49506
4. Generator's Phone ( )

A. State Manifest Document Number: INA 0355861
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc
6. Use EPA ID Number: M.I.D.9.8.1.9.5.6.0.6.3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 Colfax, P.O. Box 190
Griffith, IN 4631980190
10. Use EPA ID Number: I.N.D.0.1.6.3.0.2.6.5.

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 Xylene Flammable Liquid UN 1307	1	DM	55	G	F003
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
Keep from flame and open fire.

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

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

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A
Signature: [illegible]
Month Day Year: 8 31 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.

INA0355861

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

COPY 5. TSD COPY

212TC T50 9/4

0017768

HAZARDOUS WASTE MANIFEST

PARCO

1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	031024AC2	Blue M Elect. 138th & Chatham Blue Isl. Il 60406 312 385 9000	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 W Roosevelt Chgo Il 60650 312 261 7236	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	InD016360265	American Chemical Service Griffith In 46319 312 768 3400	5-3-83
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)
3dr		F001	Perchlor	1897		none	55g	150g		

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 5-3-83 DATE

5

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TSDF COPY

To ILK T-63 GRN 5-5-83

004656

Hazardous Characteristics

1. Is this material a "hazardous waste" under the Resource Conservation and Recovery Act? Yes

   a. If so, please complete the following:

   (1) Listed description of wastes: Flammable Waste Liquid containing Toluene (still bottoms from recovery of spent non-halogenated solvents)

   (2) RCRA Waste Numbers N/A

   b. If the waste is not listed, what hazardous characteristic(s) does it possess?
   Flammable, only

2. Is this waste a "hazardous material" ~~as defined~~ by regulations of the U.S. Department of Transportation under the Hazardous Materials Transportation Act? Yes

   If so, please answer the following questions:

   a. Correct shipping description: Waste Toluene Solution, Flammable Liquid, L
   b. Correct DOT container: Stainless Steel Tanker
   c. Hazard class(es): F005
   d. Identification number (from "Hazardous Materials" list): UN1294

3. Does this waste contain any substances regulated under TSCA or requiring workplace monitoring by OSHA (see Appendix).
   If so, please list substance and concentration. No

4. Does this waste stream contain any reactive, radioactive, explosive, pyrophoric or shock sensitive materials?

5. What are the special handling requirements for this waste?

HAZARDOUS WASTE MANIFEST

2
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Blue M Electric 138th & Chatham Blue Island Il 60406 312 585 9000	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 W Roosevelt Chgo Il 60650 2617236	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical Service Griffith In 46319 312 768 3400	9/23/93
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)
2dr		F001	Perchlor	1897		none	55g	100g		

SPECIAL HANDLING INSTRUCTIONS

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

COMMENTS

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

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

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

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

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

_____ Signature

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

_____ (Signature of Consignor)

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

CERTIFICATION

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

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

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

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

TSDF SIGNATURE DATE

5

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TSDF COPY

To 118K T-63 6RM 9-21-93

004555

HAZARDOUS WASTE MANIFEST

3
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		BLUE M Elect 138th & Chatham Blue Island Il 60406 385 9000	
TRANSPORTER # 1	ILD045795715	H Roskin 4710 Roosevelt Chgo Il 60650 261 7236	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY	IND016360285	Amer Chem Serv Griffith In 46319 -12 768 3400	11/17/83
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)
3dr		F001	Perchlor ORM-A	1897		NONE	55g	150g		

SPECIAL HANDLING INSTRUCTIONS

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

COMMENTS

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

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

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To ART-63 GRM 11-30-83

TSDF COPY

004654

IL 532-610
LPC 62 8781

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

0994999

Authorization Number N.AA.

(Company Name)	Address	Phone Number	Generator Number
BLUE M ELECTRIC	138th & CHATHAM	312 385 - 9000	0310245016 G

City	State	Zip	EPA Number
BLUE ISLAND	ILLINOIS	60406	N. A.

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number	Phone Number	EPA Number
H. BOSKIN	4710 WEST ROOSEVELT ROAD	1400001	312 261 7236	ILD045695715

DESTINATION — DISPOSAL, STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number	City	State	Zip	Phone Number	EPA Number
AMERICAN CHEMICAL SERVICE		91808902	GRIFFITH	INDIANA	46319	312-768-3400	IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: PERCHLOR WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: PERCHLOR

HAZARD CLASS: ORM - A

UN or NA Number: 1710

EPA HW Number: F001

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 500 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 10 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Paul O. Fiori (Authorized Signature) DATE: 8-20-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) H Boskin (Authorized Signature) DATE: __/__/__ (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:

H Boskin (Authorized Signature) DATE: 8/27/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

1 AE T-63

007516

...LETED BY
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
217/782-6762
SPECIAL WASTE HAULING MANIFEST

1031851

Authorization Number N A A

BLUE M (Company Name) | Address | Phone Number | 0 3 1 0 2 4 5 0 1 6 G Generator Number

BLUE ISLAND (City) | IL (State) | 60406 (Zip) | N. A. (EPA Number)

WASTE HAULER(S)

H. ROSKIN (Hauler Name) | 4710 W. ROOSEVELT ROAD (Hauler Address) | S.W.H. Registration Number 1 4 0 0 0 0 1

3 1 2 2 6 1 7 2 3 6 (Phone Number) | I L D 0 4 5 6 9 5 7 1 5 (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) | Address | Site Number

GRIFFITH (City) | IN (State) | 46319 (Zip) | 3 1 2 7 6 8 3 4 0 0 (Phone Number) | I N D 0 1 6 3 6 0 2 6 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME PERCHLOR | WASTE PHASE LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION: PERCHLOR | HAZARD CLASS: ORM - A | 1 8 9 7 (UN or NA Number) | F 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL | QUANTITY OF WASTE DELIVERED 2 2 0 | 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 4 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE 12-17-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1) [signature] (Authorized Signature) DATE 12/17/84

(2) [signature] (Authorized Signature) DATE 12/21/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 12/21/84

COMMENTS OR SPECIAL INSTRUCTIONS _____

1031851

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS 217 / 782-3637 | OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 GENERATOR

REV # 4

SITE COPY - PART 3

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additional civil penalty up to $1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

122 K T-63

007517

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
217/782-6762
SPECIAL WASTE HAULING MANIFEST

1031852

Authorization Number N A A

BLUE M ELECTRIC	138TH & CHATHAM	3 1 2 3 8 5 9 0 0 0	0 3 1 0 2 4 5 0 1 6
(Company Name)	Address	Phone Number	Generator Number
BLUE ISLAND	ILLINOIS	60406	N/A
City	State	Zip	EPA Number

WASTE HAULER(S)

H. ROSKIN	4710 WEST ROOSEVELT RD.		S.W.H. Registration Number 1 4 0 0 0 0 1
Hauler Name	Hauler Address	3 1 2 261-7236	I L D 0 4 5 6 9 5 7 1 5
		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				9 1 8 0 8 9 0 2
(Facility Name)	Address			Site Number
GRIFFITH	INDIANA	46319	3 1 2 768-3400	I N D 0 1 6 3 6 0 2 6 5
City	State	Zip	Phone Number	EPA Number
Alternate (Facility Name)	Address			Site Number
City	State	Zip	Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: PERCHLOR WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION	HAZARD CLASS	UN or NA Number	EPA HW Number
PERCHLOR	ORM-A	1 8 9 7	F 0 0 1

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 2 5 0 (1 GALLONS (Circle One) 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) (DRUMS 5 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 4-15-85

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 4/18/85

(2) [signature] (Authorized Signature) DATE: 4/16/85

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 4/23/85

COMMENTS OR SPECIAL INSTRUCTIONS _____

1031852

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additional civil penalty up to $1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

IBK T-63

010560

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.: ILD045695715 — Manifest Document No.: 1358414

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: BLUE M ELECTRIC, 138TH & CHATHAM

4. Generator's Phone (312-385-9000 BLUE ISLAND, IL 60406

A. Illinois Manifest Document Number: IL 1358414

B. Illinois Generator's ID: 03 1 0 2 4 5 0 1 6

5. Transporter 1 Company Name: H. ROSKIN — 6. US EPA ID Number: 1400001

C. Illinois Tranporter's ID: 1 4 0 0

D. (312) 261-7236 Transporter's Phone

7. Transporter 2 Company Name: NA — 8. US EPA ID Number: NA

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, GRIFFITH, INDIANA 46319 — 10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: NA

H. Facility's Phone: ( ) NA

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Perchlor OEM-A 1897	7 ~~10~~	50 gal	350 ~~500~~	GAL	EPA HW Number: F001
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: CORROSIVE LABELS

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: PAUL O. LUISI — Signature: Paul O. Luisi — Date: Month 10 Day 01 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL H. ROSKIN MTR. SERVICE — Signature: Clarence Neal — Date: Month 10 Day 01 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: F DUNFEE — Signature: F Dunfee — Date: Month 10 Day 22 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

Hold T-63

010565

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.: ILD045695715 | Manifest Document No.: 1358414 | 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: BLUE M ELECTRIC, 138TH & CHATHAM, BLUE ISLAND, IL. 60406

4. Generator's Phone (312) 385-9000

A. Illinois Manifest Document Number: IL 1358417

B. Illinois Generator's ID: 0 3 1 0 2 4 5 0 1 6

5. Transporter 1 Company Name: H. ROSKIN | 6. US EPA ID Number: 1400001 | C. Illinois Tranporter's ID: 1 4 0 0 | D. (312) 261-7236 Transporter's Phone

7. Transporter 2 Company Name: N/A | 8. US EPA ID Number: N/A | E. Illinois Transporter's ID | F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, GRIFFITH, INDIANA 46319 | 10. US EPA ID Number: IND016360265 | G. Illinois Facility's ID: N/A | H. Facility's Phone ( ) N/A

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 PERCHLOR OKM-A 1897	11	50 GAL. DRS	605	GAL	EPA HW Number: F 0 0 1 1; Authorization Number
b.						EPA HW Number; Authorization Number
c.						EPA HW Number; Authorization Number
d.						EPA HW Number; Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name: PAUL LUISI | Signature: Paul O. Luisi | Date: Month 5 Day 27 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: H. ROSKIN MTR. SERVICE | Signature: H Roskin Mtr Serv | Date: Month 5 Day 27 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 | Date: Month 5 Day 30 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

13E T63

011344

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) *Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 0 8 0 3 9 5 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Blue-M-Electric
138th & Chatham
Blue Island Il. 60406

4. Generator's Phone (312) 385 9000

A. State Manifest Document Number: IN 089255

B. State Generator's ID: 0310245016

5. Transporter 1 Company Name: H Roskin Motor Service

6. US EPA ID Number: I L D 0 4 5 6 9 5 7 1 5

C. State Transporter's ID: 1400

D. Transporter's Phone: 261 7236

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical Service
Griffith In 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 5 6 2

G. State Facility's ID: 9180890002

H. Facility's Phone: 312 768 3400

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. 111 Trichloroethane O R M-A UN 2381 WASTE MATERIAL	9	dm	450	1	F001
b. Trichlorethylene O R M-A UN 1710 WASTE MATERIAL	1		50	1	F001
c. Methylene Chloride O R M-A UN 1593 WASTE MATERIAL	1		50	1	F001
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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
David E. Taylor		3	3	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year
Clarence Neal		3	3	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date: Month	Day	Year

FACILITY

19 Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

Printed/Typed Name	Signature	Month	Day	Year
Warren E Schmidt				

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

IN 089255

B1 1184 H060 1184

MRA 9-B1-103 2 1-1184 103 2

013784

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 0 8 0 3 9 5 | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Blue M Electric 138th & Chatham
Blue Island Il 60406

A. State Manifest Document Number INA 0205884

4. Generator's Phone (312) 385 9000

B. State Generator's ID

5. Transporter 1 Company Name H Roskin Motor Service | 6. Use EPA ID Number I L D 0 4 5 6 9 5 7 1 5 | C. State Transporter's ID 1400 | D. Transporter's Phone 376 9345

7. Transporter 2 Company Name | 8. Use EPA ID Number | E. State Transporter's ID | F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319
| 10. Use EPA ID Number I N D 0 1 6 3 6 0 5 6 2 | G. State Facility's ID 9180690002 | H. Facility's Phone 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. 1,1,1 Trichloroethane CRM-A UN 2831	5	DM	150	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day	Year
DAVID E TAYLOR		5	3	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
CLARENCE NEAL				

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in 19.

Printed/Typed Name	Signature	Month	Day	Year
HARROLD F Schmidt		05	05	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 0205884

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 3-IAK TG 4/1/88 Q

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

014340

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I L D 0 5 0 8 0 3 9 5			

GENERATOR

3. Generator's Name and Mailing Address
Blue-M-Electric 138th & Chatham
Blue Island Il 60406

A. State Manifest Document Number: INA 0205909

4. Generator's Phone (312) 385-9000

B. State Generator's ID

5. Transporter 1 Company Name: H Roskin Motor Service

6. Use EPA ID Number: I L D 0 4 5 6 9 5 7 1 5

C. State Transporter's ID: 1400

D. Transporter's Phone: 376-9343

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319

10. Use EPA ID Number: I N D 0 1 6 3 6 0 5 6 2

G. State Facility's ID

H. Facility's Phone: 318 758 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. 1,1,1 Trichloroethane ORM-A UN2831	6	DM	300	Gal	T001
b. Methylene Chloride ORM-A UN1593	1	DM	50	Gal	T001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
PADED AREAS IS REQUIRED BY INDIANA STATE LAW

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
DAVID E TAYLOR		07	27	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
CLARENCE NEAL		7	27	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.

Printed/Typed Name	Signature	Month	Day	Year
Milton Pyra	Milton Pyra	8	1	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 0205909

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

6A-1AK T63 9/6
10-119R T63 10/4

014349

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.0.0.5.0.8.0.3.9.5
Manifest Document No.: 0.2.2.1.9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Blue- M -Electric 138th & Chatham
Blue Island IL 60406
4. Generator's Phone (312) 385 9000

A. State Manifest Document Number: INA 0322612
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: I.L.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9343

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Methylene Chloride ORM-A UN 1593	2	DM	100	Gal	F001
b. 1,1,1 Trichloroethane ORM-A UN 2831	9 ~~7~~	DM	~~350~~ 450	Gal	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.

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Printed/Typed Name: DAVID E. TAYLOR
Signature: [signature]
Date: Month 0.2 Day 2.4 Year 8.9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL
Signature: Clarence Neal
Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space
9B-120TCT63 4/3
2A-#3 Still [4:02 B] 4/21/89

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A
Signature: A Whitaker
Month 3 Day 3 Year 8.9

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0322612

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0016166

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I L D 0 0 5 0 8 0 3 9 5	0 2 0 9 0	1 of 1	

3. Generator's Name and Mailing Address
Blue-M- Electric
2218 W 138th St Blue Island IL 60406

4. Generator's Phone (708 385 9000

A. State Manifest Document Number: INA 0322689

B. State Generator's ID:

5. Transporter 1 Company Name: H. Roskin

6. Use EPA ID Number: I L D 0 4 5 6 9 5 7 1 5

C. State Transporter's ID: 1400

D. Transporter's Phone: 3123769343

7. Transporter 2 Company Name:

8. Use EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319

10. Use EPA ID Number: I N D 0 1 6 5 6 0 5 6 2

G. State Facility's ID: 9180890002

H. Facility's Phone: 3127683400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. 1,1,1 Trichloroethane ORM-A UN2831 RQ	16	DM	550	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: DAVID E. TAYLOR | Signature | Date: Month 0 2 Day 0 9 Year 9 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL | Signature | Date: Month 0 2 Day 0 9 Year 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month . Day . Year .

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: HARROLD F SCHMIDT | Signature | Date: Month 0 2 Day 1 4 Year 9 0

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 0322689

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

11-13K Tb3 3/19/90

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0017769

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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. | 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
Bluffs Toyota
3554 S. Expressway Council Bluff, IA 51501
4. Generator's Phone (712) 366-2444

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD000646810
C. State Transporter's ID: IL SWH 0311
D. Transporter's Phone: 312-385-8440

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Ave.
Griffith, Ind. 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: IL SITE# 9180890002
H. Facility's Phone: 219-924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Flammable Liquid NOS Ignitable UN1993	x	5	DM	250 ~~165~~	1	D0001
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

GENERATOR WILL DELIVER TO: J.D. CASEY WAREHOUSE - 10828 'J' ST. - OMAHA, NE.
FOR PICKUP BY STRAND TRUCKING.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name	Signature	Month	Day	Year
Bluffs Toyota Inc.	Edward E Lyon Bluffs Toyota	3	11	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JAMES HATTEN ~~Strand Trucking Inc.~~		3	12	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	Signature	Month	Day	Year
Michael O. Burgo		3	12	86

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete

204 RT-50

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01343

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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.: GAD981222441
Manifest Document No.:
2. Page 1 of 6
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob & Bob
2031 Gordon Highway, Augusta, GA 30909
4. Generator's Phone (404) 736-3323

A. State Manifest Document Number: [illegible]
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: A&B Industrial Service, Inc.
6. US EPA ID Number: MID017167222
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, 420 S. Colfax, Griffith, IN 46319
10. US EPA ID Number: IND016360265

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA# 1263	X	006	DM	00330	G	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Rodney Brown | Signature: Rodney Brown | Month Day Year: 10 20 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Month Day Year

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

6-126R-T-63 10/23/87 jm

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013776

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. [illegible] | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law

3. Generator's Name: BOB & BOB'S / 2031 [illegible] AUGUSTA GA

4. Generator's Phone: 404 736-3323

A. State Manifest Document Number: IN 034210

B. State Generator's ID

5. Transporter 1 Company Name: STEAND TRUCKING

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 0311-

D. Transporter's Phone: 912-355-5440

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 COLLAX AVE GRAYFITH IN 46315

10. US EPA ID Number: [illegible]

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 RECEIVED MATERIAL FLAMMABLE (NOS) NA1263	05	DK	275	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G = 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.

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
		08 08 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
JAMES BATTEN	[signature]	08 08 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name	Signature	Month Day Year
[illegible]	[signature]	[illegible]

GENERATOR / TRANSPORTER / FACILITY

IN 034210

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY MRK 5-12-86 TGS

013775

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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.: GAD981222847

Manifest Document No.: 9

2. Page 1 of 6

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob Beard Ford
3480 Wrightsboro Road [illegible] 30919

4. Generator's Phone (404) 736-3351

A. State Manifest Document Number: ACS 00109

B. State Generator's ID:

5. Transporter 1 Company Name: A&B Industrial Service, Inc.

6. US EPA ID Number: MID017167222

C. State Transporter's ID:

D. Transporter's Phone: 616-375-9595

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
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.	WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA# 1263	X	008	DM	00440	G	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	11	20	[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Rodney Brown	Rodney Brown	10	20	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

8-126Tc - T-63 10/23/87 gm

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013774

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.: [illegible] | 0011

2. Page 1 of | Information in the shaded areas is not required by Federal law

3. Generator's Name: BB Brand Foam/Williamsburg Division
B-Business Equip/Augusta Ga. 30913

A. State Manifest Document Number: IN 034211

4. Generator's Phone: 404 736 3351

B. State Generator's ID:

5. Transporter 1 Company Name: Stand Towing

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 311

D. Transporter's Phone: 812-315-5470

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
555 Colfax
Gary, IN 46406

10. US EPA ID Number: IND 006 361 126

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	04	DM	01220	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: C = Cal

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: [illegible] | Signature: [illegible] | Month Day Year: 04 06 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month 04 Day 06 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19 — Printed/Typed Name: [illegible] | Signature: [illegible] | Month Day Year

IN 034211

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK 4-23-87 TSD

013773

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Instructions on back of form.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND980994750
Manifest Document No.:
2. Page 1 of

Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: BOB CARTER FORD Hwy 110 + Hwy 52
4. Generator's Phone (612) 451-2201 INVER GROVE HEIGHTS MN 55075

A. State Manifest Document Number: MN 0042151
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 612-788-9616
E. State Transporter's ID: ~~LLS WH 0311~~
F. Transporter's Phone: ~~317-385-8440~~ 317-657-6242
G. State Facility's ID: LLL 918089 0002
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: AUTOBODY SUPPLY, INC
6. US EPA ID Number: MND023023377
7. Transporter 2 Company Name: ~~STEADY TRUCKING~~ ABC SERVICES
8. US EPA ID Number: ~~LLD 000646810~~ ~~WID 076159839~~
9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. COLFAX, GRIFFITH, INDIANA 46319
10. U.S. EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	HM		12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263-F003	2	DM	110	800	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: GREGORY B. HERRMANN
Signature: Greg B. Herrmann
Date: Month 06 Day 16 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DOUGLAS A. WEIMER
Signature: Douglas A. Weimer
Date: Month 06 Day 16 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK KLEES
Signature: Frank Klees
Date: Month 06 Day 20 Year 86

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month 06 Day 23 Year 86

GENERATOR / TRANSPORTER / FACILITY

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ 00371-01(10 84)

COPY 4: TSDF RETAIN

011342

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Instructions on back of form.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND 980994750 — Manifest Document No. 42196

2. Page 1 of

Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: Carter Ford, H 52-110, So. St Paul 55075

4. Generator's Phone (451 2201

A. State Manifest Document Number: MN 0042196

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID

D. Transporter's Phone: 414-657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 SOUTH COLFAX, GRIFFITH, IN 46319

10. U.S EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM		12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	FLAMMABLE LIQUID NOS un1993	2	DM	110	G	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: A WASTE PAINT THINNER

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: Gregory Herrmann — Signature: Gregory Herrmann — Date: Month 9 Day 4 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Rip Nelson — Signature: Rip Nelson — Date: Month 9 Day 4 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 09 Day 06 Year 86

GENERATOR

TRANSPORTER

FACILITY

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

125E 763

011303

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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.: I D D 0 3 3 9 4 2 7 8 0 — Manifest Document No.: 1 2 1 3 A

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob Rice Ford
3150 West Main, Boise, ID 83706

4. Generator's Phone (208) 342-6811

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: MR. FRANK, INC.

6. US 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. 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	002	dm	00110	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: Keith L. Applegate — Signature: [signature] — Month Day Year: 1 22 95

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Walter C. Klaubo — Signature: Walter C. Klaubo — Month Day Year: 1 22 95

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Keith L. Applegate — Signature: [signature] — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Whitaker A — Signature: A Whitaker — Month Day Year: 1 4 95

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

124TCT63 1/5/95

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MND982637431 — Manifest Document No.: 11130G

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob's Auto Body
215 5th Street, N.W., Rochester, MN 55904

4. Generator's Phone (507) 289-2886

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: ILD046267364

C. State Transporter's ID: 0367

D. Transporter's Phone: 708-429-1660

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319

10. US EPA ID Number: IND016560265

G. State Facility's ID

H. Facility's Phone: 219-92444370

	11. US DOT Description (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	8	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]~~ JOSEPH L MILLER — Signature: [signature] — Month Day Year: 12 06 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: STEPHEN SEERUP — Signature: Stephen Seerup — Month Day Year: 12 06 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: WHITAKER A — Signature: [signature] — Month Day Year: 12 11 91

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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. | Manifest Document No.

2. Page 1 of 6 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob's Autocraft
16510 S. Crawford Avenue Tinley Park, Ill.60477
4. Generator's Phone (312) 331-6888

A. State Manifest Document Number: ACS 00119
B. State Generator's ID: 0311775006

5. Transporter 1 Company Name: Super Cartage
6. US EPA ID Number: ILD052631496
C. State Transporter's ID: 1008
D. Transporter's Phone: 312-243-1110

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID
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 PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263	X	1	DM	420	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	10	21	87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JAMES KARGUTES	[signature]	10	21	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
HARRELD F. SCHMIDT	[signature]	10	23	87

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4-12cz-T-63 10/23/87 gm

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UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No: XXXXXXXXXXXX Small Quantity Generator
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
Bob's Auto Craft
16510 Crawford Tinley Park, IL 60477
4. Generator's Phone (312) 331-6888

A. State Manifest Document Number
B. State Generator's ID 0311775006
C. State Transporter's ID 1008
D. Transporter's Phone 312-243-1110
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: Super Cartage
6. US EPA ID Number: ILD052631496
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
Griffith, IND 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	Flammable Liquid NA1263 Waste Paint Related Material	3	dr	159	1	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Robert G. Ewell
Signature: [signature]
Month 4 Day 21 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James J. Karavites
Signature: [signature]
Month 4 Day 21 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 in Item 19.
Printed/Typed Name
Signature
Month Day Year

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3-125K T03 B
MRL

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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. [illegible] Manifest Document No. [illegible]
2. Page 1 of [illegible] 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
Bob's Auto Craft
16510 Crawford St. Tinley Park, Ill. 60477

A. State Manifest Document Number: INA 0159772

4. Generator's Phone (312) 331-6888

B. State Generator's ID: 0311775006

5. Transporter 1 Company Name: Strand Trucking Inc.

6. Use EPA ID Number: [illegible]

C. State Transporter's ID: 0311

D. Transporter's Phone: 312-385-8440

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
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: [illegible]

H. Facility's Phone: 219-924-1370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMABLE LIQUID NA1263 B	3	DM	165	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: ROBERT R. FIFE — Signature: [signature] — Date: Month 12 Day 17 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard III Strand — Signature: [signature] — Date: Month 12 Day 17 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT G. FIFE — Signature: [signature] — Date: Month 1 Day . Year .

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: [illegible] — Signature: [signature] — Date: Month 01 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 202/126-2675.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

126TC563 for

INA 0159772

014342

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Form Approved OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: SMALL QTY. GENERATOR
Manifest Document No.: 10248

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob's Auto Braft
16510 Crawford St., Tinley Park, IL. 60477

4. Generator's Phone (312) 331-6888

A. State Manifest Document Number

B. State Generator's ID: 0311 775 006

5. Transporter 1 Company Name: STRAND TRUCKING

6. US EPA ID Number: ILD000646810

C. State Transporter's ID: 0311

D. Transporter's Phone: 1 203 850 0449

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Ave.
Griffith, IN. 43619

10. US EPA ID Number: IND 016 360 265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	01	dm	055	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: ROBERT G. FIFFI
Signature: [signature]
Month 10 Day 28 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard M Strand
Signature: [signature]
Month 10 Day 28 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: A WHITAKER
Signature: [signature]
Month 10 Day 31 Year 88

GENERATOR

TRANSPORTER

FACILITY

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EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

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Form Approved OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 982 644 783
Manifest Document No.: 041789G
Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Bob's Auto Craft
16510 Crawford Ave., Markham, IL 60425
4. Generator's Phone (312) 331-6888

A. State Manifest Document Number:
B. State Generator's ID: 0311 775 006
C. State Transporter's ID: 0367
D. Transporter's Phone: 312-429-1660
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: ADCO Express
6. US EPA ID Number: ILD 047 267 364
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, 420 South Colfax Avenue, Griffith, IN 46319
10. US EPA ID Number: IND 016 360 265

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	02	dm	110	G	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above: 1. Gallon

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name	Signature	Month	Day	Year
MARK SMITH	Mark Smith	4	17	89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
LAWRENCE A. GODBOLD	Lawrence A Godbold	04	17	89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
STEVE KUBIAK	Steve Kubiak	4	21	89

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EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD982644783 Manifest Document No. 12391

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bob's Auto Craft
16510 Crawford Ave., Tinley Park, IL 60425

4. Generator's Phone (708) 331-6888

A. State Manifest Document Number

B. State Generator's ID 0311 775 006

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 South Coffax Avenue
Griffith, IN 46319

10. US EPA ID Number IND016360265

G. State Facility's ID

H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263 (F005)	X	004	dm	00200	G	F005 F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name BOB EIFEL Signature [signature] Month Day Year 9 12 90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] Signature [signature] Month Day Year 9 14 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 STEVE KUMVICK Signature [signature] Month Day Year 9 10 90

GENERATOR

TRANSPORTER

FACILITY

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. S M Q N T Y G E N E R T 1 2 1 3 H — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Bob's Body & Paint
8334 West Glendale Ave., Glendale, AZ 85301
4. Generator's Phone (602) 979-5822

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: MR. FRANK, INC.
6. US 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. 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 5 3 6 0 2 6 5
G. State Facility's ID
H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	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

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: 11 22 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Walter C. Klauba | Signature: Walter C. Klauba | Month Day Year: 11 22 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 H | Signature | Month Day Year: 11 14 88

Style F15REV-6 LABELMASTER, Div. of AMERICAN LABELMARK CO., CHICAGO, IL 60646

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

12 OCT 63 X 90

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0017896

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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.: IND005071014

Manifest Document No.: 5

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bock Industries
59540 State Road 19 South, Elkhart, IN 46517

4. Generator's Phone (219) 295-8070

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: American Chemical Service,Inc

6. US EPA ID Number: IND016360265

C. State Transporter's ID

D. Transporter's Phone 219-924-4370

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, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Ignitable Liquid UN 1993		28	DM	1540	1	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name	Signature	Date Month	Day	Year
Bock Industries		5	19	87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Landgrebe Motor Trans.		5	19	87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
		5	19	87

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
Harrold F Schmitt	[signature]	05	20	87

GENERATOR

TRANSPORTER

FACILITY

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

28-204TE T50B

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MRK

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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.

Manifest Document No. 2

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bock Products, Inc.
P.O. Box 1208, Elkhart, IN 46515

4. Generator's Phone (219) 294-5581

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: American Chemical Service, Inc

6. US EPA ID Number: IND016360265

C. State Transporter's ID

D. Transporter's Phone 219-924-4370

7. Transporter 2 Company Name: ---

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone 312 3852440

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone 219-924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Ignitable Liquid UN1993		42	DM	Gal.	1	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.

Printed/Typed Name	Signature	Date (Month Day Year)
JOHN C. CLEVELAND	John C. Cleveland	11 1 34

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
LEONARD M STRAND	Leonard M Strand	11 1 24

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)
[illegible]	[illegible]	

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EPA Form 8700-22 (3-84)

29-126 K
13-204 K

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007515

HAZARDOUS WASTE MANIFEST

1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

American Chemical Service 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		Bock Products Inc. 219 294 5581 1901 W. Bively Ave. Elkhart, Indiana 46517	8/3/94
TRANSPORTER # 1	IND016360265	American Chemical Service Inc. 219 924 4370 420 S. Colfax Ave., Griffith, Ind. 46319	8/3/94
TRANSPORTER # 2 (if required)	DLP 000646810	STRANO TRUCKING	8/3/94
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemical Service Inc. 219 924 4370 420 S. Colfax Ave., Griffith, Ind. 46319	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA#	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
24 55gal Drums		D001	PAINT WASTE AND SOLVENTS	1993						

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.

Michael D Burns 8/8/94

TSDF SIGNATURE DATE

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124RT-63 007514

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UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No.

Manifest Document No. 3

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bock Products, Inc
P.O. Box 1203, Elkhart IN 46515

4. Generator's Phone (219) 294-5591

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
American Chemical Service, Inc

6. US EPA ID Number
IND016360265

C. State Transporter's ID

D. Transporter's Phone 219-924-4370

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, IN 46319

10. US EPA ID Number
IND016360265

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Ignitable Liquid UN1993		10	DM	500 Gal.	1	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name: Bock Prod

Signature: [signature]

Date: Month 8 Day 21 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible]

Signature: [signature]

Date: Month 8 Day 21 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: G R Murphy

Signature: [signature]

Date: Month 8 Day 22 Year 85

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EPA Form 8700-22 (3-84)

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UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No.

Manifest Document No. 4

2. Page 1 of

Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Bock Products, Inc.
P.o. Box 1208, Elkhart, IN 46515

4. Generator's Phone (219) 294-5581

A. State Manifest Document Number

B. State Generator's ID 418842

5. Transporter 1 Company Name: American Chemical Service, Inc

6. US EPA ID Number: IND016360265

C. State Transporter's ID

D. Transporter's Phone 219-924-4370

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, IN 46319

10. US EPA ID Number: INDO16360265

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Ignitable Liquid UN1993		10	DM	500 gal	1	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name	Signature	Date Month	Day	Year
Bock Products, Inc.		4	9	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Landgrebe Motor Trans.		4	9	86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
STEVE KULAVICK	Steve Kulavick	4	10	86

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EPA Form 8700-22 (3-84)

204E T50

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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. IND005469739 | Manifest Document No. 7 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bock Products Inc.
1901 W Hively Ave., Elkhart, IN. 46517

4. Generator's Phone (219) 294 5581

A. State Manifest Document Number ACS 001201 III

B. State Generator's ID

5. Transporter 1 Company Name: Landgrebe Motor | 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name: XXXXXXXXXXXXXXXXXXXXXXXXXXX | 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, IN. 46319

10. US EPA ID Number IND016360265

G. State Facility's ID

H. Facility's Phone

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Flamable liquid UN 1993		3	DM	XXX 1260	1	F003
b.				165		
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Bock Products Inc.		

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		Date
Printed/Typed Name: Landgrebe Motor Trans	Signature	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		Date
Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
HAROLD F PLUMMET		10 27 87

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EPA Form 8700-22 (3-84)

3-204R-T-50 10/27/87 8m

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UNIFORM HAZARDOUS WASTE MANIFEST

21. Generator's US EPA ID No. IND005469739

Manifest Document No. 6

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bock Products Inc.
1901 W Hively Ave
Elkhart In 46517

4. Generator's Phone (219) 294 - 5581

A. State Manifest Document Number ACS 00104

B. State Generator's ID

5. Transporter 1 Company Name ~~American Chemical Service Inc~~

6. US EPA ID Number IND016360265

C. State Transporter's ID

D. Transporter's Phone 219-924-4370

7. Transporter 2 Company Name XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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, IN. 46319

10. US EPA ID Number IND016360265

G. State Facility's ID

H. Facility's Phone (219-924-4370)

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~Ignitable liquid~~ UN 1993 (Waste Flammable Liquid)		3	DM	165	1	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
~~Bock Products Inc~~		10 6 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
~~Landgrebe Motor Trans~~		10 6 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)
		10 6 87

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

3-126R-T-63 10/9/87 jm

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013771

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

0783097

Authorization Number

Bodine Electric Co. (Company Name) | 2500 W. Bradley Pl. (Address) | 312 478-3515 (Phone Number) | 0316000191 (Generator Number)

Chicago (City) | Ill. (State) | 60618 (Zip) | ILD005069224 (EPA Number)

WASTE HAULER(S)

Landgrebe Motor Transit (Hauler Name) | 3009 S. Shields, Chicago, Ill. (Hauler Address) | S.W.H. Registration Number | 3128423121 (Phone Number) | 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 Services Inc. Griffith (Facility Name) | P.O. Box 190 (Address) | 9180890.2 (Site Number)

Griffith (City) | IN. (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

(Alternate (Facility Name)) | (Address) | (Site Number)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Varnish & Reducer/Xylene WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:	HAZARD CLASS:	UN or NA Number	EPA HW Number
Waste Flammable Liquid, N.O.S.	Flammable Liquid	UN1993	D001

WEIGHT FOR D.O.T. USE: 8934 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 1100 GALS (GALLONS) (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 20 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 Augustine Landry (Authorized Signature) DATE 7-7-83

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) Bill Adams LMT (Authorized Signature) DATE 7/7/83

(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.

Frank Price (Authorized Signature) DATE 7/8/83

COMMENTS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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. 1

SITE COPY - PART 3

On dock 7.8.83 To 204 FT-50 GRM 7.12.83

006193

IL 535-0781
LPC 62

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

0783098

Authorization Number (8–13)

Bodine Electric Co.	2500 W. Bradley Pl.	312 478-3515	0316000191 (14–24)
(Company Name)	Address	Phone Number	Generator Number
Chicago	Ill.	60618	I L D 0 0 5 0 6 9 2 2 4
City	State	Zip	EPA Number

WASTE HAULER(S)

Landgrebe Motor Transit	3009 S. Shields Chicago, Ill.	312 842-3121	S.W.H. Registration Number (25–31) IND009842824 Icc 2980
Hauler Name	Hauler Address	Phone Number	EPA Number
			S.W.H. Registration Number (32–38)
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services Inc. Griffith	P.O. Box 190			91808902 (39–46)
(Facility Name)	Address			Site Number
	IN.	46319	2199244370	IND016360265
City	State	Zip	Phone Number	EPA Number
Alternate (Facility Name)	Address			Site Number (39–46)
City	State	Zip	Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint & Thinner WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:	HAZARD CLASS:	UN or NA Number	EPA HW Number
Waste Flammable Liquid, N.O.S.	Flammable Liquid	UN1993	D001

WEIGHT FOR D.O.T. USE 1766 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 220 GALS (47–52) (1 GALLONS (Circle One) 2 CU. YDS.) (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 4 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 7-7-83

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) Bill Schwing LMT (Authorized Signature) DATE: 7/7/83 (54–59)

(2) (Authorized Signature) DATE: / / (60)

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: 7/8/83 (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

on dock 7-8-83

To 204R T-50 GKM 7-12-83

006194

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 981 210 155 | Manifest Document No. | 2. Page 1 of | Information in the shaded not required by Federal items D, F, H and I are req State law.

3. Generator's Name and Mailing Address
THE BODY SHOP
14700 S. Hamlin
Midlothian, IL 60445

A. State Manifest Document Number INA 0159653

4. Generator's Phone 312 597-4596

B. State Generator's ID 0311 925 007

5. Transporter 1 Company Name Strand Trucking

6. Use EPA ID Number ILD 000 646 810

C. State Transporter's ID 0311

D. Transporter's Phone 312-385-844

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 IND 016 360 265

G. State Facility's ID

H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	State Waste
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	002	DM	000110	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a go effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Month	Day

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day
Leonard III Strand	Leonard III Strand	09	10

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name	Signature	Month	Day
Alvin Whitaker		9	12

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.

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 C
PAGE 6 (canary) GENERA
PAGE 7 (white) TRANSPO
PAGE 8 (white) TRANSPO

126TC763 9/13

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 981 201 155
Manifest Document No.: 041789H
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
The Body Shop
14700 South Hamlin, Midlothian, IL 60445

4. Generator's Phone (312) 597-4596

A. State Manifest Document Number:
B. State Generator's ID: 0311 925 007

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

	11. US DOT Description (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	02	dm	70	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: Curt L. Anderson
Signature: [signature]
Month 4 Day 11 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lawrence A Godbold
Signature: [signature]
Month 04 Day 17 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: STEVE KULAVICK
Signature: Steve Kulavick
Month 04 Day 21 Year 89

GENERATOR / TRANSPORTER / FACILITY

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

126TCT63 4/21

TSDF COPY

0016158

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: ILD981201155 / 102 4F

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
The Body Shop
14700 South Hamlin, Midlothian, IL 60445

4. Generator's Phone (312) 597-4596

A. State Manifest Document Number

B. State Generator's ID: 0311 925 007

5. Transporter 1 Company Name: ADCOM EXPRESS

6. US EPA ID Number: ILD047263644

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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	X	001	DM	99950	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: / /

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year: / / 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: WHITAKER A | Signature: [signature] | Month Day Year: 11 16 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.

126DCT63 11/8

TSDF COPY

0016159

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Instructions on back of form.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND062975965 Manifest Document No. 42199
2. Page 1 of
Information in shaded area not required by Federal law. Minnesota rules require items H. and I.

3. Generator's Name and Mailing Address The Body Shop
2501 N. Division St.
No. St. Paul, MN 55109

A. State Manifest Document Number MN 0042199
B. State Generator's ID

4. Generator's Phone (612) 777-3242

5. Transporter 1 Company Name ABC SERVICES, INC.
6. US EPA ID Number WID076159839
C. State Transporter's ID
D. Transporter's Phone 414-657-6222

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address AMERICAN CHEMICAL SERVICE
520 SOUTH COLFAX
GRIFFITH, IN 46319
10. U.S EPA ID Number IND016360265
G. State Facility's ID
H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	FLAMMABLE LIQUID NOS UN1993	2	DM	110	G	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
A-WASTE PAINT THINNER

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR — Printed/Typed Name: Sharon Jensen — Signature: [signature] — Date: Month 9 Day 5 Year 86

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Rip Nelson — Signature: [signature] — Date: Month 9 Day 5 Year 86
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: G. MURPHY — Signature: [signature] — Date: Month 9 Day 25 Year 86

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PO-00371-01(10 84)

COPY 4: TSDF RETAIN

014340

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92871

EPA ID MID 980 760893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER [redacted]

NAME Bofors Lakeway, Inc.

ADDRESS 5025 Evanston Ave., Muskegon, MI 49443

PRODUCER ORDER NO. 23386 SHIPMENT DATE 12 (mo.) 17 (da.) 80 (yr.)

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) Waste toluene sol., flamable, 1 lb. HAZARD CLASS IN 129, T, F005

SHIPPING NAME: (DOT OR EPA) [redacted]

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	2	5	0	31	10

CODES:

PHYSICAL STATE: 1 – SOLID 2 – LIQUID 3 – GAS 4 – SLUDGE

CONTAINER TYPE: 1 – 55 GAL. DRUM 2 – BULK TANK 3 – SELF-CONTAINED UNITS 4 – OTHER (Specify)

UNIT: 1 – CU.YDS. 2 – GALLONS 3 – POUNDS

WASTE TYPE (SEE INSTRUCTIONS): 99 – OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	CONCENTRATION Upper %	Lower %
1. Toluene	45.3	28.6
2. Oryzalin	19.1	16.0
3. 2,4 Dinitro-di-N-propylaniline	33.4	14.0
4. 2,4,6-Trinitro-di-N-Propylaniline	6.2	4.1
5. N-di-N-Propyl Sulfonamide	6.2	4.1
6. Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO

PARAMETER NO. [redacted]

EMERGENCY SPILL INFORMATION: wear rubber suit, gloves, boots, and eye protection

C. NAME OF HAULER [redacted]

BUSINESS ADDRESS [redacted] 60409

NAME OF PROCESSOR [redacted]

SITE ADDRESS [redacted]

P.O. Box 214 Calumet City, IL 60409
American Chemical Service
Griffith, IN 46319

Chemical Waste Management

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	[signature]	12/16/80

Keep goldenrod copy for your records. Send pink copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Waste Mgt

ADDRESS Calumet City IL

TELEPHONE NUMBER 312/568-3400 PICK-UP DATE 12 (mo.) 17 (da.) 80 (yr.)

B. HAULER JOB NUMBER 23386 FACILITY NUMBER IL0160030

C. VEHICLE LICENSE NO. 0075017 STATE Ill.

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	12/16/80

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER IND016360265

A. NAME American Chemical Service

ADDRESS 420 So. Colfax, Griffith, Ind

TELEPHONE NUMBER 219 924 4370 ACCEPTANCE DATE 12 (mo.) 17 (da.) 80 (yr.)

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☐ OTHER (Specify) T-50 Blending

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
Supervisor	[signature]	12/17/80

Keep green copy for your records. Send white copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

2500 To East 12/17/80 JM T-50
2500 To West 12/17/80 JM T-50

IN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
AND/OR NATIONAL RESPONSE CENTER AT 800-424-8802

R-4896 11/78

00 13 22 00

TO BE COMPLETED BY WASTE GENERATOR. HALA-DOUS WASTE

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

0337197

SPECIAL WASTE HAULING MANIFEST

Authorization Number 8 0 2 2 3 1 (8–13)

Bofors Lakeway, Inc. (Company Name)	5025 Evanston Ave. (Address)	EPA NO MID 000 260 893
Muskegon (City)	Michigan (State)	49443 (Zip)
		9 2 6 1 2 1 0 0 0 3 (14–24) Generator Number

WASTE HAULER(S)

Chemical Waste Management (Hauler Name)	P.O. Box 1296 Calumet City, IL (Hauler Address)	S.W.H. Registration Number 0075029 (25–31) 12T 1800 11850
(Hauler Name)	(Hauler Address)	S.W.H. Registration Number (32–38)

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name)	420 S. COLFAX Address	46319 Zip	9180890 2 03216 8030 IND016356026 (39–50) Site Number) 12D 0828 4248
GRIFFITH City	IND Illinois State	60409	

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: ~~Acetone Water and Waste~~ TOLUENE + STILL BOTTOMS

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:	HAZARD CLASS:	WEIGHT FOR D.O.T. USE
Waste Liquid	~~Combustible – NA 1993~~ FLAMMABLE – F.T. F005	4,000. LBS · TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 4500 (47–52)

1 (GALLONS) (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 11-25-80 F005 (Authorized Signature) EPA – Haz. # D002

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 11 25 80 (54–59)

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 12/1/80 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: Pumped to west pit 12-1

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

00:0391

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 02978

MID 000 760893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER 2600037

NAME: Bofors-Lakeway, Inc.

ADDRESS: 5025 Evanston Ave., Muskegon, MI 49443

PRODUCER ORDER NO.: 23391 SHIPMENT DATE (mo. da. yr.): 02 10 81

PERSON TO CONTACT: Norman Rathbun PHONE: 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F, T, F005

MI Waste toluene sol-flamable liq. UN 1294

SHIPPING NAME (DOT OR EPA)

SIC CODE	PHYS STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	2	4500	2	31	10

CODES:

PHYSICAL STATE: 1 – SOLID, 2 – LIQUID, 3 – GAS, 4 – SLUDGE

CONTAINER TYPE: 1 – 55 GAL. DRUM, 2 – BULK TANK, 3 – SELF CONTAINED UNITS, 4 – OTHER (Specify)

UNIT: 1 – CU. YDS., 2 – GALLONS, 3 – POUNDS

WASTE TYPE (SEE INSTRUCTIONS): 99 – OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 Dinitro-di-N-Propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-Propylanilin	6.2	4.1
5.	N-di-N-propyl sulfonate	6.2	4.1
6.	Water	6.2	5.0

* INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO

PARAMETER NO.

EMERGENCY SPILL INFORMATION: Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER: P.O. Box 214 Calumet City, IL 60409

BUSINESS ADDRESS:

NAME OF PROCESSOR: American Chemical Service

SITE ADDRESS: Griffith, IN 46319

Chemical Waste Management

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	[signature]	2-10-1981

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME: Chemical Waste Mgt

ADDRESS: Calumet City Ill

TELEPHONE NUMBER: 312/388-3481 PICK-UP DATE (mo. da. yr.): 2 11 81

B. HAULER JOB NUMBER: 23391 FACILITY NUMBER: 0316010

C. VEHICLE LICENSE NO.: 0075017 STATE: Ill

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	2-11-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER: IND 016360265

A. NAME: American Chemical Service, Inc.

ADDRESS: 420 S. Colfax

TELEPHONE NUMBER: 219 924 4370 ACCEPTANCE DATE (mo. da. yr.): 2 11 81

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☒ OTHER (Specify) T-50 BLENDING

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
SUPERVISOR	[signature]	2/11/81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

TO EAST AGIT R T-50 2/11/81 Jim Murphy

POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY

IONAL RESPONSE CENTER AT 800-424-8802

R-4896 11/78

001538

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 93002

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER 6-260057

NAME: BOFORS LAKEWAY, INC.

ADDRESS: 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 23390 SHIPMENT DATE 02 / 17 / 81 (mo. / da. / yr.)

PERSON TO CONTACT: Norman Rathbun PHONE 616-888-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: f, T, F005

Waste toluene sol, flamable liq. UN 1294

SHIPPING NAME: (DOT OR EPA)

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	2	14500	2	31	19

CODES:

PHYSICAL STATE: 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE: 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT: 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 Dinitro-di-N-Propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-propylauiline	6.2	4.1
5.	N-di-n-propyl sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.

EMERGENCY SPILL INFORMATION: Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER: Chemical Waste Management

BUSINESS ADDRESS: P.O. Box 214 Calumet Ctiy, IL 60409

NAME OF PROCESSOR: American Chemical Service

SITE ADDRESS: Griffith, IN 46319

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	M Wachtel	2/15/81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME: Chemical Waste Mgt

ADDRESS: Calumet City, Ill

TELEPHONE NUMBER: 312/568-3400 PICK-UP DATE 2 / 17 / PT (mo. / da. / yr.)

B. HAULER JOB NUMBER 23390 FACILITY NUMBER 6216000710

C. VEHICLE LICENSE NO. CO 72807 STATE Ill

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	D Lewis	2-17-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME: American Chemical Service FACILITY NUMBER IND016360765

ADDRESS: 4700 Colfax Griffith Ind

TELEPHONE NUMBER 219 924 4330 ACCEPTANCE DATE 2 / 17 / 81 (mo. / da. / yr.)

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☒ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
Michael D. Brook Mgr. Chem. Ops.		2/17/81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To EAS (ACT #2) (2/17/81) T-50 Jim Murphy

...AN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY

... NATIONAL RESPONSE CENTER AT 800-424-8802

C0153

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92901

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER [redacted]

NAME: BOFORS LAKEWAY, INC.

ADDRESS: 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 23392 SHIPMENT DATE (mo.) 12 (da.) 24 (yr.) 81

PERSON TO CONTACT: Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F, T, F005

SHIPPING NAME: (DOT OR EPA) Waste toluene sol. flamable, liq. UN 1294

	SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
CODES:	2816	2	21	4500	2	33	10

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	15.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 Dinitro-di-N-Propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-propylaniline	6.2	4.1
5.	N-di-N-propyl sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
___-___-___	
___-___-___	
___-___-___	
___-___-___	

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409 0409

NAME OF PROCESS American Chemical Service

SITE ADDRESS Griffit, IN 46319

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
Bofors Lakeway	[signature]	2-24-81

Keep goldenrod copy for your records. Send pink copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME: CHEMICAL WASTE INC

ADDRESS: CALUMET CITY, ILL

TELEPHONE NUMBER 312/527-3400 PICK-UP DATE (mo.) 2 (da.) 24 (yr.) 81

B. HAULER JOB NUMBER 23392 FACILITY NUMBER 83160820

C. VEHICLE LICENSE NO. [illegible] STATE ILL

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	2-24-81

Keep canary copy for your records.

II. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME American Chemical Service FACILITY NUMBER

ADDRESS 1940 So. Colfax Ave. Griff. In

TELEPHONE NUMBER 219/924-4370 ACCEPTANCE DATE (mo.) 2 (da.) 24 (yr.) 81

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☒ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
Michael Burch Mgr.	[signature]	2/24/81

Keep green copy for your records. Send white copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To WDSF Agent 2/24/81 Jim Murphy

IIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
IE NATIONAL RESPONSE CENTER AT 800-424-8802

01100

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92865

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER 00037

NAME Bofors Lakeway, Inc.

ADDRESS 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 39567 SHIPMENT DATE mo. 3 da. 12 yr. 81

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F, T; F005

SHIPPING NAME: (DOT OR EPA) Waste toluene sol, flamable liq, UN 1294

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	2	5000	2	31	10

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 Dinitro-di-N-propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-propylaniline	6.2	4.1
5.	N-di-N-propyl Sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots, and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSOR American Chemical Service

SITE ADDRESS Griffith, IN 46319

Chemical Waste Management

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	M.W. Wachtoff	3-12-81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES - WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Waste Mgt

ADDRESS Calumet City, Ill

TELEPHONE NUMBER 312/824-3400 PICK-UP DATE mo. 3 da. 12 yr. 81

B. HAULER JOB NUMBER 39567 FACILITY NUMBER 10075

C. VEHICLE LICENSE NO. 887501 STATE

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
		3-12-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER IND 016 360 265

A. NAME American Chemical Services

ADDRESS Griffith, IND 46319

TELEPHONE NUMBER 219-924-4370 ACCEPTANCE DATE mo. da. yr.

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
BOB MAUCK	BOB Mauck	3-12-81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

T/O WESTAR TR 3/12/81 T-50 Jim Murphy

IAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
NATIONAL RESPONSE CENTER AT 800-424-8802

001572

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES / ENVIRONMENTAL PROTECTION BUREAU

№ 116120

I. **GENERATOR DESCRIPTION AND DISPOSITION OF WASTE** (MUST BE FILLED IN BY PRODUCER).

A. GENERATOR OF WASTE: FACILITY NUMBER MID 000 260 893

NAME Bofors-Lakeway, Inc.

ADDRESS 5025 Evanston Ave., Muskegon, MI 49443

PRODUCER ORDER NO. 0288 SHIPMENT DATE 03 (mo.) 20 (da.) 81 (yr.)

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2361

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS F. D001

SHIPPING NAME: (DOT OR EPA)

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
4 3 1 4	2	2 1	5 0 0 0	2	9 9	0

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify) Organic Chemical Waste

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Acetone	4.3	
2.	Ammonium Chloride	2.8	
3.	Sodium Chloride	4.9	
4.	Sodium Bisulfite	2.4	
5.	Dimethyl Formamide	1.8	
6.	Water	78.9	

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO. CONCENTRATION

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots, and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSOR Chemical Waste Management

SITE ADDRESS P.O. Box 214 Calumet City, IL 60409

D. **GENERATOR CERTIFICATION:**

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
		3-20-1981

Keep goldenrod copy for your records. Send pink copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. **HAULER OF WASTE** (MUST BE FILLED IN BY HAULER)

A. NAME Chem-Trans Waste Mgt

ADDRESS Calumet City, IL

TELEPHONE NUMBER 312/862-5400 PICK-UP DATE 3 (mo.) 20 (da.) 81 (yr.)

B. HAULER JOB NUMBER 1468 FACILITY NUMBER 03160028

C. VEHICLE LICENSE NO. 207581 STATE IL

D. **HAULER CERTIFICATION:**

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
		3-20-81

Keep canary copy for your records.

III. **PROCESSOR OF WASTE** (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME American Chemical Service FACILITY NUMBER IND 016360265

ADDRESS 4500 S. Cicero Ave. Chicago, IL 60632

TELEPHONE NUMBER 312/582-7000 ACCEPTANCE DATE 3 (mo.) 20 (da.) 81

B. PROCESS METHOD

☐ INCINERATION ☒ RECLAMATION ☒ OTHER (Specify)

CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
[illegible]	[illegible]	3-20-81

Keep green copy for your records. Send white copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

3000 TO WEST AGT T-50 3/24/81

2000 TO WEST AGT T-50 3/26/81

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517/373-7660, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800-424-8802.

R-4896 11/78

001513

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 93043

MID 000 260 983

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER 0400037

NAME Bofors Lakeway, Inc.

ADDRESS 5025 Evnaston Ave., Muskegon, MI 49443

PRODUCER ORDER NO. 1284 SHIPMENT DATE mo. 2 3 da. 2 5 yr. 8 1

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F,T, F005

SHIPPING NAME: (DOT OR EPA) Waste Toluene sol. flamable lug. un 1294

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	2	1 bbl	2	31	10

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

J. MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 dinitro-di-N=Propylaniline	33.4	14.0
4.	2,4,6-trinitro-di-N-Propylaniline	6.2	4.1
5.	N-di-N-propyl Sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
____-___-__	
____-___-__	
____-___-__	
____-___-__	

EMERGENCY SPILL INFORMATION Wear rubber suits, gloves, boots, and eye protection

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESS(

SITE ADDRESS American Chemical Service Griffit, IN 46319

IGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY, THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
		3-25-1981

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chem Waste Mgmt

ADDRESS Calumet City, Ill

TELEPHONE NUMBER 312/862-2303 (Teb) PICK-UP DATE mo. 3 da. 26 yr. 81

B. HAULER JOB NUMBER 7289 FACILITY NUMBER 03160020

C. VEHICLE LICENSE NO. 010-2[illegible] STATE Ill

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY, THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
		3-26-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER IND 016 360 265

A. NAME American Chemical Services

ADDRESS Griffith, IND 46319

TELEPHONE NUMBER 219-924-4370 ACCEPTANCE DATE mo. 3 da. 26 yr. 81

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
FD Unfee	T Dunfee	3/26/81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To West Acres 3/26/81 T-50 Jim Murphy

0015711

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92866

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER [illegible]

NAME Bofors Lakeway, Inc.

ADDRESS 5025 Evanston Ave. Muskegon, Michigan 49443

PRODUCER ORDER NO. [illegible] SHIPMENT DATE 4 (mo.) 14 (da.) 91 (yr.)

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) Waste toluene sol, flamable liq. HAZARD CLASS: ~~UN 1294~~ F.T. F005

SHIPPING NAME: (DOT OR EPA) [illegible]

SIC CODE	PHYS STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	21	45000	2	31	10

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	CONCENTRATION Upper %	Lower %
1. Toluene	45.3	28.6
2. Oryzalin	19.1	16.0
3. 2,4-Dinitro-di-N-propylaniline	33.4	14.0
4. 2,4,6-Trinitro-di-N-propylaniline	6.2	4.1
5. N-di-N-propyl Sulfonate	6.2	4.1
6. Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
____-___-__	
____-___-__	
____-___-__	
____-___-__	

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots, and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSI

SITE ADDRESS American Chemical Service Griffith, IN 46319

Chemical Waste Management

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	[signature]	4-10-1991

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME CHEMICAL WASTE MGT

ADDRESS CALUMET CITY, ILL

TELEPHONE NUMBER 312/468-3400 PICK-UP DATE 4 (mo.) 14 (da.) 91 (yr.)

B. HAULER JOB NUMBER 48808 FACILITY NUMBER 03160070

C. VEHICLE LICENSE NO. 00750F7 STATE ILL

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY, THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	4-14-91

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER IND 016 360 265

A. NAME American Chemical Services

ADDRESS Griffith, IND 46319

TELEPHONE NUMBER 219-924-4370 ACCEPTANCE DATE 4 (mo.) 14 (da.) 91 (yr.)

B. PROCESS METHOD:

☐ INCINERATION ☑ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	4/14/91

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To West Jct. TR 4/14/91 T-50 gm

AN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
NATIONAL RESPONSE CENTER AT 800-424-8802

0015?7

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92869

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE — FACILITY NUMBER [illegible]

NAME Hoben Laboratory, Inc.

ADDRESS 5425 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 591-017 SHIPMENT DATE 05 04 81 (mo. da. yr.)

PERSON TO CONTACT Norman Kathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS D, F005

Waste toluene sol, flamable sol liq. UN 1294

SHIPPING NAME: (DOT OR EPA) Toluene Solution

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
1899	3	2	1 0500	2	3	19

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	Upper %	Lower %
1. Toluene	45.3	28.6
2. Oxysalin	19.1	16.0
3. 2,4 Dinitro-di-N-propylaniline	33.4	14.0
4. 2,4,6-Trinitro-di-N-propylaniline	6.2	4.1
5. N-di-N-Propyl Sulfonate	6.2	4.1
6. Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots, and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL. 60409

NAME OF PROCESSOR Tri-cil LTD

SITE ADDRESS RR#1 Corunna, Ontario Canada

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	[signature]	5/4/81

Keep goldenrod copy for your records. Send pink copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Waste Inc

ADDRESS Calumet City

TELEPHONE NUMBER 312-862-7400 PICK-UP DATE 5 4 81 (mo. da. yr.)

B. HAULER JOB NUMBER 0316030 FACILITY NUMBER 92825

C. VEHICLE LICENSE NO. 0025 STATE Ill

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	5-4-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER IND 016 360 265

A. NAME American Chemical Services

ADDRESS Griffith, IND 46319

TELEPHONE NUMBER 219-924-4370 ACCEPTANCE DATE [illegible] (mo. da. yr.)

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
[illegible]	[signature]	5-4-81

Keep green copy for your records. Send white copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To WEST ACRT 5/4/81 T-50 jrm

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

00153

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 93196

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER MIDXXXXXXX

NAME Bofors Lakeway, Inc.

ADDRESS 5025 Evanston Ave., Muskegon, MI 49443

PRODUCER ORDER NO. 48835 SHIPMENT DATE mo. 5 da. 13 yr. 81

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F,T, F005

Waste sol toluene sol. flamable, liq. UN 1294

SHIPPING NAME: (DOT OR EPA) [illegible]

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	21	4400	2	31	19

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 Dinitro-di-N-Propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-propylaniline	6.2	4.1
5.	N-di-N-propyl Sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots, and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSOR

SITE ADDRESS American Chemical Service Griffith, IN 46319

Chemical Waste Management

D. GENERATOR CERTIFICATION

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
Foreman	[signature]	5-13-81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Waste Mgt

ADDRESS Calumet City, Ill

TELEPHONE NUMBER 312/523-3702 PICK-UP DATE mo. 5 da. 13 yr. 81

B. HAULER JOB NUMBER 48835 FACILITY NUMBER 031C00030

C. VEHICLE LICENSE NO. 8775-B17 STATE Ill

D. HAULER CERTIFICATION

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY, THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
[illegible]	[signature]	5/13/81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER

A. NAME

ADDRESS

TELEPHONE NUMBER ACCEPTANCE DATE mo. da. yr.

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☑ OTHER (Specify)

C. CERTIFICATION

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
F DUNPEE	[signature]	5/13/81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To West 20th 5/13/81 T-50 gpm

AN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
NATIONAL RESPONSE CENTER AT 800-424-8802

R-4956 11/78

00157

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

NO. 92905

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: * FACILITY NUMBER XXXXXXX

NAME BOFORS/LAKEWAY, INC.

ADDRESS 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 29227 SHIPMENT DATE 05 (mo.) 17 (da.) 81 (yr.)

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F, I, F005

SHIPPING NAME: (DOT OR EPA) Waste toluene sol, flamable liq. UN 1294

	SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
CODES:	2816	2	21	4500	2	31	10

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4-Dinitro-di-N-Propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-propylanili	6.2	4.1
5.	N-di-N-propyl sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO:

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER P.O. Box 214 Calumet City, IL 60409

BUSINESS ADDRESS

NAME OF PROCESSOI American Chemical Service

SITE ADDRESS Griffith, IN 46319

Chemical Waste Management

D. GENERATOR CERTIFICATION: THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY, THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
		5-17-1981

Keep goldenrod copy for your records. Send pink copy to: DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Waste Mgt

ADDRESS Calumet City, IL

TELEPHONE NUMBER 312/862-2400 PICK-UP DATE 5 (mo.) 22 (da.) 81 (yr.)

B. HAULER JOB NUMBER 25227 FACILITY NUMBER 03100030

C. VEHICLE LICENSE NO. 80-2587 STATE IL

D. HAULER CERTIFICATION: THIS IS TO CERTIFY, UNDER THE PENALTY OF PERJURY, THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION, TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
		5-22-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME American Chemical Service Inc FACILITY NUMBER IND 063600645

ADDRESS 420 So Colfax Ave Griffith IN

TELEPHONE NUMBER 219/924-8720 ACCEPTANCE DATE 5 (mo.) 22 (da.) 81 (yr.)

B. PROCESS METHOD: ☐ INCINERATION ☒ RECLAMATION ☒ OTHER (Specify)

C. **CERTIFICATION:** THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
F WHEELER	F Wheeler	5/22/81

Keep green copy for your records. Send white copy to: DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

To EASTAC ST-50 5/22/81 JPM

GAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
NATIONAL RESPONSE CENTER AT 800-424-8802

0015?4

R 4806 11/79

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 93304

MID 000 260 893

I GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER [redacted]

NAME Rogers Laboratory, Inc.

ADDRESS 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 2926J SHIPMENT DATE 6 (mo.) 3 (da.) 81 (yr.)

PERSON TO CONTACT Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F, T, FCO$

Waste toluene sol, flamable liq. UN 1294

SHIPPING NAME: (DOT OR EPA) [redacted]

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	21	6500	2	51	10

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify) _____

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify) _____

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene MIX	45.3	28.6
2.	Crystalia	19.1	16.0
3.	2,4, Dinitro-di-n-propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-n-propylaniline	6.2	4.1
5.	N-di-n-propyl sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
____-__-__	
____-__-__	
____-__-__	
____-__-__	

EMERGENCY SPILL INFORMATION Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER Chemical Waste Management

BUSINESS ADDRESS P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSO

SITE ADDRESS American Chemical Service — Griffith, IN 46319

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	[signature]	6/3/81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Chemical Waste Mgt.

ADDRESS Calumet City, Ill.

TELEPHONE NUMBER 312 [illegible] PICK-UP DATE 6 (mo.) 3 (da.) 81 (yr.)

B. HAULER JOB NUMBER [illegible] FACILITY NUMBER [illegible]

C. VEHICLE LICENSE NO. 0075 STATE Ill

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	[signature]	6/3/81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER _____

A. NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ ACCEPTANCE DATE ____ (mo.) ____ (da.) ____ (yr.)

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify) _____

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY, (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
[illegible]	[illegible]	[illegible]

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

TO I-94, Exit 350 6/3/81 JM

IAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
NATIONAL RESPONSE CENTER AT 800-424-8802

001579

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92905

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER xxxxxxxxx

NAME: BOFORS LAKEWAY, INC.

ADDRESS: 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 42848 SHIPMENT DATE mo. 6 da. 9 yr. 81

PERSON TO CONTACT: Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: F, T, F005 1294

SHIPPING NAME: (DOT OR EPA) xxxxxxxxxxxxxxxxxxxxxx Waste toluene sol., flamable liq. UN 1294

	SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
CODES:	4 1 1 0	2	2 1	4 5 0 0	2	5 5	0 0

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

		CONCENTRATION Upper %	Lower %
1.	Toluene	45.3	28.6
2.	Oryzalin	19.1	16.0
3.	2,4 Dinitro-di-N-Propylaniline	33.4	14.0
4.	2,4,6-Trinitro-di-N-Propylaniline	6.2	4.1
5.	N-di-N-propyl sulfonate	6.2	4.1
6.	Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
____-__-_	
____-__-_	
____-__-_	
____-__-_	

EMERGENCY SPILL INFORMATION: Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER: Chemical Waste Management

BUSINESS ADDRESS: P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSOR:

SITE ADDRESS: American Chemical Service Griffith, IN 46319

AI

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
Bofors Lakeway	B.R. Rathbun	6-9-81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME: Chemical Waste Mgt. Inc

ADDRESS: Calumet City, Ill

TELEPHONE NUMBER: 312/868-5740 PICK-UP DATE mo. 6 da. 10 yr. 81

B. HAULER JOB NUMBER: 42848 FACILITY NUMBER: 03160030

C. VEHICLE LICENSE NO.: 00-7-8774 STATE: Ill

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
		6-10-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME: American Chemical Service, Inc. FACILITY NUMBER: IND001636965

ADDRESS: 420 So. Colfax Griffith IN 46319

TELEPHONE NUMBER: 219/924-4330 ACCEPTANCE DATE mo. 6 da. 10 yr. 81

B. PROCESS METHOD:

☐ INCINERATION ☒ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
Supv.		6/10/81

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

TO CAS T-50 6/10/81 jrm

POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
IONAL RESPONSE CENTER AT 800-424-8802

R-4895 11/79

C8100

INDUSTRIAL WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCES — ENVIRONMENTAL PROTECTION BUREAU

No. 92806

MID 000 260 893

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER xxxxxxxxx

NAME: BOFORS LAKEWAY, INC.

ADDRESS: 5025 Evanston Ave. Muskegon, MI 49443

PRODUCER ORDER NO. 29278 SHIPMENT DATE (mo. da. yr.) 06 18 81

PERSON TO CONTACT: Norman Rathbun PHONE 616-788-2341

B. DESCRIPTION OF WASTE (Mandatory): Waste Cutwork Sol, Flamable HAZARD CLASS: UN 1294, F, T, F005

SHIPPING NAME: (DOT OR EPA) ~~Solvent Flammable~~

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
2816	2	2	4400	2	31	10

CODES:

PHYSICAL STATE: 1 = SOLID; 2 = LIQUID; 3 = GAS; 4 = SLUDGE

CONTAINER TYPE: 1 = 55 GAL. DRUM; 2 = BULK TANK; 3 = SELF CONTAINED UNITS; 4 = OTHER (Specify)

UNIT: 1 = CU.YDS.; 2 = GALLONS; 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS): 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	Upper %	Lower %
1. Toluene	45.3	28.6
2. Oryzalin	19.1	16.0
3. 2,4,Dinitro-di-N-Propylaniline	33.4	14.0
4. 2,4,6-Trinitro-di-N-propylaniline	6.2	4.1
5. N-di-N-propyl sulfonate	6.2	4.1
6. Water	6.2	5.0

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION

EMERGENCY SPILL INFORMATION: Wear rubber suit, gloves, boots and eye protection.

C. NAME OF HAULER: Chemical Waste Management

BUSINESS ADDRESS: P.O. Box 214 Calumet City, IL 60409

NAME OF PROCESSOR

SITE ADDRESS: American Chemical Service Griffith, IN 46319

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
	[signature]	6-18-1981

Keep goldenrod copy for your records. Send pink copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME: CHEMICAL WASTE MGT

ADDRESS: CALUMET CITY, IL

TELEPHONE NUMBER 312/646-3400 PICK-UP DATE (mo. da. yr.) 6 24 81

B. HAULER JOB NUMBER 2-7-7 FACILITY NUMBER 0

C. VEHICLE LICENSE NO. 0257-082 STATE ILL

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE
	G. KLINGER	6-24-81

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

A. NAME: AMERICAN CHEMICAL SERVICE INC FACILITY NUMBER IND016360765

ADDRESS 420 SOUTH AVE GRIFFITH IN 46319

TELEPHONE NUMBER 219 924 4570 ACCEPTANCE DATE (mo. da. yr.) 6 24 81

B. PROCESS METHOD:

☐ INCINERATION ☑ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PROCESING FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE
F DUNFEE	[signature]	6/24/81

Keep green copy for your records. Send white copy to:
DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

TO EAST ACT - 50 6/24/81 jm

I POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY
ATIONAL RESPONSE CENTER AT 800-424-8802

00158

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste (OTHER)

MI 0106938

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, INc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	219 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 0 2 6 0 8 9 3	I L T 1 8 0 0 1 1 8 5 0	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	07	1			X			45100	Gal.	F 0 0
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 080781

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 7 — Transporter Signature ② [signature] — Date(s) Received: 080781

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③ — Date(s) Received:

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [x] Accepted [ ] Rejected — Date Received: 8/1/81

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY

00583

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0025581

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address: 5025 Evanston Ave. Muskegon, MI 49443	Transporters Address: P.O. Box 1296 Calumet City, Ill. 60409	Facility Address: Griffith, Ind. 46319
Phone Number: (616) 788-3341	Phone Number: (313) 568-3400	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: M1D000290893	Transporter's EPA I.D. Number: 1LT180011850	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene solu. Flammable liquid	Flammable	Un 1294	07	1	CT		X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 082581

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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 082681

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: 8 26 81

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment.

TO 270 R T-50 8/26/81 JPM

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

001585

STATE OF MICHIGAN

R 4896
Rev. 3/81

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste (OTHER)

MI 0106939

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage, or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 0 2 6 0 8 9 3	I L T 1 8 0 0 1 1 8 5 0	I N D 0 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	07				XX			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 C B Grant — Date Shipped MO. DAY YEAR: 09 02 87

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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② D. Cowis — Date(s) Received: 9 03 87

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [X] Accepted [ ] Rejected — Date Received: 9 3 8

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—292-4706, 24 HOURS PER DAY, AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY To 2-1-0-T-5-0 9/3/87 9am

0001986

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0025582

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage, or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	P.O. Box 1296 Calumet City, Ill. 60409	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000290993	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene solu. Flammable liquid	Flammable	UN1294	07				X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

W Wear rubber gloves, boots, and eye protection

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

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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② — Date(s) Received

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number

☐ Accepted ☒ Rejected

Date Received 9 16 81

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706. 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

001587

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0025580

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	P.O. Box 1296 Calumet City, Ill. 60409	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000290893	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene solu. Flammable liquid	Flammable	UN 1294	07				X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions. Wear rubber gloves, boots, and eye protection

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 071781

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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② G. KLINGER — Date(s) Received 22881

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TO WEST ACIT T-50 7/26/81 [signature]

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☑ Accepted ☐ Rejected — Date Received 7 28 81

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

001582

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0025583

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	P.O. Box 1296 Calumet City, Ill. 60409	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000290893	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene solu. Flammable liquid	Flammable	UN1294	07				X			4800	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

GENERATOR CERTIFICATION: I certify that the above named materials are properly [illegible]led, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable reg[illegible] of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I [illegible]erstand 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: 100981

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 28

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Chuck Swiney — Date(s) Received: 100981

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: 10 981

Describe any significant discrepancies between manifest and shipment.

TO 210 X T-50 10/9/81 JM

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

001589

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0025584

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	P.O. Box 1296 Calumet City, Ill. 60409	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000290893	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene solu. Flammable liquid	Flammable	UN 1294	07				X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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] M Waitkopp — Date Shipped MO. DAY YEAR 10 21 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 17

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] Meyer Kg — Date(s) Received 10 21 81

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☑ Accepted ☐ Rejected

Date Received 10 21 81

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

PO 210 X T-50 10/21/81 [illegible]

001588

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

R 4896 Rev. 3/81

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste (OTHER)

MI 0106940

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name: Bofors Lakeway, Inc.	Primary Transporter's Name: Chemical Waste Management, Inc.	Treatment, Storage or Disposal Facility: American Chemical Services
Site Address: 5025 Evanston Avenue, Muskegon, MI 49443	Transporters Address: P.O. Box 1296, Calumet City, IL 60409	Facility Address: Griffith, IN 46319
Phone Number: (616) 788-2341	Phone Number: (312) 568-3400	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID000260893	Transporter's EPA I.D. Number: ILT180011850	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	0,7				X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 11 01 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 42

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 11 02 81

Subsequent transporter(s) Signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [x] Accepted [ ] Rejected — Date Received: 11 2 81

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

To 210 K T-50 11/2/81 GEM

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

001590

R 4896
Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0106941

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage, or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000260893	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	07			X				14500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 1 10 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 1 1 1 0 8 1

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 11 10 81

Facility Site EPA I.D. Number: IND 016360265

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

001584

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0106942

001591

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
[illegible]	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:
MID006030373

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	07				XX			5000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 Jim Duplissis — Date Shipped MO. DAY YEAR 12 01 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② D. Lewis — Date(s) Received 12 01 81

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received 12 1 81

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY TO 210 K T-50 GRM 12/1/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0107751

00532

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Wasted Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI. 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MIDO060303373	TLT180018850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable Liquid	Flammable	UN1294	07				X			15000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions:

Wear rubber gloves, boots, and eye protection

TRANSPORTER COMPLETES

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Jon Duplissis — Date Shipped MO. DAY YEAR: 12 04 81

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 7 — Transporter Signature ② D. Lewis — Date(s) Received: 12 04 81

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery:

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ T Dunlop — ☒ Accepted ☐ Rejected — Date Received: 12 4 81

Facility Site EPA I.D. Number

Describe any significant discrepancies between manifest and shipment: +300 gals. accepted

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 211K T-50 6RM 12/4/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0107752

001918

IDENTIFICATION

Generator's Name: Bofors Lakeway, Inc.	Primary Transporter's Name: [illegible] Waste Management, Inc.	Treatment, Storage or Disposal Facility: American Chemical Services
Site Address: 5025 Evanston Ave. Muskegon, MI. 49443	Transporter's Address: [illegible]	Facility Address: Griffith, IN 46319
Phone Number: (616) 788-2341	Phone Number: [illegible]	Phone Number: (219) 924-3470
Generator's Site EPA I.D. Number: MID006030373	Transporter's EPA I.D. Number: [illegible]	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu[illegible]	Flammable	UN 1294	07				X			15000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 12 20 81

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 — 7

Subsequent Transporter Vehicle I.D. No.'s:

Transporter Signature: ② [signature] — Date(s) Received: 12 23 81

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — ☒ Accepted ☐ Rejected — Date Received: 12 23 81

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TSDF COPY GAM 12/23/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

Rev. 3/81

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0107753

0002238

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI. 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-3470
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable Liquid	Flammable	UN 1294	07				X			55 00	Gal	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 M Wintopp — Date Shipped MO. DAY YEAR: 01 15 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 — Transporter Signature ② D. Lewis — Date(s) Received 01 15 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number IND016360265 — ☒ Accepted ☐ Rejected — Date Received 1 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

TO 210 R T-50 GKM 1/15/82 TSDF COPY

Rev. 3/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0108000

002237

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 0 2 6 0 8 9 3	I L T 1 8 0 0 1 1 8 5 0	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	0 7				X			1 4 5 0 0	Gal.	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS — Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 Ray Bowman — Date Shipped MO. DAY YEAR: 1 29 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 7 — Transporter Signature ② — Date(s) Received: 1 29 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received 0 1 2 9 8 2

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 5

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 T0211R T-506RM 1/29/82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

Rev. 8/81

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0184838

002240

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000260893	ILT180011850	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 Toluene Solu. Flammable liquid	Flammable	UN1294	07				X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 Jim Duplissis — Date Shipped MO. DAY YEAR 02 19 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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received 02 19 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 Bob Mauck

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received 02 19 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY TO 210 TK T-50 GRM 2/19/82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0107999

Rev 3/81

002241

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000260893	~~ILT180011850~~ ILT000806604	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Toluene Solu. Flammable liquid	Flammable	UN1294	07				X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 Jim Duplissis

Date Shipped MO. DAY YEAR 03 05 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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② D. Lewis

Date(s) Received 3 05 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

☒ Accepted ☐ Rejected

Date Received 3 5 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

To 212K T-50 GRM TSDF COPY 3/5/82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0184761

002239

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway Inc.	Chemical Waste Management Inc.	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W 123 ST. Alsip IL 60658	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
616) 788 2341	(312) 396 1060	(219) 924 4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	LT180011850	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 Toluene solu. falammable liquid	Falammable	UN 12940	7				X			4500	gal	F005
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 Jim Duplissis — Date Shipped MO. DAY YEAR: 2 5 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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② D. Lewis — Date(s) Received: 2 5 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 Bob Mauch

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 2 20 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 212 FT-50 GRM 2/5/82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0184760

002242

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway Inc.	Chemical Waste Management Inc.	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123 St. Alsip Il 60658	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788 2341	(312) 396 1060	(219) 924 4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L T 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene solu. falammable liquid	Falammable	UN 1294	3				X			5000	gal	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection

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: 3 19 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 7

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Date(s) Received: 3 19 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] ☒ Accepted ☐ Rejected Date Received: 3 19 82

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 5

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 K. T-50 6RM 3/19/82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0184812

002244

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services.
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI. 49443	4300 W. 123rd St. Alsip, IL. 60658	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	XXXXXXXXXXXXXXXXXXXX	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

I L T 0 0 0 8 0 6 6 0 4

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 Toluene solu. Flammable Liquid	Flammable	UN 1294	0 7				X			4 5 0 0	Gal.	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection

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 M Kirkpatrick — Date Shipped MO. DAY YEAR: 03 31 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 7 — Transporter Signature ② D. Lewis — Date(s) Received: 3 31 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③ —

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ T A Dunfee — ☒ Accepted ☐ Rejected — Date Received: 3 31 82

Facility Site EPA I.D. Number: I N D 0 1 1 0 3 6 0 0 1 6 5

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211K T-50 6RM 3:31:82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0184813

00224

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services.
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston AVe. Muskegon, MI. 49443	4300 W. 123rd St. Alsip, IL. 60658	Griffith, Ind. 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	X X X X X X X X X X X X	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:
I L T 0 0 0 8 0 6 6 0 4

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 Toluene solu. Flammable Liquid	Flammable	UN 1294	0 7				X			1 5 0 0 0	Gal.	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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: 04 02 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 423 — Transporter Signature ② D. Lewis — Date(s) Received: 4 06 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [X] Accepted [ ] Rejected — Date Received: 4 6 82

Facility Site EPA I.D. Number: I N D 0 0 1 6 3 6 0 2 6 5

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 210 TK T-50 GRM 4.6.82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0184814

002246

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID000260893	ILT180011850	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each: MID006030373 ILT000806604

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 Toluene Solu. Flammable liquid	Flammable	UN1294	07			X				15000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 041182

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. 1 423

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② D. Lewis Date(s) Received 41482

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] Facility Site EPA I.D. Number IND016360265

[X] Accepted [ ] Rejected Date Received 41482

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 211 FT-50 GRM 4/14/82

Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI0184815

00224

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	P.O. Box 1296 Calumet City, IL 60409	Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

MIDO06030373 ILT000806604

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 Toluene Solu. Flammable liquid	Flammable	UN1294	0,7				X			550100	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 C B Grant — Date Shipped MO. DAY YEAR: 04 26 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. 1 423 — Transporter Signature ② D. Lewis — Date(s) Received 4 28 82

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received 4 28 82

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 RT-50 GRM 4.28.82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0184837

Rev. 8/81

002243

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address: 5025 Evanston Avenue, Muskegon, MI 49443	Transporters Address: ~~P.O. Box 1296, Calumet City, IL 60409~~	Facility Address: Griffith, IN 46319
Phone Number: (616) 788-2341	Phone Number: ~~(312) 568-3400~~	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: XXXXXXXXXXXXX	Transporter's EPA I.D. Number: XXXXXXXXXXXXX	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

MID006030313 IL[illegible]000806604

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 Toluene Solu. Flammable liquid	Flammable	UN1294	07				X			5000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 05 12 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. 1 473

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② John Lindemulder

Subsequent transporter(s) signature(s): ③

Date(s) Received: 05 12 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 5/12/82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY

TO 210 K T-50 GRM 5-12-82

STATE OF MICHIGAN

Rev. 8/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0184881

002248

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	~~4300 W. 123rd St.~~ ~~P.O. Box 1296~~ ~~Calumet City, IL 60409~~ Alsip, IL 60658	4205 S. Colfax PO Box 190 Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) ~~568-3400~~ 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MIDXXXXXXXXXX	ILD000806604	IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

MID006030373

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 Toluene Solu. Flammable liquid	Flammable	UN1294	07				X			4500	Gal.	F0105
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

GENERATOR COMPLETES

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① [signature] Date ~~Shipped~~ MO. DAY YEAR 05 28 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. 1 423

Transporter Signature ② [signature] Date(s) Received 05 28 82

Subsequent Transporter Vehicle I.D. No's

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received 5 28 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 T-50 GRM 5-28-82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0184880

00274

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL. 60658	420 S. Colfax, P.O. Box 190 Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 568-3400	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:
M I D 0 0 6 0 3 0 3 7 3

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 Toluene Solu. Flammable liquid	Flammable	UN1294	0 7	1	CT		XX			4500	Gal.	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 M Kopp — Date Shipped MO. DAY. YEAR: 07 15 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 423

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Richard A Kennedy — Date(s) Received: 07 16 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 A Dunlea — ☒ Accepted ☐ Rejected — Date Received: 7 16 82

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 5

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM. IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 211 RT-50 GRM 7-16-82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0184882

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Lakeway, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	420 S. Colfax, P.O. Box 190 Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
	I L D 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:
M I D 0 0 6 0 3 0 3 7 3

092221

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 Toluene Solu. Flammable liquid	Flammable	UN1294	07	1	CT		X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 07 22 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. 1 423

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] Date(s) Received: 07 23 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] ☒ Accepted ☐ Rejected Date Received: 7 23 82

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 5

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.

T0212FT-50 6RM TSDF COPY 7-23-82

Rev. 8/81

...OF MICHIGAN

...DISPOSAL MANIFEST

XXX Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0184947

002250

...s Name ...BUFORS NOBEL, INC.	Primary Transporter's Name CHEMICAL WASTE MANAGEMENT, INC.	Treatment, Storage or Disposal Facility AMERICAN CHEMICAL SERVICES
Site Address 5025 Evanston Ave. Muskegon, Michigan 49443	Transporters Address 4300 W. 123rd. St. Alsip, Il 60658	Facility Address 420 S. Colfax, P.O. Box 190 Griffith, Ind 46319
Phone Number 616 788-2341	Phone Number (312) 396-1060	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID006030373	Transporter's EPA I.D. Number 000806604	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — IDENTIFICATION

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 Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		x			5000	gal	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection

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 06 09 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. 1 423

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Richard A. Kennedy — Date(s) Received 06 11 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

☒ Accepted ☐ Rejected

Date Received 6 11

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 RESPONS... 800—424-8802 24 HOURS PER DAY.

TO 210 FT-50 GPM 6-11-82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI0195444

Rev. 8/81

002252

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	CHEMICAL WASTE MANAGEMENT
Site Address: 5025 Evanston Avenue, Muskegon, MI 49443	Transporters Address: 4300 W. 123rd St., Alsip, IL 60658	Facility Address: 420 S. Colfax, PO Box 190, Griffith, IN 46319
Phone Number: (616) 788-2341	Phone Number: (312) 396-1060	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006030373	Transporter's EPA I.D. Number: ILD000806604	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		X			5000	gal	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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 Howard Peckham — Date Shipped MO. DAY YEAR: 083182

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. 1 423

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature] — Date(s) Received: 080382

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — [X] Accepted [ ] Rejected — Date Received: 8382

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY

To 210 F 7-50 GRM 8382

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0231228

002253

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solu. Flammable liquid	Flammable	UN1294	07	CT			x			5000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 081482

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. 1 423

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 081782

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: 8178

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND 800—424-8802 24 HOURS PER DAY.

T0210K T-50 GPM 8.17.82 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0231227

Rev. 8/81

002234

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management,Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solu. Flammable liquid	Flammable	UN1294	0 7	CT			x			1 4 5 0 0	Gal.	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 0 8 3 0 8 2

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 6 8 4

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] Date(s) Received: 0 9 3 0 8 2

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: 6 3 0 8 2

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 5

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 TO210 RT-506 RM 8.30.82

Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0231226**

00226

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solu. Flammable liquid	Flammable	UN1294	0 7		CT		x			5 0 0 0	Gal.	F 0 0 5
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 M Mostrom

Date ~~Shipped~~ MO. DAY YEAR: 09 28 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Charles Hamstra

Date(s) Received: 9 13 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 D Dunlee

☒ Accepted ☐ Rejected

Date Received: 9382

Facility Site EPA I.D. Number: IND 0 1 6 3 6 0 2 6 5

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 211.R T-50 6RM 9.3.82

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0231225

002256

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solu. Flammable liquid	Flammable	UN1294	07	CT			x			5000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 16 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 09/16/82

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] — [X] Accepted [ ] Rejected — Date Received: 9 16 82

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T0211 RT-50 GRM 9.16.82

TSDF COPY

STATE OF MICHIGAN

Rev. 8/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0231224

002257

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solu. Flammable liquid	Flammable	UN1294	07	0	CT		x			5000	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 27 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received: 9 29 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

☒ Accepted ☐ Rejected

Date Received: 9 29 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY To 211KT-50 GHM 9.29.82

STATE OF MICHIGAN

Rev. 8/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other

MI 0231223

002258

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solu. Flammable liquid	Flammable	UN1294	07	0	T		x			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 M Wirthopp — Date Shipped MO. DAY YEAR 10 12 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Gay A. Stot — Date(s) Received 10 12 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 T Dunfee

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received 10 12 82

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 211 KT-50 GRM 10.12.82 TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0166994**

002259

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solu. Flammable liquid	Flammable	UN1294	02	1	CT		X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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: 10 26 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Jay A. Stot — Date(s) Received: 102682

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 26 82

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO212KT-50 GRM 10-26-82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI0166995

002260

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St Alsip IL 60658	420 S. Colfax, P.O. Box 190 Griffith IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 398-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solu. Flammable liquid	Flammable	UN1294	02	1	CT		X			4500	Gal.	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection

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 11 11 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received 11 11 82

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

...RTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those ... certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this ...tination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [ ] Accepted [X] Rejected — Date Received 11/11/82

Facility Site EPA I.D. Number IND016360265

...t discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

...D 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

TO210RT-50 [signature] 11.11.82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0195445

002261

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	~~CHEMICAL WASTE MANAGEMENT~~ AMERICAN Chemical
Site Address: 5025 Evanston Avenue, Muskegon, MI 49443	Transporters Address: 4300 W. 123rd St., Alsip, IL 60658	Facility Address: 420 S. Colfax, PO Box 190, Griffith, IN 46319
Phone Number: (616) 788-2341	Phone Number: (312) 396-1060	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006030373	Transporter's EPA I.D. Number: ILD000806604	Facility Site EPA I.D. Number: IND016366026 5

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 Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		X			5000	gal	F005
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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: 11 23 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. 1 684

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature ② [signature] — Date(s) Received: 11 23 82

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

...ICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those ...ify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this ... indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected — Date Received: 11 23 82

...ancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

...CHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT

...ID KT-50 GRM 11.23.82

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0299772

GENERATOR COMPLETES

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Manangement	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 6

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	0 7	1	CT		XX			4500	Gal.	F 0 0 5
2.													
3.													
4.	"For Chemical Emergency Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection when handling liquid.

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 Howard Peckham — Date Shipped MO. DAY YEAR: 02 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. 1 684 — Transporter Signature ② Tea Lendowski — Date(s) Received: 02 17 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ Bob Mauck — ☒ Accepted ☐ Rejected — Date Received: 02 17 83

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 6

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY To 210K T-50 GRM 2-17-83

099400

Generator Information

A. Generator Name Bofors Nobel Inc. B. SIC Code 2860

C. EPA I.D. Number MID 006 050 373

D. Facility Address
4025 Evanston Ave.
Muskegon, Mi 49443

Billing Address (If Different)
— Same —

E. Business Contact Norm Rathbun Title V.P. Phone (616) 733-2341

F. Technical Contact Michael WittKopp Title Environmental Specialist Phone (616) 733-2341

Waste Description

A. Common name for waste Waste Toluene Solution

B. Process generating waste: Oxzolin Manufacturing

C. Annual Quantity 180000 Unit of Measure Gallons

D. Physical Properties (Circle appropriate blocks)

1. Physical State at 70°F:
Solid | Semi-Solid | (Liquid) | Sludge | Gas

2. Specific Gravity 1.0

3. Flash Point 50 °F (Closed Cup) (Open Cup)

4. Viscosity: ____ Centipoises @ ____ °C

5. Pumpability: Centrifuge | Positive Displacement | Not Pumpable

6. ph (Indicate Range) 6.0 - 8.5

7. Phase/Layering (For Liquids only)
(NONE) | BILAYERED | MULTILAYERED
Top ____ % Others ____ %
Bottom ____ % ____ %

8. Solids: ☐ By Weight ☒ By Volume
Total ____ % Dissolved ____ % Suspended 5 %

9. BTU/Lb 9 - 12,000
Ash content 5 % @ ____ °C.

10. Organic Content:
0-Trace | < 3% | (3-10%) | > 10%

E. Chemical Composition (account for 100%)

	%
Water	1.0%
Solvents Toluene	46.0%
Other Organics Ammonium Chloride (Secondary)	6.0%
	39.0%

	ppm	%
Solids		
Lead		
Chromium		
Mercury		
Cadmium		
Barium		
Arsenic		
Selenium		
Phosphorus		
Sulfur (as SO_4)		
Chloride (as Cl)		
Sodium		
Silicon		
Iron		
Calcium		
Fluorine		
Total Halogens		
Ash		
Other		

Above minimum levels a surcharge may apply.

004658

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0299771

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MIDO061030373	ILD000806604	IND016360266

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 Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	07	1	CT		XX			14500	Gal.	F005
2.													
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection when handling liquid.

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 Howard Peckham — Date Shipped MO. DAY YEAR: 3,0,6,8,3

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 6,8,4

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ②

Subsequent transporter(s) signature(s) ③

Date(s) Received: 0,3,0,9,8,3

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④

Facility Site EPA I.D. Number: IND016360265

☒ Accepted ☐ Rejected

Date Received: 3 8 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 210 FT-50 6RM 3.8.83

10400

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0299768

004666

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evaeston Ave. Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 190 EXGriffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-8370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene,Solution, Flammable Liquid	Flammable Liquid	UN1294	07	1	CT		X			4500	Gal.	F005
2.													
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident Call CHEMTREC — Day or Night												
5.	800 — 424-9300"												
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 Wm. B Shop — Date Shipped MO. DAY YEAR 3 24 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. 1 684

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received 3 25 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number IND016360265

[X] Accepted [ ] Rejected — Date Received 3 25 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY T0211KT-50 GRM 3·25·83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0299770

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 6

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
W	Waste Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	0 7	1	CT		X			1 1 5 0 0	Gal.	F 0 0 5
2.											3 3 5 0 0		
3.													
4.													
5.													
6.													

"For Chemical Emergency
Spill, Leak, Fire, Exposure, or Accident
Call CHEMTREC — Day or Night
800 — 424-9300"

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 T. Ford Coo

Date Shipped MO. DAY YEAR: 06 21 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 758

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Buck Swiney

Subsequent transporter(s) signature(s) ③

Date(s) Received: 06 21 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 J Rumba

Facility Site EPA I.D. Number: IND 0 1 6 3 6 0 2 6 6

☒ Accepted ☐ Rejected

Date Received: 6 21 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211RT-50 6/24 6-21-83

TSDF COPY

004400

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0305678

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123rd St. Alsip, ILLinois 60603	P.O. Box 100 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	0 7	1	CT		X			4500	Gal.	F 0 0 5
2.											328990		
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 B Astenko — Date Shipped MO. DAY YEAR: 7 05 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. 1 755 — Transporter Signature ② John Tenderwalter — Date(s) Received 07 05 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 — [X] Accepted [ ] Rejected — Date Received 7 5 83

Facility Site EPA I.D. Number: I N D 0 1 6 3 6 0 2 6 5

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY

To 211R T-50 7/5/83 Jim Mingle

R 4896
Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0305679

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123rd St. Alsip, ILlinois 60653	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	07	1	CT		X			4500	Gal	B005
2.											35720		
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night 800 — 424-9300"												
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 Brian Castenholz — Date Shipped MO. DAY YEAR 07 14 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 758

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Craig Doornbos — Date(s) Received 07 14 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — Facility Site EPA I.D. Number IND016360265

[X] Accepted [ ] Rejected — Date Received 7 14 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI0195450

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 190, PO Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		X			4500	gal	F005
2.											36480	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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: 07 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. 1 755

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Kenneth Lenderink — Date(s) Received: 07 29 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: 7 29 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TO 211 KT-50 GRM 7-29-83

TSDF COPY

004503

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0195449

25400

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 10109 PO Box 190 Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solution Flammable Liquid	Flammable	UN 1294	0 7	1	CT		X			4 5 0 0	gal	F 0 0 5
2.											3 6 0 6 0	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS — Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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 M W Trickoff — Date Shipped MO. DAY YEAR: 08 26 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 155 — Transporter Signature ② Mayo K — Date(s) Received: 08 26 83

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received: 8 26 83

Facility Site EPA I.D. Number: IND 0 1 6 3 6 0 2 6 5

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 210 KT-50 GRN 8-26-83

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI0195448

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St. Alsip, IL 60658	P.O. Box 190, PO Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		X			4500	gal	F005
2.											29080	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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 M Wackopp — Date Shipped MO. DAY YEAR 09 08 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830922

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Kenneth Lenderink — Date(s) Received 09 08 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [X] Accepted [ ] Rejected — Date Received 9 8 83

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210K T-50 GRM 9.8.83

TSDF COPY

004561

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other MI 0195447

004660

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	American Chemical Service
Site Address: 5025 Evanston Avenue, Muskegon, MI 49443	Transporters Address: 4300 W. 123rd St., Alsip, IL 60658	Facility Address: P.O. Box 190, PO Box 190, Griffeth, IN 46319
Phone Number: (616) 788-2341	Phone Number: (312) 396-1060	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID006030373	Transporter's EPA I.D. Number: ILD000806604	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		X			4500	gal	F005
2.											31700		
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night 800 — 424-9300"												
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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: [signature] Date Shipped MO. DAY YEAR: 09 16 83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.: No. 1 258

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: George Kochel Date(s) Received: 09 16 83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④: [signature] [X] Accepted [ ] Rejected Date Received: 9 16 83

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 211 FC T-50 GRM 9.16.83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI0195446

Rev. 6/81

004637

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
BOFORS NOBEL, INC.	CHEMICAL WASTE MANAGEMENT	American Chemical Service
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd St. Alsip, IDL 60658	P.O. Box 190, PO Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solution Flammable Liquid	Flammable	UN 1294	07	1	CT		X			5500	gal	F005
2.											33200	lbs	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots and eye protection.

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 10.04.83

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H830931

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] Date(s) Received 10.04.83

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] Facility Site EPA I.D. Number IND016360265

[X] Accepted [ ] Rejected

Date Received 10.4.83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

To 210 FT-50 GRM 10.4.83 TSDF COPY

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0249391

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, INc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	~~4300 W. 123rd Street Alsip, IL 60653~~ 504 LIBERTY ST. FREMONT, OH 43420	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	~~(312) 396-1060~~ (419) 332-2687	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	~~I L D 0 0 0 8 0 6 6 0 4~~ OHD018034595	I N D 0 1 6 3 6 0 2 6 5

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Toluene Solution, Flammable Liquid	Flammable Liq.	UN 1294	0 7	1	CT		x			4400	Gal.	F 0 0 5
2.											35210	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

GENERATOR COMPLETES

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Howard Peckham — Date Shipped MO. DAY YEAR: 6 22 84

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 HK30092 0 — Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② John R. Bell — Date(s) Received: 06 22 84

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received: 6 28 84

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☑ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0249395

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Ave. Muskegon, MI 49443	4300 W. 123rd Street Alsip, IL 60653	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solution, Flammable Liquid	Flammable Liq.	UN 1294	07	1	CT		x			4000	Gal.	F005
2.											29740	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 Howard Peckham — Date Shipped MO. DAY YEAR 62984

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 1063

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Craig Noanlas — Date(s) Received 62984

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 62984

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY 212F T-50

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0262346

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd Street Alsip, IL 60653	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	0 7	1	CT		X			55010	Gal.	F 0 0 5
2.											3/1/80 lks		
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS — Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 E.R. Grant — Date Shipped MO. DAY YEAR: 07 19 84

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 83 09 20 — Transporter Signature ② Craig Rowles — Date(s) Received 07 19 84

Subsequent Transporter Vehicle I.D. No's — Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received 7 1984

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment: NONE

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 210F T-50 9500 B70 1% Cl.

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other **MI 0262345**

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd Street Alsip, IL 60653	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
MID006030373	ILD000806604	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 Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	07	1	CT		X			4000	Gal.	F005
2.											31640 lbs		
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident Call CHEMTREC — Day or Night												
5.	800 — 424-9300"												
6.													

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 8/6/84

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 1199

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] — Date(s) Received 08 06 84

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — [X] Accepted [ ] Rejected — Date Received 8 6 84

Facility Site EPA I.D. Number IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

212 K 9300 BTU 1.5% Cl.

TSDF COPY

007504

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0262343

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd Street Alsip, IL 60653	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	T L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solution, Flammable Liquid	Flammable Liquid	UN 1294	0 7	1	CT		X			1 5 0	Gal.	F 0 0 5
2.											3 9 8 8 0	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 Howard O. Peckham — Date Shipped MO. DAY YEAR: 8 1 5 84

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 75024 — Transporter Signature ② Mergo — Date(s) Received 08 15 84

Subsequent Transporter Vehicle I.D. No's — Subsequent Transporter(s) Signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received 8 15 84

Facility Site EPA I.D. Number IN D 0 1 6 3 6 0 2 6 5

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

210RT-50 10500 BTU 1.4% Q.

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0262342

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bofors Nobel, Inc.	Chemical Waste Management, Inc.	American Chemical Services
Site Address	**Transporters Address**	**Facility Address**
5025 Evanston Avenue Muskegon, MI 49443	4300 W. 123rd Street Alsip, IL 60653	P.O. Box 190 Griffeth, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 788-2341	(312) 396-1060	(219) 924-4370
Generator's Site EPA I.D. Number	**Transporter's EPA I.D. Number**	**Facility Site EPA I.D. Number**
M I D 0 0 6 0 3 0 3 7 3	I L D 0 0 0 8 0 6 6 0 4	I N D 0 1 6 3 6 0 2 6 5

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 Toluene Solution, Flammable Liquid	Flammable Liq.	UN 1294	0 7	1	CT		X			1 40000	Gal.	F 0 0 5
2.											3312410	LB	
3.	"For Chemical Emergency												
4.	Spill, Leak, Fire, Exposure, or Accident												
5.	Call CHEMTREC — Day or Night												
6.	800 — 424-9300"												

COMMENTS

Include Safety precautions and special handling instructions.

Wear rubber gloves, boots, and eye protection when handling liquid.

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 10 84

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

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② [signature] Date(s) Received: 09 10 84

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: 9 10 84

Facility Site EPA I.D. Number: I N D 0 6 3 6 0 2 6 5

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.

210K T-50 10400 BTU 1.37 Cl. TSDF COPY

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 0 6 0 3 0 3 7 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.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, Michigan 49443
4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0452188
B. State Generator's ID:
C. State Transporter's ID: 0075
D. Transporter's Phone: (312) 396-1060
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: Chemical Waste Management, Inc.
6. US EPA ID Number: I L D 0 0 0 8 0 6 6 0 4
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, IN 46319
10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	0 0 1	T T	4000	G	F 0 0 5	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Howard O Peckham FOREMAN	Howard O Peckham	9 21 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
John R. Betz (Driver)	John R Betz	09 21 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
ED UNFEC	[signature]	9 21 84

GENERATOR / TRANSPORTER / FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev 7/84

212E T-50 10700 BTU 16% O.

TSDF COPY

007501

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID 0 0 6 0 3 0 3 7 3
Manifest Document No.: 0 0 0 1 2
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443
4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521709
B. State Generator's ID:
C. State Transporter's ID: 002
D. Transporter's Phone: (312) 396-1060
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: Chemical Waste Management, Inc.
6. US EPA ID Number: ILD 0 0 0 8 0 6 6 0 4

7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, IN 46319
10. US EPA ID Number: IN D 0 1 6 3 6 0 2 6 5

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.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	0 0 1	T T	3600	G	F 0 0 5	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: Jim Duplissis
Signature: Jim Duplissis
Date: Month Day Year: 10 15 84

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Vern DeRoer
Signature: Vern DeRoer
Date: Month Day Year: 10 15 84

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: F DUNFEE
Signature: F Dunfee
Date: Month Day Year: 10 15 84

GENERATOR / TRANSPORTER / FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110
Rev 7/84

TSDF COPY

10,400 BTU/LB
1.6 % Cl
21LK.T50
001509

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 0 6 0 3 0 3 7 3 — Manifest Document No. 0 0 0 1 3

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number MI 0521710

B. State Generator's ID

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: I L D 0 0 0 8 0 6 6 0 4

C. State Transporter's ID 0075

D. Transporter's Phone (312) 396-1060

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, IN 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 5 5

G. State Facility's ID

H. Facility's Phone (219) 924-1370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	0 0 1	T T	1 5 0 0	G	F 0 0 5
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name	Signature	Date Month Day Year
Howard Peckham	Howard Peckham	10 30 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Vernon De Roer	Vernon De Roer	10 31 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year
EDUNFEE	[signature]	10 31 84

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

211RT-50 6960 BTU 2.19% Cl 007500

PM 3110 Rev. 7/84

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No 2000-0404 Expires 7-31-86

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.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 0 6 0 3 0 3 7 3 — Manifest Document No.: 000002

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443
000014

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521711

B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: I L D 0 0 0 8 0 6 6 0 4

C. State Transporter's ID: 500075

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, 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. X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	04930	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name: BOFORS NOBEL INC (ER. TRENT) — Signature: E A Trent — Date: Month 11 Day 19 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RICHARD A. KENNEDY - DRIVER — Signature: Richard A Kennedy — Date: Month 11 Day 19 Year 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: EDUNFEE — Signature: EDunfee — Date: Month 11 Day 19 Year 84

EPA Form 8700-22 (3-84)

PR 51[illegible] Rev. 7

TSDF COPY

212K T-50 11800 BTU 2% Cl

037510

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: XXXXXXX 00015

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address:
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521712

B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: ILD000806604

C. State Transporter's ID: 0075

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
American Chemical Services
420 South Colfax Avenue
Griffeth, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4700	G	F005	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above: Wear rubber gloves, boots and eye protection when handling liquid

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date Month Day Year
Edwin Trent	[signature]	12 05 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
John Lindemulder	[signature]	12 05 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	Signature	Date Month Day Year
F DUNFEE	[signature]	12 5 84

GENERATOR / TRANSPORTER / FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

TSDF COPY 212 K T-50 13,100 BTU 037591

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.

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: 00016

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521713

B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: ILD000806604

C. State Transporter's ID: 075

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, 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.	N/H
a.	X Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	3500	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date Month Day Year
Howard Peckham	Howard Peckham	12 14 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Menzo Kap	Menzo Kap	12 14 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year
FDUNFEE	[signature]	12 17

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

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212K 11700 870 007512 2Y. C.

PR 5110 Rev. 7/

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: 00018

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521715

B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: ILD000806604

C. State Transporter's ID:

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, 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.	N/H
a.	Waste Toluene Solution, Flammable Liquid X UN 1294	001	TT	3500	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Edwin R. Trent	[signature]	12 28 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
David Vissee	[signature]	12 21 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
F D UNFEE	[signature]	12 28 84

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110
Rev. 7/84

TSDF COPY 211 FT-50 10800 BTU 3% Cl.

007513

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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.: MID006030373 — Manifest Document No.: XXXXXXXX
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Bofors Nobel, Inc., 5025 Evanston Avenue, Muskegon, MI 49443 — 00019
4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521716
B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.
6. US EPA ID Number: ILD000806604

C. State Transporter's ID: 0075
D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services, 420 South Colfax Avenue, Griffeth, IN 46319
10. US EPA ID Number: IND016360265

G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a. Waste Toluene Solution, Flammable Liquid UN 1294	X	001	TT	3811	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: Howard Perkham — Signature: Howard Perkham — Date: Month 01 Day 11 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John R. Betz Driver — Signature: John R Betz — Date: Month 01 Day 11 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FOUNFEE — Signature: [signature] — Date: Month Day Year

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

TSDF COPY 212K 10900 BTU 2.9% Cl 0551

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Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

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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.: M I D 0 0 6 0 3 0 3 7 3 — Manifest Document No.: XXXXXXXX

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Bofors Nobel, Inc. 5025 Evanston Avenue Muskegon, MI 49443 — 0 0 0 2 0

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521717

B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: I L D 0 0 0 8 0 6 6 0 4

C. State Transporter's ID:

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services 420 South Colfax Avenue Griffeth, IN 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.	N/H
a. X	Waste Toluene Solution, Flammable Liquid UN 1294	0 0 1	T T	4547	G	F 0 0 5	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: Howard Peckham — Signature: Howard Peckham — Date: Month Day Year: 0 0 2 5 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: David Vissec — Signature: David Vissec — Date: Month Day Year: 0 1 1 5 8 5

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: R Rushock — Signature: R Rushock — Date: Month Day Year: 1 2 5 8 5

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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210 E T-50 10900 BTU 3% Cl

010552

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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. M I D 0 0 6 0 3 0 3 7 3 3 — Manifest Document No. 0 0 2 4 9

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521899

B. State Generator's ID:

5. Transporter 1 Company Name: CHEMICAL WASTE MANAGEMENT, INC.

6. US EPA ID Number: I L D 0 0 0 8 0 6 6 0 4

C. State Transporter's ID:

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Avenue
Griffeth, 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) 924-1370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)			12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	1500	G	[redacted]	
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name: Howard Peckham — Signature: [signature] — Date: Month Day Year: APRIL 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: VERNON DE BOER — Signature: [signature] — Date: Month Day Year: APRIL 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: R KESHNOK — Signature: [signature] — Date: Month Day Year: 04 11 85

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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11,100 BTU
2.8 % Cl

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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. MID006030373 Manifest Document No. 000021

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bofors Nobel, Inc.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI0521718

B. State Generator's ID:

5. Transporter 1 Company Name: Chemical Waste Management, Inc.

6. US EPA ID Number: ILD000806604

C. State Transporter's ID: 0075

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Services
420 South Colfax Avenue
Griffeth, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-370

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.	15. Waste No.
a. X HM Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4300	G	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: EDWIN R TRENT — Signature — Date: Month Day Year 03 04 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John R Botz Driver — Signature — Date: Month Day Year 03 04 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: FOUNTER — Signature — Date: Month Day Year 3 4 85

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev. 7/84

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016554

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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.: MID006030373 — Manifest Document No.: 00250
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341 — ILD000806604

A. State Manifest Document Number: MI 0521900
B. State Generator's ID:

5. Transporter 1 Company Name: CHEMICAL WASTE MANAGEMENT, INC.
6. US EPA ID Number: XXXXXXXXXXXXXXXXXX
C. State Transporter's ID:
D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Avenue
Griffeth, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4200	G	F005	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date Month Day Year
Howard Peckham	Howard E. Peckham	03 22 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
RICHARD A. KENNEDY - DRIVER	Richard A. Kennedy	03 22 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year
FDUNFEE	[signature]	3 22 85

GENERATOR / TRANSPORTER / FACILITY

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EPA Form 8700-22 (3-84)

PR 5110 Rev 7/84

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210 E-T-50 12800 BTU 3.2% Cl.

010555

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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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. M I D 0 0 6 0 3 0 3 7 3 — Manifest Document No. 0 0 2 5 1

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521901

B. State Generator's ID

5. Transporter 1 Company Name: CHEMICAL WASTE MANAGEMENT, INC.

6. US EPA ID Number: I L D 0 0 0 8 0 6 6 0 4

C. State Transporter's ID

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Avenue
Griffeth, IN 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a.	X	Waste Toluene Solution, Flammable Liquid, UN 1294	0 0 1	T T	4677	G	[illegible]	
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: HOWARD PECKHAM — Signature: Howard Peckham — Date: Month 01 Day 12 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature — Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: [illegible] — Signature — Date: Month 01 Day 12 Year 85

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: EDUNFEE — Signature — Date: Month 1 Day 12 Year 85

GENERATOR

TRANSPORTER

FACILITY

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EPA Form 8700-22 (3-84)

12800 BTU
2.67 -- TSDF COPY

210 TCT-50

PR 511 Rev. 7/8

016555

DNR

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Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I I D 0 0 6 0 8 0 3 7 3 — Manifest Document No. 0 0 2 5 2

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521902

B. State Generator's ID:

5. Transporter 1 Company Name: CHEMICAL WASTE MANAGEMENT, INC.

6. US EPA ID Number: I L D 0 0 8 0 6 6 0 4

C. State Transporter's ID: 0075

D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Avenue
Griffeth, IN 46319

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	0 0 1	T T	4 5 4 6	G	F 0 0 5	
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
E R TRAIT		05 02 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
EDWARD KUEHNE DRIVER		05 02 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)
EDUNFEE		5 3 85

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110
Rev. 7/84

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010551

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: 00253
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521903
B. State Generator's ID:

5. Transporter 1 Company Name: CHEMICAL WASTE MANAGEMENT, INC.
6. US EPA ID Number: ILD000806604
C. State Transporter's ID: 0975
D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Avenue
Griffeth, IN 46319

10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4900	G	F005	
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date Month Day Year
E R Trent	[signature]	05 20 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Herbert De Vries	[signature]	05 20 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year
F DUNFEE	[signature]	5 20 85

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

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211 F T-50 11800 BTU 2.3 y.cl.

PR 5110 Rev. 7/84

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: 00254
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Avenue
Muskegon, MI 49443

4. Generator's Phone (616) 788-2341

A. State Manifest Document Number: MI 0521904
B. State Generator's ID:

5. Transporter 1 Company Name: CHEMICAL WASTE MANAGEMENT, INC.
6. US EPA ID Number: ILD000806604
C. State Transporter's ID:
D. Transporter's Phone: (312) 396-1060

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Avenue
Griffeth, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	04770	G	F005	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots and eye protection when handling liquid.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: Howard Peckham — Signature: Howard Peckham — Date: Month 06 Day 05 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Lindemulder Driver — Signature: John Lindemulder — Date: Month 06 Day 05 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: FDUNFE — Signature: [signature] — Date: Month Day Year 85

GENERATOR / TRANSPORTER / FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

PR 5110 Rev 7/84

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010557

DNR
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Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969

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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.: MID006030373 — Manifest Document No.: 00589
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Ave.
Muskegon, MI 49443

4. Generator's Phone ( ) 616-788-2341 Attn. M. Wittkopp

A. State Manifest Document Number: MI 0647222
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: (312) 596-337
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Mr. Frank Inc.
6. US EPA ID Number: ILD069506160
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Ave.
Griffeth, IN 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	04050	G	F005	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
wear rubber gloves, boots, and eye protection when handling liquid

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date Month Day Year
Howard Peckham	Howard Peckham	06 17 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Dave Voss	Dave Voss	06 17 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year
FDUNFEE	FDunfee	06 17 85

GENERATOR — TRANSPORTER — FACILITY

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EPA Form 8700-22 (3-84)

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PR 5110 Rev 7/84

010560

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MIDOO6O3O373 — Manifest Document No. 00591
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Ave.
Muskegon, MI 49443

4. Generator's Phone ( ) 616-788-2341

A. State Manifest Document Number: MI 0647239

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) 596-337

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Ave.
Griffeth, 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.	N/H
a.	X Waste toluene solution, Flammable Liquid to = UN1294 =	001	TT	9450	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots, and eye protection when handling liquid. F003
NET WT 40,860

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Howard Peckham	Howard Peckham	10 9 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
John Van Wyngen	John Van Wyngen	10 10 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
EDUNFEE		10 10 85

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EPA Form 8700-22 (3-84)

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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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.: MID006030373 — Manifest Document No.: 005 92
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Ave.
Muskegon, MI 49443

4. Generator's Phone ( ) 616 - 788-2341

A. State Manifest Document Number: MI 0647240
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 South Colfax Ave.
Griffeth, IN 46319

10. US EPA ID Number: IND106360265
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.	N/H
a.	X Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4200	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots, and eye protection when handling liquid. F003

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
E R Trent	[signature]	10 29 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Moe Wonhoff	[signature]	10 29 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FDUNFEE	F Dunfee	10 29 85

GENERATOR / TRANSPORTER / FACILITY

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EPA Form 8700-22 (3-84)

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010562

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: 00593
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Ave.
Muskegon, MI 49443

4. Generator's Phone ( ) 616-788-2341

A. State Manifest Document Number: MI 0647223
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) 924-4370

5. Transporter 1 Company Name: Mr. Frank, Inc.
6. US EPA ID Number: ILD069506160
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Ave.
Griffeth, IN 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4200	G	F005	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots, and eye protection when handlign liquid

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 regualtion from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: ER Trent — Signature: [signature] — Date: Month Day Year: 11 18 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Miguel Garcia — Signature: Miguel Garcia — Date: Month Day Year: 11 18 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: RD VNFEE — Signature: [signature] — Date: Month Day Year: 11 18 85

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84) TSDF COPY 210 ET-50 PR 5110 Rev. 7/84

010563

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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. MID006033733 — Manifest Document No. 00594

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL, INC.
5025 Evanston Ave.
Muskegon, MI 49443

4. Generator's Phone ( ) 616-788-2341

A. State Manifest Document Number: MI-0647224

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 South Colfax Ave.
Griffeth, IN 46319

10. US EPA ID Number: IND011636025

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. Waste Toluene Solution, Flammable Liquid UN 1294	X	001	T/T	04460	G	F005	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots, and eye protection when handling liquid 1003

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently availabie 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, including applicable state regulations.

GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
L.C EARNSHAW		01 07 86

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name	Signature	Date (Month Day Year)
Michael Martin	Michael Martin	01 07 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FDUNFEE	FDunfee	1 17 86

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

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PA 5110 Rev 7/84

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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.: MID006030373 — Manifest Document No.: 00595
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BOFORS NOBEL INC.
5025 Evanston Ave.
Muskegon, MI 49443

4. Generator's Phone (616-788-2341

A. State Manifest Document Number: MI 0647225
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: [redacted]
D. Transporter's Phone: ([redacted]) [redacted]

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES
420 South Colfax Ave.
Griffeth, IN 46319

10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	Waste Toluene Solution, Flammable Liquid UN 1294	001	TT	4500	G	F005	H
b.								
c.								
d.								

J. Additional Descriptions for Materials Listed Above
Wear rubber gloves, boots, and eye protection when handling liquid F003

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 regualtion from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of [illegible] are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Howard Peckham	Howard Peckham	01 29 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Roger Norton	Roger Norton	01 29 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FDUNFEE	FDunfee	1 30 86

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

212-KT-50

011338

PR 5110 Rev 7-84

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID006030373 — Manifest Document No.: 01073

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Bofors Nobel Inc.
5025 Evanston Ave.
Muskegon, MI 49442

4. Generator's Phone (616) 788-2341 Attn: M. Wittkopp

A. State Manifest Document Number: IN 041609

B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal Inc.

6. US EPA ID Number: MID055855373

C. State Transporter's ID:

D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services
420 South Colfax Ave.
Griffeth, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Toluene Solution Flammable Liquid UN1294	001	TT	4000	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: F003

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

Wear rubber gloves, boots and eyepprotection when handling

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Earl W. Coon — Signature: Earl W Coon — Month Day Year: 11 20 86

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

Printed/Typed Name: EDUNFEE — Signature: [illegible] — Month Day Year: 11 20 86

IN 041609

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY all 211E T50 13

011339

HAZARDOUS WASTE MANIFEST

B/L#23992
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc., North Oak Rd., Plymouth, IN. 46563 (219) 936-9901	12/8/80
TRANSPORTER # 1	IND005464706	Bomarko, Inc., North Oak Rd., Plymouth, In. 46563 (219) 936-9901	12/8/80
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	CHARGES (For Carrier Use Only)
14 BRUMS		F005	METHANOL/N-Propyl Acetate							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked
Check box if charges are to be collect ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE DATE

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

HOLD ON DOCK 12/8/80 JMM - T-50

TSDF COPY Pump To 204R 12/10/80 JMM

0000390

HAZARDOUS WASTE MANIFEST

B/L# 24366
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc., North Oak Rd., (219) 936-9901 Plymouth, IN 46563	1/22/81
TRANSPORTER # 1	IND005464706	Bomarko, Inc., North Oak Rd., (219) 936-9901 Plymouth, IN 46563	1/22/81
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360765	American Chemicals, Griffith, Indiana	1/22/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
13 Drums		F005	METHANOL/N-Propyl Acetate							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE — DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE — DATE

UNLOADED 1/22/81 PUMPED TO 204-2 1/24/81 T-50 Jim Mundy

STYLE F 50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001561

HAZARDOUS WASTE MANIFEST

B/L#24617
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko, Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, In. 46563	2/19/8
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, In. 46563	2/19/8
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360765	American Chemicals, Griffith, Indiana	2/19/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
16 Drums		F003	METHANOL/N-PROPYL ACETATE							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D FEE
PREPAID ☐
COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked
Check box if charges are to be collect ☐

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

GENERATOR'S SIGNATURE — DATE
UNLOADED 2/19/81 AT DOCK

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
PUMPED TO WEST PIT T-50 2/23/81 Jim Murphy

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001562

HAZARDOUS WASTE MANIFEST

B/L#25107
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	BOMARKO, INC. NORTH OAK RD. ~~NORTH OAK RD.~~ (219) 936-9901 PLYMOUTH, IN. 46563	4/14/81
TRANSPORTER # 1	IND005464706	BOMARKO INC. NORTH OAK RD. PLYMOUTH, IN. 46563 (219) 936-9901	4/14/81
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		AMERICAN CHEMICALS, GRIFFITH, INDIANA	4/14/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
16 Drums 15	X	F005	METHANOL/N-PROPYL ACETATE	1993			15	825GAL		

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

[signature] 4-15-81
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] 4/14/81
TSDF SIGNATURE DATE

TO 204K T-50 4/14/81 [initials]

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

001578

HAZARDOUS WASTE MANIFEST

B/L#25362
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc.North Oak Rd.,Plymouth,IN. 46563 (219) 936-9901	5/14/81
TRANSPORTER # 1	IND005464706	Bomarko, Inc.North Oak Rd.,Plymouth,IN. 46563 (219) 936-9901	5/14/81
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		American Chemicals, Griffith, Indiana	5/14/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
6 Drums			Methanol/N-Propyl Acetate							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D TO: ADDRESS

COD Amt: $

C.O.D. FEE. PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE DATE

UNLOADED AT DOCK 5/14/81

TSDF SIGNATURE DATE 5/14/81

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO EAST AGIT T-50 5/20/81

TSDF COPY

001563

HAZARDOUS WASTE MANIFEST

B/L#25675
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc.North Oak Rd.,Plymouth,In.46563	6/19/81
TRANSPORTER # 1	IND005464706	Bomarko, Inc.North Oak Rd.,Plymouth,In.46563	6/19/81
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	American Chemicals,Griffith, Indiana	6/19/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
~~18~~ 17 Drums			Methanol/N-Propyl Acetate							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE. PREPAID ☐ COLLECT ☐ $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE DATE

TSDF SIGNATURE F. Dunfee DATE 6/19/81

5

UNLOADED AT DOCK 6/19/81 TO 204 R T-50 6/19/81 JJM

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001564

HAZARDOUS WASTE MANIFEST

B/L# 26179
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN 46563	8/19/81
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN 46563	8/19/81
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		American Chemical, Griffith, Indiana 5	8/19/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
18 Drums			Methanol/N-Propyl Acetate							

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.

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GENERATOR'S SIGNATURE DATE

TSDF SIGNATURE DATE

To 204x T-50 8/19/81 [illegible]

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

001565

HAZARDOUS WASTE MANIFEST

R/U#26736
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464707
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc., North Oak Rd., Plymouth, In. 46563	10/16/81
TRANSPORTER # 1	IND005464706	Bomarko, Inc., North Oak Rd., Plymouth, In. 46563	10/16/81
TRANSPORTER # 2 (if required)		American Chemicals, Griffith, Indiana	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
18 Drums			Methanol/N-Propyl Acetate							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426 2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID (except when box at right is checked) ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE — DATE
UNLOADED AT DOCK 10/16/81

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE — DATE
TO 2042 T-50 10/21/81

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TSDF COPY

001566

HAZARDOUS WASTE MANIFEST

B/L#27011
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	~~11/18/81~~ 11/18/81
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, In. 46563	~~11/18/81~~ 11/18/81
TRANSPORTER # 2 (If required)	IND016360X6	American Chemicals, Griffith, Indiana	~~11/18/81~~ 11/18/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
13 Drums			Methanol/N-Propyl Acetate							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202 426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ (Signature)

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE: TRANSPORTER #2 SIGNATURE & DATE (if required)

*This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE 11/19/81

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

On dock 11/18/81 GRH To 204 TKTSO GRH 11/20/81

TSDF COPY

001567

HAZARDOUS WASTE MANIFEST

B/L#130139
MANIFEST DOCUMENT NUMBER

INDOO5464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

INDOO5464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	INDOO5464706	Bomarko, Inc. North Oak Road, Plymouth, Indiana 46563	11/30/82
TRANSPORTER # 1	INDOO5464706	Bomarko, Inc. North Oak Road, Plymouth, Indiana 46563	11/30/82
TRANSPORTER # 2 (if required)	INDOO1636026	American Chemicals, Griffith, Indiana	11/30/82
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 Carrier Use Only)
XX 19 DRUMS		F005	Methanol/N-Propyl Acetate	NA COMB.			55 GAL	1045 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 11-30-82 DATE

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 204 KT-60 GKM 11.30 82

TSDF COPY

002271

HAZARDOUS WASTE MANIFEST

B/L#130278
MANIFEST DOCUMENT NUMBER

INDOO 5464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

INDOO 5464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc.North Oak Road,Plymouth,IN 46563	12/16/82
TRANSPORTER # 1	IND005464706	Bomarko, Inc.North Oak Road, Plymouth,IN 46563	12/16/82
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals, Griffith, ~~XXXXXX~~ Indiana	12/16/82
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 Carrier Use Only)
~~23~~ 24 Drums		F005	Methanol/N-Propyl Acetate	NA Comb			55 Gal.	1320 ~~1265~~ Gal.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

[signature] [illegible]
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] [illegible]
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

Frank Jones Price 12-11-82
TSDF SIGNATURE DATE

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY To 204 R.T-50 GRM 12.16.82

002272

HAZARDOUS WASTE MANIFEST

B/L#27637
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

XXXXIND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko Inc. North Oak Rd., Plymouth, IN. 46563	2/9/82
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	2/9/82
TRANSPORTER # 2 (if required)	IND01636026	American Chemicals, Griffith, Indiana	2/9/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	—		

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
Drums 25			Methanol/N-Propyl Acetate 1250							

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

2/10/82
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

Frank Price 2-10-82
TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

On dock 2/10/82 GH

TSDF COPY

To 210 E T-50 2/12/82 GH

002262

HAZARDOUS WASTE MANIFEST

B/L #27972
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR-SHIPPER	IND005464706	Bomarko, Inc North Oak Rd., Plymouth, IN. 46563	3/23/82
TRANSPORTER # 1	IND005464706	Bomarko Inc North Oak Rd., Plymouth, IN. 46563	3/23/82
TRANSPORTER # 2 (if required)	IND0[illegible]636026	American Chemicals, Griffith Indiana	3/23/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
27 DRUMS			Methanol/N-Propyl Acetate 1350							

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

_____ 3
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.

_____ 3/23/82
TSDF SIGNATURE DATE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 204K T-50 612M 3/23/82

TSDF COPY

002263

HAZARDOUS WASTE MANIFEST

B/L#28210
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko,Inc. North Oak Rd., Plymouth IN. 46563	4/22/82
TRANSPORTER # 1	IND005464706	Bomakko, Inc.North Oak Rd.,Plymouth,IN. 46563	4/22/82
TRANSPORTER # 2 (If required)	IND001636026	AmericanChemicals, Griffith Indiana	4/22/82
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 Carrier Use Only)
31 drums			Methanol/N-Propyl Acetate 1550							

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 2 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 204 RT 50 GRM 4.22.82

TSDF COPY

002264

HAZARDOUS WASTE MANIFEST

B/L#28482
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	~~IND005464706~~	~~Bomarko, Inc North Oak Rd., Plymouth, IN. 46563~~	~~5/21/82~~
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	~~5/21/82~~
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith Indiana	~~5/21/82~~
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 Carrier Use Only)
2 drums			Methanol/N-Proply Acetate 1100							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES — FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 210 R.T-50 GRM 5.24.82

TSDF COPY

002265

HAZARDOUS WASTE MANIFEST

B/L#28715
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	6/17/82
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	6/17/82
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals, Griffith Indiana	6/17/82
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 Carrier Use Only)
26 25 DRUMS			Methanol/N-Propyl Acetate 1300							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES — FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

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TSDF COPY

To 210 FT-50 GPM 6-17-82

002266

HAZARDOUS WASTE MANIFEST

B/L #29042
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, In 46563	7/29/82
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN 46563	7/29/82
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith Indiana	7/29/82
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 Carrier Use Only)
22 DRUMS			Methanol/N-Propyl Acetate 1100							

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect.

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

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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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

002267

HAZARDOUS WASTE MANIFEST

B/L#29270
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, In. 46563	8/26/82
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, In. 46563	8/26/82
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith Indiana	8/26/82
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 NC LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
11 Drums		F005	Methanol/N-Propyl Acetate	NA COMB			50 GAL	550 GALS		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

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 8-24-82

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO DRUM T-50 GAL DRUMS

TSDF COPY

002268

HAZARDOUS WASTE MANIFEST

B/L #29562
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Road, Plymouth, IN 46563	9/30/82
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Road, Plymouth, IN 46563	9/30/82
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith IN	9/30/82
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
31 DRUMS		F005	Methanol/N-Propyl Acetate	NA Comb.			50 Cal.	1550 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 9/30/82 DATE

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To204K 1-50 GPM 9.30.82

TSDF COPY

002269

HAZARDOUS WASTE MANIFEST

B/L#29864
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, Indiana 46563	10/29/8:
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd. Plymouth, Indiana 46563	10/29/7:
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith, IN.	10/29/8:
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
17 DRUMS		F005	Methanol/N-Propyl Acetate	NA COMB.			50 GAL	850 GAL		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

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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TDN DOCK 10.29.82 T0204 R T-50 GRW

TSDF COPY

002270 10-1-82

HAZARDOUS WASTE MANIFEST

B/L#130205
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Road, Plymouth, IN 46563	2/15/83
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak road, Plymouth, IN 46563	2/15/83
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals Griffith, Indiana	2/14/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
32 DRUMS		F005	METHANOL/N-PROPYL ACETATE	NA COMB			55 CAL.	1,760 CAL.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES — FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE — DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE — TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE — DATE

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TSDF COPY

To 2047 T-SD GIM 2.15.83

004670

HAZARDOUS WASTE MANIFEST

B/L#131034
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	BOMARKO, INC. NORTH OAK ROAD, PLYMOUTH, IN 46563	3/25/83
TRANSPORTER # 1	IND005464706	BOMARKO, INC. NORTH OAK ROAD, PLYMOUTH, IN 46563	3/25/83
TRANSPORTER # 2 (if required)	IND001636026	AMERICAN CHEMICALS GRIFFITH, INDIANA	3/25/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
29 DRUMS		F005	METHANOL/N-PROPYL ACETATE	NA COMB			55 GAL.	1,595 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

3/25/83

DATE

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TSDF COPY

To204KT-50 6RM 3.25.83

004611

HAZARDOUS WASTE MANIFEST

B/L#131286
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	BOMARKO, INC. NORTH OAK ROAD, PLYMOUTH, IN 46563	4/26/83
TRANSPORTER # 1	IND005464706	BOMARKO, INC. NORTH OAK ROAD, PLYMOUTH, IN 46563	4/26/83
TRANSPORTER # 2 (if required)	IND001636026	AMERICAN CHEMICALS GRIFFITH, INDIANA	4/26/83
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 Carrier Use Only)
18 DRUMS		F005	METHANOL/N-PROPYL ACETATE	NA COMB			55 GAL.	990 GAL.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

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TSDF COPY

To204FT-50 6KM 4-26-83

004672

HAZARDOUS WASTE MANIFEST

B/L#131585
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	BOMARKO, INC. NORTH OAK ROAD, PLYMOUTH, IN 46563	6/2/83 ~~5/31/83~~
TRANSPORTER # 1	IND005464706	BOMARKO, INC. NORTH OAK ROAD, PLYMOUTH, IN 46563	6/2/83 ~~5/31/83~~
TRANSPORTER # 2 (if required)	IND001636026	AMERICAN CHEMICALS GRIFFITH, INDIANA	6/2/83 ~~5/31/83~~
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
20 DRUMS		F005	METHANOL/N-PROPYL ACETATE	NA COMB			55 GAL.	1100 GAL.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE DATE

TSDF SIGNATURE 6/2/83 DATE

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To210 ET-50 GRM 6.3.83

TSDF COPY

004873

HAZARDOUS WASTE MANIFEST

B/L#131739
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko,Inc.North Oak Rd.,Plymouth,In. 46563	6/28/83
TRANSPORTER # 1	IND005464706	Bomarko,Inc.North Oak Rd.,Plymouth,In. 46563	6/28/83
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith, Indiana	6/28/83
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 Carrier Use Only)
22 Drums		F005	Methanol/N-Propyl Acetate	NA COMB			55 GAL.	1210 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 J Dunfee DATE 6/28/83

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO204 ET-50 GRM 6-28-83
TSDF COPY

004674

HAZARDOUS WASTE MANIFEST

B/L#131871
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko,Inc.North Oak Rd.,Plymouth,IN. 46563	7/21/83
TRANSPORTER # 1	IND005464706	Bomarko,Inc.North Oak Rd.,Plymouth,IN. 46563	7/21/83
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith Indiana	7/21/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
~~XXXXX~~ 14 DRUMS		F005	Methanol/N-Propyl Acetate	NA BOMB		~~XXX~~ ~~XXX~~	55 GAL	770 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 [signature] DATE 7/21/83

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 204 ET-50 GKM 7.21.83

TSDF COPY

004875

HAZARDOUS WASTE MANIFEST

B/L#132013
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko,Inc.,North Oak Rd.,Plymouth,IN. 46563	8/30/83
TRANSPORTER # 1	IND005464706	Bomarko,Inc.,North Oak Rd.,Plymouth,IN. 46563	8/30/83
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals,Griffith,Indiana	8/30/83
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 Carrier Use Only)
32 Drums		F005	Methanol/N-Propyl Acetate	NA COMB			55 GAL	1760 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

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TD204KT-50 GRW 8-30-83

TSDF COPY

004876

HAZARDOUS WASTE MANIFEST

B/L#132398
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	9/28/83
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	9/28/83
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith, Indiana	9/28/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY.			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
~~XXX~~ 23 Drums		F005	Methanol/N-Propyl Acetate	NA COMB		~~XXXXX~~	55 GAL	1265 ~~XXXXX~~ 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

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 7

TSDF SIGNATURE DATE 7-25-83

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

On dock

TSDF COPY

To 204 F7-50 6 PM

004677

HAZARDOUS WASTE MANIFEST

B/L#132614

MANIFEST DOCUMENT NUMBER
IND005464706

SHIPPER NUMBER
IND005464706

Bomarko, Inc. (SCAC)
NAME OF CARRIER

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	10/27/83
TRANSPORTER # 1	IND005464706	Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	10/27/83
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith, Indiana	10/27/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
24 Drums		F005	Methanol/N-Propyl Acetate	NA COMB			55 GAL	1320 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 10/27/83

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To 204 ET-50 GRM 10-27-83

TSDF COPY

004618

HAZARDOUS WASTE MANIFEST

B/L#132910
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Bomarko, Inc., North Oak Rd., Plymouth, In. 46563	11/29/8
TRANSPORTER # 1	IND005464706	Bomarko, Inc., North Oak Rd., Plymouth, IN. 46563	11/29/8
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith, Indiana	11/29/8
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 Carrier Use Only)
14 Drums		P005	Methanol/N-Propyl Acetate	NA COMB			55 GAL	770 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 11-29-87

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STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY On dock

004879

HAZARDOUS WASTE MANIFEST

B/L#133223
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Mr. Wally Gorski Bomarko,Inc.,North Oak Rd.,Plymouth,IN. 46563	12/29/83
TRANSPORTER # 1	IND005464706	Mr. Wally Gorski Bomarko,Inc., North Oak Rd.,Plymouth,IN. 46563	12/29/83
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals, Griffith Indiana	12/29/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
26 DRUMS		F005	Methanol/N-Propyl XXXXXX Acetate	NA COMB			55 GAL	1430 GAL		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

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] 12/29/83
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

[signature] 12/29/83
TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

[signature]
TSDF SIGNATURE DATE

5

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TO204 R T-50 GRM 12-29-83

TSDF COPY

004869

AZARDOUS WASTE MANIFEST

B/L#133358
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Mr. Wally Gorski Bomarko,Inc.,North Oak Rd.,Plymouth,IN. 46563	2/2/84
TRANSPORTER # 1	IND005464706	Mr. Wally Gorski Bomarko,Inc.,North Oak Rd.,Plymouth,IN. 46563	2/2/84
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals, Griffith, Indiana	2/2/84
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY			
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
20 DRUMS		F005	Methanol/N-Propyl ACETATE	NA COMB			55 GAL.	1100 gal		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

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To 204K T-50 6PM 2.2.84

TSDF COPY

007493

HAZARDOUS WASTE MANIFEST

B/L#233946
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko, Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Mr. Wally Gorski Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	3/7/84
TRANSPORTER # 1	IND005464706	Mr. Wally Gorski Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	3/7/84
TRANSPORTER # 2 (if required)	IND001636026	American Chemicals, Griffith, Indiana	3/7/84
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
26 Drums		F005	Methanol/N-Propyl Acetate	NA COMB			55 GAL	1430 GAL.		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

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 3/7/84

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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23 TO 204 E T-50 GRN 3-7-84

TSDF COPY

007494

HAZARDOUS WASTE MANIFEST

B/L#234269
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomarko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Mr. Wally Gorski Bomarko,Inc. North Oak Rd.,Plymouth,IN. 46563	4/10/84
TRANSPORTER # 1	IND005464706	Mr. Wally Gorski Bomako,Inc. North Oak Rd., Plymouth,In. 46563	4/10/84
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals, Griffith, Indiana	4/10/84
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY			
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
28 DRUMS		F005	Methanol/N-Propyl Acetate	NA COMB			55 GAL.	1540 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

_____ 4/10/84
GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

_____
TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

_____ 4/11/84
TSDF SIGNATURE DATE

5

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TSDF COPY

TO204RT-50 GROSJEAN 8E

HAZARDOUS WASTE MANIFEST

B/L#234690
MANIFEST DOCUMENT NUMBER

IND005464706
SHIPPER NUMBER

Bomakko Truck
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Wally Gorski Bomarko, Inc. North Oak Rd., Plymouth, IN. 46563	5/23/84
TRANSPORTER # 1	IND005464706	Wally Gorski Bomarko, Inc., North Oak Rd., Plymouth, IN. 46563	5/23/84
TRANSPORTER # 2 (If required)	IND001636026	American Chemicals, Griffith Indiana	5/23/84
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
33 DRUMS		F005	METHANOL/N-Propyl ACETATE	NA COMB		~~XX~~ XXX	55 GAL	1815 GALS		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE 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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204R T-50

TSDF COPY

007496

HAZARDOUS WASTE MANIFEST

B/L#235006
MANIFEST DOCUMENT NUMBER
IND005464706
SHIPPER NUMBER

BOMARKO TRUCK
NAME OF CARRIER (SCAC)

IND005464706
CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	IND005464706	Wally Gorski Bomarko,Inc,North Oak Rd.,Plymouth,IN. 46563	6/27/84
TRANSPORTER # 1	IND005464706	Wally Gorski Bomarko,Inc.North Oak Rd.,Plymouth,IN. 46563	6/27/84
TRANSPORTER # 2 (If required)	IND00163602	American Chemicals, Griffith Indiana	6/27/84
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY			
TSDF TREATMENT STORAGE OR DIS— POSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
23 DRUMS		F005	METHANOL/N-Propyl Acetate	NA COMB			55 GAL	1265 GASS		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED
Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐
Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

204F T-50

TSDF COPY

007497

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. IND005464706 — Manifest Document No.

2. Page 1 of — Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
BOMARKO, INC. NORTH OAK RD., PLYMOUTH, IN. 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Bomarko, Inc.

6. US EPA ID Number: IND005464706

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 CHEMICALS
GRIFFITH INDIANA

10. US EPA ID Number: IND00163602

G. State Facility's ID

H. Facility's Phone

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	F005 METHANOL/N-PROPYL ACETATE NA COMB		32	55 Gal Drum	1760 Gal Drums	400# DRUM	606
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
CARRIER: BOMARKO TRUCK B/L#235848

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: WALTER GORSKI — Signature — Date: Month 7 Day 17 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WALTER GORSKI — Signature — Date: Month 7 Day 17 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: EDWARDS — Signature — Date: Month 7 Day 21 Year 87

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900

EPA Form 8700-22 (3-84)

204RT-50

TSDF COPY

007498

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. IND005464706 — 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
Bomarko, Inc. NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Bomarko, Inc.

6. US EPA ID Number: IND005464706

C. State Transporter's ID

D. Transporter's Phone: 219/936-9901

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 CHEMICALS
420 S. Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: 219/924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. METHANOL/N-PROPYL ACETATE FLAMMABLE LIQUID - UN 1993	X	28	DM	12,460	1	F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = Gallons

15. Special Handling Instructions and Additional Information
CARRIER: BOMARKO TRUCK B/L #236283

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: WALTER GORSKI — Signature — Date: Month 11 Day 3 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WALTER GORSKI — Signature — Date: Month 11 Day 3 Year 94

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 11 Day 3 Year 94

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ~~IND005464~~ IND005464706 — 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
BOMARKO,INC. NORTH OAK RD.,PLYMOUTH,IN. 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
Bomarko,Inc.

6. US EPA ID Number
IND005464706

C. State Transporter's ID

D. Transporter's Phone 219-936-9901

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 CHEMICALS
420 S. COLFAX AVE.
GRIFFITH, INDIANA 46319

10. US EPA ID Number
IND0016360265

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	METHANOL/N-PROPYL ACETATE FLAMMABLE LIQUID - UN 1993	30	DM	13,320	1	F005
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = GALLONS

15. Special Handling Instructions and Additional Information
CARRIER:BOMARKO TRUCK B/L236600

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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
XXXXX WALTER GORSKI	Walter P Gorski	12	27	84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
WALTER GORSKI	Walter P Gorski	12	27	84

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
T DUNFEE	T Dunfee	12	27	84

GENERATOR — TRANSPORTER — FACILITY

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 | 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
BOMARKO, INC., NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Bomarko, Inc.

6. US EPA ID Number: IND005464706

C. State Transporter's ID

D. Transporter's Phone 219/936-9901

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 Chemicals
420 S. Colfax Ave.
Griffith, Indiana 46319

10. US EPA ID Number: IND0016360265

G. State Facility's ID

H. Facility's Phone 219/924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Methanol/n-Propyl Acetate Flammable Liquid - UN 1993	X	30	DM	13,320	1	F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#236876

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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
WALTER GORSKI	Walter Gorski	2	7	85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
WALTER GORSKI	Walter Gorski	2	7	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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 — 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
BOMARKO, INC., NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: BOMARKO, INC.

6. US EPA ID Number: IND005464706

C. State Transporter's ID

D. Transporter's Phone 219/936-9901

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 Chemicals
420 S. Colfax Ave.
Griffith, Indiana 46319

10. US EPA ID Number: IND0016360265

G. State Facility's ID

H. Facility's Phone 219/924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Methanol/n-Propyl Acetate Flammable Liquid - UN 1993	X	20	DM	8,880	1	F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#237212

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
RONALD L. HARRIS	Ronald L Harris	3 13 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
RONALD L. HARRIS	Ronald L Harris	3 13 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
DONE	[illegible]	3 13 85

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
BOMARKO, INC. NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO, INC.

6. US EPA ID Number
IND005464706

C. State Transporter's ID

D. Transporter's Phone 219/936-9901

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 Chemicals
420 S. Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number
IND0016360265

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. Methanol/n-Propyl Acetate Flammable Liquid - UN 1993	X	32	DM	14,208	1	F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#237477

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
RONALD L. HARRIS	Ronald L. Harris	4 12 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
RONALD L. HARRIS	Ronald L. Harris	4 12 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)
F DUNFEE	F Dunfee	4 12 85

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
IND005464706			

GENERATOR

3. Generator's Name and Mailing Address
BOMARKO, INC. NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO, INC.

6. US EPA ID Number
IND005464706

C. State Transporter's ID

D. Transporter's Phone 219/936-9901

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 Chemicals
420 S. Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number
IND0016360265

G. State Facility's ID

H. Facility's Phone 219/924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Methanol/n-Propyl Acetate Flammable Liquid - UN 1993	X	15	DM	6660	1	F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#237511

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
WALTER GORSKI	Walter Gorski	4 18 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
WALTER GORSKI	Walter Gorski	4 18 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)
F DUNFEE		4 18 85

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 | 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
BOMARKO, INC, NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO, INC.

6. US EPA ID Number
IND005464706

C. State Transporter's ID

D. Transporter's Phone 219/936-9901

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 Chemicals
420 S. Colfax Ave.
Griffith, IN 46319

10. US EPA ID Number
IND0016360265

G. State Facility's ID

H. Facility's Phone 219/924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Methanol/n-Propyl Acetate Flammable Liequid - UN 1993	X	10	DM	4440	1	F005
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIERS: Bomarko Truck B/L#237904

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
WALTER GORSKI	Walter Gorski	6 4 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
WALTER GORSKI	Walter Gorski	6 4 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE		6 4 85

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
BOMARKO, INC. NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO INC.

6. US EPA ID Number
IND005464706

C. State Transporter's ID

D. Transporter's Phone 219/936-9901

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 CHEMICALS
420 S. COLFAX AVE.
GRIFFITH, IN 46319

10. US EPA ID Number
IND0016360265

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.	Methanol/n-Propyl Acetate Flammable Liquid - UN 1993	X	27	DM	10,908	1	F005
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#238144

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
WALTER GORSKI	Walter Gorski	6 27 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
WALTER GORSKI	Walter Gorski	6 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)

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND005464706 | 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
BOMARKO, INC., NORTH OAK RD., PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: BOMARKO INC.

6. US EPA ID Number: IND005464706

C. State Transporter's ID

D. Transporter's Phone: 219/936-9901

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 CHEMICALS
420 S. COLFAX AVE..
GRIFFITH, IN 46319

10. US EPA ID Number: IND0016360265

G. State Facility's ID

H. Facility's Phone: 219/924-4370

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	METHANOL/N-PROPYL ACETATE FLAMMABLE LIQUID - UN 1993	20	DM	8,080	1	F005
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#238454

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
Ronald Harris		7 30 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Ronald Harris		7 30 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)
F DUNFEE		7 30 85

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 | 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
BOMARKO, INC., NORTH OAK RD, PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO INC.

6. US EPA ID Number
IND005464706

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 CHEMICALS
420 S. COLFAX AVE.
GRIFFITH, IN 46319

10. US EPA ID Number
IND0016360265

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.
GENERATOR a.	METHANOL/N-PROPYL ACETATE FLAMMABLE LIQUID - UN 1993	X	12	DM	4848	1	F005
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#238798

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
Ronald Harris		9 6 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Ronald Harris		9 6 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)
P DUNFEE		7 2 85

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IND005464706 | 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
BOMARKO INC., NORTH OAK RD, PLYMOUTH, IN 46563

4. Generator's Phone (219) 936-9901

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO INC.

6. US EPA ID Number
IND005464706

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 CHEMICALS
420 S. COLFAX AVE.
GRIFFITY, IN 46319

10. US EPA ID Number
IND0016360265

G. State Facility's ID

H. Facility's Phone
219/924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. METHANOL/N-PROPYL ACETATE FLAMMABLE LIQUID - UN 1993	X	24	DM	10,800	1	Foo5
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1=Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#239337

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
WALTER GORSKI	Walter Gorski	11 7 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
WALTER GORSKI	Walter Gorski	11 7 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE		

Style F15-6 Labelmaster, Chicago, IL 60646 (312) 478-0900

EPA Form 8700-22 (3-84)

204 RT-50

TSDF COPY

0:0550

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I N D0 0 5 4 6 4 7 0 6 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
BOMARKO INC.,NORTH OAK RD,PLYMOUTH, IN 46563

A. State Manifest Document Number
IN 001715

4. Generator's Phone (219) 936-9901

B. State Generator's ID

5. Transporter 1 Company Name
BOMARKO INC.

6. US EPA ID Number I N D0 0 5 46 4 70 6

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 CHEMICALS
420 S. COLFAX AVE.
GRIFFITH, IN 46319

10. US EPA ID Number I N D 00 1 63 6 0 265

G. State Facility's ID

H. Facility's Phone 219/924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. METHANOL/N-PROPYL ACETATE FLAMMABLE LIQUID - UN 1993	2 4	D M	1 0,8 00	1	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1= Gallons

15. Special Handling Instructions and Additional Information
CARRIER: Bomarko Truck B/L#240411

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: WALTER GORSKI — Signature: Walter Gorski — Month 0 3 Day 27 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WALTER GORSKI — Signature: Walter Gorski — Month 0 3 Day 27 Year 8 6

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name — Signature — Month Day Y

EPA Form 8700-22A (Rev. 11-85)

T.S.D. DETACH AND RETAIN THIS COPY 204 K 750

IN 001715

011336

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 1 7 4 7 4 | Manifest Document No.: 7 1 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
Bond Supply
5231 Miller Road Kalamazoo, MI 49001

4. Generator's Phone (616) 385-2663

A. State Manifest Document Number: INA 0117177
B. State Generator's ID:

5. Transporter 1 Company Name: A&B Industrial Services
6. Use EPA ID Number: M I D 0 1 7 1 6 7 2 2 2
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax
Griffith, IN 46313

10. Use EPA ID Number: I.N.D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Flammable Liquid, N.O.S. Flammable Liquid UN1993	1	D M	20	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Mixture of cyclohexanone, Methylethyl hetone, and Tetrahydrofuran. Also contains U159

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 BACHO | Signature: John Bacho | Date: Month 10 Day 9 Year 7

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Daniel J. Ellis | Signature: [signature] | Date: Month [illegible] Day [illegible] Year [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harold F. Schmidt | Signature: [signature] | Month 10 Day 12 Year 87

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0117177

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 1-20/Tx-T-50 10/12/87 gm

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

013769

Required under authority of Act 6 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.

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Form Approved. OM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID 092950195
Manifest Document No.: 0 0 0 0 1
2. Page 1 of 1

Info is law

A. State Manife: MI 04
B. State Gener
C. State Trans
D. Transporter
E. State Trans
F. Transporter
G. State Facility's
H. Facility's Phone

84

3. Generator's Name and Mailing Address
Borden Chemical - 8975 Shaver Road
Portage, MI 49002

4. Generator's Phone (616) 323 9377

5. Transporter 1 Company Name: Valley City Refuse Disposal
6. US EPA ID Number: MID 055855373

7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
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). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a. X	WasteInk Flammable Liquid - UN1210 07 ▼ K086	3	DM	165	G	K086	
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Flammable - Keep away from all ignition sources - contain spills.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: Jack A. McNett
Signature: Jack A McNett
Date: Month Day 11 22

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK Ruster
Signature: Jack Ruster
Date: Month Day 11 9

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day

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 R...K
Signature: R D...
Date: Month

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

204 ET-50.

007700

DNR

AN DEPARTMENT
URAL 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.

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. MID092950195 | Manifest Document No. 0 00 01

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Borden Chemical - 8975 Shaver Road
Portage, MI 49002

A. State Manifest Document Number MI 0467722

4. Generator's Phone (616) 323 9377

B. State Generator's ID

5. Transporter 1 Company Name: Valley City Refuse Disposal | 6. US EPA ID Number: MID055855373

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax
Griffith, IN 46319

10. US EPA ID Number: IND 016360265

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a. Waste Ink Flammable Liquid - UN1210 07 - ~~K086~~ D001	X	8	DM	330	G	D001 ~~K086~~	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Flammable - Keep Away from all ignition sources - contain spills.
(To be used as secondary fuel)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Jack A. McNett	Jack A McNett	03 22 85

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name: Earl W. Coors	Signature: Earl W. Coors	Date: 03 22 85

18. Transporter 2 Acknowledgement or Receipt of Materials		
Printed/Typed Name	Signature	Date

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	

GENERATOR

TRANSPORTER

FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

204 K T-50

PR 5110 Rev. 7/84

J10541

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO: T/S/D FACILITY	FROM: Generator Borden Chemical Graphic Div
E.P.A. ID Code No.	E.P.A. ID Code No. OHD-068732011
Address	Address 1630 Glendale-Milford Rd
Destination	Origin Cin, Ohio 45215
Phone	Phone

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.)
22	Drum Hazardous Waste Liq					

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date _____

T/S/D F COPY

007753

17-120E T-63
S-204E T-50

HAZARDOUS WASTE

HAZARDOUS WASTE

IL 532-610
PC 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

0706721
Authorization Number [redacted]

BORDEN CHEMICAL CO (Company Name) | 1829 S. 54TH AVE (Address) | 3127807000 (Phone Number) | 03105100010 (Generator Number)
CICERO (City) | IL. (State) | 60650 (Zip) | ILD074367434 (EPA Number)

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | SOUTH HOLLAND IL. (Hauler Address) | S.W.H. Registration Number 0079001
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 SERV. (Facility Name) | 420 S. COLFAX AVE (Address) | 91808902 (Site Number)
GRIFFITH (City) | IN (State) | 46319 (Zip) | 2199244370 (Phone Number) | IND016360265 (EPA Number)

(Alternate (Facility Name)) | (Address) | (Site Number)
(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE ADHESIVE | WASTE 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: IGNITABLE | UN1993 (UN or NA Number) | D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 17000 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED 2500 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS_____ Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Robert J. Honig (Authorized Signature) DATE Nov. 30 1982

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Mike Leigh (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:

_____ (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 / 426-2676

DISTRIBUTION PART 1 GENERATOR · PART 2 IEPA · PART 3 SITE · PART 4 HAULER · PART 5 IEPA · PART 6 GENERATOR

REV # 4

SITE COPY - PART 3 To 211K T-50 GRM 11-30-82

003264

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

0706722 (1–7)

Authorization Number [redacted] (8–13)

Borden Chemical Co (Company Name) | 1829 S. 54th Ave (Address) | 3127807000 (Phone Number) | 0310510001 G (14 Generator Number 24)

Cicero (City) | IL. (State) | 60650 (Zip) | ILD074362434 (EPA Number)

WASTE HAULER(S)

Mr. Frank Inc (Hauler Name) | South Holland IL (Hauler Address) | S.W.H. Registration Number 0079001 (25–31)

3125963322 (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 Serv (Facility Name) | 420 S. Colfax Ave (Address) | 91808902 (39 Site Number 46)

Griffith (City) | IN (State) | 46319 (Zip) | 2199244390 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | 39 Site Number 46

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste Adhesive | WASTE 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: IGNITABLE | UN1993 (UN or NA Number) | D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 15300 LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED 1850 (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 Robert T. Honig (Authorized Signature) | DATE: Dec. 13. 1982

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Mike Geiger (Authorized Signature) | DATE 12/13/82 (54–59)

(2) _____ (Authorized Signature) | DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) | DATE 12/13/82 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS _____

IN ILLINOIS 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 211 LT-506 KM 12-13-82

003265

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.: ILD039339023 — Manifest Document No.: 58610
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: Borden Chemical (Mystik Tape) 1700 Winnerka Northfield, IL 60093
4. Generator's Phone (312) 446-3705

A. State Manifest Document Number: IN 058610
B. State Generator's ID: 0312100002

5. Transporter 1 Company Name: SET Liquid Waste Systems
6. US EPA ID Number: ILD030810549
C. State Transporter's ID: 0049
D. Transporter's Phone: 312 537-9221

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
10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: 312-768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. UN 1993 Waste Flammable Liquid NOS	001	TT	5000-	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.

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: TM Gates, Inc. John J. Klingshirn Consultant — Signature: [signature] — Month 09 Day 25 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [illegible] — Signature: [signature] — Month 09 Day 25 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: FDUNFEE — Signature: [signature] — Month Day Year 9 5 86

GENERATOR — TRANSPORTER — FACILITY

IN 058610

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY 103T-T-50 to #7 Still

011334

...tion 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.: ILD039339023 — Manifest Document No.: 58603
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: BORDEN CHEMICAL (MYSTIC TAPE) 1700 WINNETKA NORTHFIELD IL 60093
4. Generator's Phone: (312) 441 7172

A. State Manifest Document Number: IN 058603
B. State Generator's ID: 0312100002
C. State Transporter's ID: 5049
D. Transporter's Phone: 312 337 9221
E. State Transporter's ID: 5049
F. Transporter's Phone:

5. Transporter 1 Company Name: SFT LIQUID WASTE SYSTEMS
6. US EPA ID Number: ILD000810549
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
10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890003
H. Facility's Phone: 312 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS UN 1993	004	TT	03000	GAL	D011
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: John V. Klingshirn — Signature: [signature] — Month 08 Day 25 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [illegible] — Signature: [illegible] — Month 08 Day 25 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.

Printed/Typed Name: F DUNFEE — Signature: F Dunfee — Month 8 Day 25 Year 86

GENERATOR — TRANSPORTER — FACILITY

IN 058603

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

121 TC 763 011331

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. ILNOBMBBH0S3S26 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: BORDEN CHEMICAL (MYSTIC TAPE)
1700 WINNETKA
NORTHFIELD IL 60093

A. State Manifest Document Number: IN 058608

4. Generator's Phone: 312 441 7172

B. State Generator's ID: 0312100008

5. Transporter 1 Company Name: SIT LIQUID WASTE SYSTEMS — 6. US EPA ID Number: ILD000811514

C. State Transporter's ID: 3549

D. Transporter's Phone: 312 379-9221

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 — 10. US EPA ID Number: INDO01116360

G. State Facility's ID: 918089000003

H. Facility's Phone: 312 7683400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE TOLUENE FLAMMABLE LIQUID UN1294	001	TT	001000	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.

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: [illegible] — Signature: [illegible] — Month Day Year: 08 26 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 08 26 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year — Date

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: P DUNFEE — Signature: PDunfee — Month Day Year: 8 29 86

IN 058608

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

119 R T 83 1332

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.: ILDOB1B1D2B4 | 4 | 1 | 1

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Borden Chemical (Mystik Tape)
1700 Winnetka
Northfield, IL 60093

A. State Manifest Document Number: IN 044011

4. Generator's Phone: 312 446-3705

B. State Generator's ID: 0312100002

5. Transporter 1 Company Name: SET Liquid Waste Systems

6. US EPA ID Number: ILD 000 813 125 4 | 9

C. State Transporter's ID: 0049

D. Transporter's Phone: 312-337-7221

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 Collins Ave
Gallatin TN

10. US EPA ID Number: TNDO11 6361215

G. State Facility's ID: 918084503

H. Facility's Phone: 312-768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. UN 1993 Waste Flammable Liquid NOS	001	T	00132	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: John V. Kingsley — Signature — Month 7 | Day 19 | Year 8[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month | Day | Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month | Day | Year

FACILITY

19. Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

Printed/Typed Name: DUNFEE — Signature — Month 7 | Day 24 | Year 8[illegible]

IN 044011

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

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011333

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.: ILD073735712 | 5816 | 9

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Borden Chemical (Mystik Tape)
1700 Winnetka
Northfield, IL 60093

A. State Manifest Document Number: IN 058609

4. Generator's Phone: (312) 446-3765

B. State Generator's ID: 031210002

5. Transporter 1 Company Name: SET Liquid Waste Systems

6. US EPA ID Number: ILD000918125419

C. State Transporter's ID:

D. Transporter's Phone: 312-937-1231

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service
420 S. Calfax Ave.
Griffith, IN

10. US EPA ID Number: INDO116361265

G. State Facility's ID:

H. Facility's Phone: 312-768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. UN 1993 Waste Flammable Liquid NOS	001	TT	1750	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.

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: John V. Klingshirn - Sr. Staff Mgr. (T.M. Gates, Inc.)
Signature: John V. Klingshirn
Month/Day/Year: 9/8/86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: GORDON R BLUE
Signature: Gordon R Blue
Date: Month/Day/Year: 9/8/86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:
Signature:
Date: Month/Day/Year:

FACILITY

19 Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: F. DUNFEE
Signature: F Dunfee
Month/Day/Year: 9/8/86

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY 103E-T-5011 0254.11 T63

IN 058609

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0298322

Authorization Number 921617

BORG ERICKSON CORP. (Company Name) | 1133 N. KILBOURN (Address) | ILD 005129549
CHICAGO (City) | IL (State) | 60651 (Zip)
0316000477 Generator Number

WASTE HAULER(S)

MR. FRANK INC. (Hauler Name) | 201 W. 155TH STREET (Hauler Address) | 312-596-3311 | x S.W.H. Registration Number 0079/001
SO. HOLLAND, IL 60473 | EPA-ILD069506160

Hauler Name | Hauler Address | S.W.H. Registration Number

AMERICAN CHEM SERVICE (Facility Name) | DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE | 420 S. COLFAX AVE (Address) | 312-768-3400 | 91808982 Site Number
GRIFFITH, IN, 1 (City) | IN. (State) | 46319 (Zip) | EPA-IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: METHYL ETHYL KETONE AND RESIN | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid) | UN # 1193

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: METHYL ETHYL KETONE | HAZARD CLASS: FLAMMABLE LIQUID | WEIGHT FOR D.O.T. USE 8800 (LBS) TONS (circle one)

US EPA # U159

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL 1100 GAL. | QUANTITY OF WASTE DELIVERED: 001100 | (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

(A) DATE: x 6/7/82 | x James Kudelis (Authorized Signature) + TITLE Mgr of Indus Rel | (312) 384-5600

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:

(B) (1) x [signature] (Authorized Signature) | x DATE: 6/7/82

(2) (Authorized Signature) | DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) | DATE: 6/7/82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 – *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* – OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 GENERATOR

TO 210 K T-50 61RM 6.7.82

SITE COPY - PART 3

002470

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I N D 0 0 6 3 5 2 1 0 9			

GENERATOR

3. Generator's Name and Mailing Address
Borg Instruments
902 Wisconsin Delavan, WI 53115
Generator's Phone (414) 728-5531

A. State Manifest Document Number: INA 0237278
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 414-458-6030
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: K & K Hazardous Waste Services
6. US EPA ID Number: I N D 0 8 2 2 1 9 5 2 9
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: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. RQ, Hazardous Waste Liquid, n.o.s., ORM-E, NA9189 (F001)	05	DM	0275	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
D.R. CHRISTIANSON	D.R. Christianson	06	14	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
RUSSELL WRIGHT	Russell Wright	06	14	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Harold F Schmidt	Harold F Schmidt	06	14	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 0237278

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

1-204X TSO 6/15 9

014340

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

0335693

FILE!

Authorization Number 998816

Borg Warner-Spring Div (Company Name) — 700 South 25th Avenue (Address)

Bellwood (City) — Illinois (State) — 60104 (Zip)

0310150003 G (Generator Number)

WASTE HAULER(S)

Mister Frank Trucking Co. (Hauler Name) — 201 W. 155th Street South Holland, IL. 60473 (Hauler Address) — S.W.H. Registration Number 0079/019

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) — Griffith, Indiana (Address) — 918 08902 (Site Number)

City — State — Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perculorethylene — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Tank Truck — HAZARD CLASS: N/A

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 2500 x (47–52) — 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 10/9/80 — P. W. Anche (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) Carl M Milburn (Authorized Signature) — DATE: 10/07/80 (54–59)

(2) _____ (Authorized Signature) — DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) — DATE: 10 9 80 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

0000395

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST

0072409

WASTE GENERATOR

SPRING DIVISION
BORG-WARNER CORP.
(Company Name)

700 S. 25TH AVE.
Address

Authorization Number 791200

BELLWOOD
City

ILLINOIS
State

60104
Zip

0311500003
Generator Number

WASTE HAULER(S)

(1) MR. FRANK
Hauler Name

201 W. 155TH
Hauler Address

SOUTH HOLLAND

S.W.H. Registration Number 0079019

(2)
Hauler Name

Hauler Address

S.W.H. Registration Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL
(Facility Name)

420 COLFAX
Address

Site Number

GRIFFITH
City

IND.
State

Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: SPENT PERCHLOROETHYLENE

WASTE 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: NONE

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 10-9-80

(Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 3000

(1) GALLONS 2 CU. YDS. (Circle One)

METHOD OF SHIPMENT (Circle One) DRUMS (TANK-TRUCK) OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) _____
(Authorized Signature)

DATE: 10 / 9 / 80

(2) _____
(Authorized Signature)

DATE: ____/____/____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

_____
(Authorized Signature)

DATE: 10, 9, 80

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR — PART - 2 IEPA — PART - 3 SITE — PART - 4 HAULER — PART - 5 IEPA — PART - 6 GENERATOR

SITE COPY - PART 3

0000063

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST
WASTE GENERATOR

0003734

Authorization Number 998816

Federal E.P.A. #ILD005457221

SPRING DIV., Borg-Warner Corp. (Company Name) | 700 South 25th Avenue (Address)

Bellwood (City) | Illinois (State) | 60104 (Zip)

0 3 1 0 1 5 0 0 0 3 G (Generator Number)

WASTE HAULER(S)

(1) Mister Frank's Trucking Co. (Hauler Name) | 201 W. 155th Street South Holland, Ill. 60473 (Hauler Address)

S.W.H. Registration Number 0 0 7 9 0 2 7

ILD 069 506 106

(2) _____ (Hauler Name) | _____ (Hauler Address)

S.W.H. Registration Number _____

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | 420 So COLFAX (Address) | 9 1 8 0 8 9 0 2 (Site Number)

Griffith (City) | Indiana (State) | _____ (Zip) | IND 016 360 265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: | HAZARD CLASS:

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

X DATE: 2/24/81 X Paul M. Amble (Authorized Signature)

WASTE HAULER*

X QUANTITY OF WASTE RECEIVED: 3000 (1 GALLONS / 2 CU. YDS.) (Circle One)

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) R. Thuston (Authorized Signature) DATE 2/24/81

(2) _____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

BOB DRUCK (Authorized Signature) DATE 02/24/81

COMMENTS OR SPECIAL INSTRUCTIONS To IA PLUS 5 DRUMS T-63 Jim Murphy 2/24/81

IN ILLINOIS 217 / 782-3637 — 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 GENERATOR

SITE COPY - PART 3

001560

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST
WASTE GENERATOR

0053401

(312) 547-2704

Authorization Number ~~9 9 8 8 1 6~~

SPRING DIV., Borg-Warner Corp. (Company Name) | 700 So. 25th Avenue (Address) | IL D005457221

Bellwood (City) | Illinois (State) | 60104 (Zip)

0 3 1 0 1 5 0 0 0 3 G (Generator Number)

WASTE HAULER(S)

(1) Mister Frank's Trucking Co. (Hauler Name) | 201 W. 155th Street (Hauler Address) | 312 5963377 | IL D009506160

South Holland, IL 60473 | S.W.H. Registration Number 0 0 7 9 0 2 5

(2) _____ (Hauler Name) | _____ (Hauler Address) | S.W.H. Registration Number _____

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | Griffith, Indiana (Address) | IND 016360265 | 9 1 8 0 8 9 0 2 (Site Number)

_____ (City) | _____ (State) | _____ (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: UN-1897

HAZARD CLASS: ORM-A

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

X DATE: 10/21/82 X [signature] (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 004000 (1 GALLONS / 2 CU. YDS.) (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 10 21 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: 10 21 82

COMMENTS OR SPECIAL INSTRUCTIONS: _____

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS 800 / 424-8802

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

SITE COPY - PART 3

To 1197-63 GPM 10.21.82

003593

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

0375815

Authorization Number 998816
IL D005457221

Borg-Warner-Spring Div. (Company Name) | 700 S. 25th Ave. (Address)
Bellwood (City) | Illinois (State) | 60104 (Zip)
0310150003 G (Generator Number)

WASTE HAULER(S)

Mister Frank Trucking Co. (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0079 019
South Holland, IL 60473

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | Griffith, Indiana (Address) | 91808902 (Site Number)
(City) | (State) | (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene | WASTE 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
UN-1897	ORM-A	LBS / TONS (circle one) XXXXXXXXXX

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 063800

(1) GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

78180
30100
48080

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2/17/82 (Melvin Williams) (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: 02 17 82

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 02 17 82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424 88[illegible]

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 GENERATOR

TO120K T-63 6RM
2/17/82

SITE COPY - PAP[illegible]

003587

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

0376492

Authorization Number 998816
IL D005457221

Borg-Warner-Spring Div. (Company Name) | 700 S. 25th Ave. (Address)
Bellwood (City) | Illinois (State) | 60104 (Zip)
0 3 1 0 1 5 0 0 0 3 G (Generator Number)

WASTE HAULER(S)

Mister Frank Trucking Co. (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0079027
ILD. 069506160

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | Griffith, Indiana (Address) | 91808902 (Site Number)
(City) | (State) | (Zip) | FED I.D. IND016362625

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene | WASTE 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
UN-1897	ORM-A	~~15.7 lb/gal.~~ 13.25 LBS. / TONS (circle one)
		1 GALLONS (Circle One) / 2 CU. YDS. 1

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 3 000 gl

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4/26/82. (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 04 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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 4 26 82

COMMENTS OR SPECIAL INSTRUCTIONS: 11:10

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 122K T-63 6PM 4.26.82 SITE COPY - PART 3

003576

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

0376495

Authorization Number 998816
IL D005457221

Borg-Warner- Spring Div. (Company Name) — 700 S. 25th Ave. (Address)

Bellwood (City) — Illinois (State) — 60104 (Zip)

0210150003 G (Generator Number)

WASTE HAULER(S)

Mister Frank Trucking Co. (Hauler Name) — 201 W. 155th St. (Hauler Address) — S.W.H. Registration Number 0079 009

South Holland, IL 60473 — ILD069606160

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) — Griffith, In. (Address) — 91808902 (Site Number)

City — State — Zip — IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: UN-1897 — HAZARD CLASS: ORM-A

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one) .11/lb.

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 003000 — 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6/4/82 — C Steele (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) Donald H Biett (Authorized Signature) — DATE: 06 09 82

(2) _____ (Authorized Signature) — DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) — DATE 6 9 82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

TO 122 FT-63 GRM 6.9.82 SITE COPY - PART 3

003595

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

0376499

Authorization Number ~~998816~~ IL D005457221

Borg-Warner-Spring Div. (Company Name) — 700 S. 25th Ave. (Address)

Bellwood (City) — Illinois (State) — 60104 (Zip)

0310150003 G (Generator Number)

WASTE HAULER(S)

Mister Frank Trucking Co. (Hauler Name) — 201 W. 155th St. South Holland, IL 60473 — 312-5963377

S.W.H. Registration Number 0079026 IL D009506160

Hauler Name — Hauler Address — S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) — Griffith, Indiana (Address) — 312 7653400

91808902 (Site Number)

IND 016360265

City — State — Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: UN-1897

HAZARD CLASS: ORM-A

WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 3400

1 GALLONS (Circle One)
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 8-19-82 — Gilbert Mesquez (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Mike Reifer (Authorized Signature) DATE: 8/19/82

(2) _____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 8/19/82

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR — PART - 2 IEPA — PART - 3 SITE — PART - 4 HAULER — PART - 5 IEPA — PART - 6 GENERATOR

To 117 K T-63 [illegible] 8.19.82

SITE COPY - PART 3

003594

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST
WASTE GENERATOR

0053386

Authorization Number

Spring Div., Borg-Warner (Company Name) | 700 S. 25th Ave. (Address) | IL D005457221

Bellwood (City) | Illinois (State) | 60104 (Zip)

0 3 1 0 1 5 0 0 0 3 G (Generator Number)

WASTE HAULER(S)

(1) Mister Frank Trucking Co. (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0079025

South Holland, IL 60473 | IL D009506160

(2) (Hauler Name) | (Hauler Address) | S.W.H. Registration Number

DESTINATION – DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | Griffith, Indiana (Address) | 998816 (Site Number)

(City) | (State) | (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: UN-1897 | HAZARD CLASS: ORM-A

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 01-05-83 | (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 003000 | 1 GALLONS / 2 CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 01 05 83

(2) (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

(Authorized Signature) DATE: 1/5/83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 GENERATOR

SITE COPY - PART 3

To 117E T-63 GRM 1.5.83

003776

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST
WASTE GENERATOR

0053397

Out of State

Authorization Number 000006

ILD005457221

Spring Div-Borg-Warner (Company Name) | 700 S. 25th Ave. (Address)

Bellwood (City) | Illinois (State) | 60104 (Zip)

0310150003 (Generator Number)

WASTE HAULER(S)

(1) Miller Frank Trucking Co. (Hauler Name) | 201 W. 155th St. (Hauler Address) South Holland, IL 60473

S.W.H. Registration Number IL D009506160

(2) _____ (Hauler Name) | _____ (Hauler Address)

S.W.H. Registration Number _____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical
% LA Chemical (Facility Name) | 420 S. Colfax (Address)

9988166 (Site Number)

_____ (City) | Griffith (State) | Indiana (Zip)

IND 016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: UN1897 Waste Perchloroethylene

HAZARD CLASS: ORM-A UN1897

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6/2/83

x Shirley A Buckson (Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 001500 (1 GALLONS / 2 CU. YDS.) (Circle One) 1

METHOD OF SHIPMENT (Circle One) DRUMS (TANK TRUCK) OPEN TRUCK OTHER: _____ (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) _____ (Authorized Signature) DATE: 6/02/83

(2) _____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED.

_____ (Authorized Signature) DATE: 06/02/83

COMMENTS OR SPECIAL INSTRUCTIONS: Upon Pick Up / Signature

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 116K T-63 GRM 6-2-83

003715

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

0761034

Authorization Number _____

IL D005457221

Spring Div., Borg-Warner (Company Name) | 700 S. 25th (Address) | 3 1 2 5 4 7 2600 (Phone Number) | 0 3 1 0 1 5 0 0 0 3 (Generator Number)

Bellwood (City) | Illinois (State) | 60074 (Zip) | ILD005457221 (EPA Number)

WASTE HAULER(S)

Mister Frank Trucking (Hauler Name) | 201 W. 155th St. (Hauler Address) | S.W.H. Registration Number 0 0 7 9 0 2 5 19

South Holland, IL 60473 (Phone Number) | ILD069506160 (EPA Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number

3125963377 (Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemicals (Facility Name) | Griffith, INdiana (Address) | 9 9 8 8 1 6 (Site Number)

4205. Cotrax Ave. (City) | (State) | (Zip) | (Phone Number) | IND016360265 (EPA Number)

(Alternate (Facility Name)) | (Address) | (Site Number)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent Perchlorethylene WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Tankard (Flammable) ORM-A HAZARD CLASS: ~~UN or NA Number~~ 1897 EPA HW Number ORM-A

WEIGHT FOR D.O.T. USE 36,000 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 3000 (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 X Sherlyn A Erickson (Authorized Signature) DATE: 4-18-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) John Van Kleppen (Authorized Signature) DATE: 04/18/84

(2) _____ (Authorized Signature) DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE* YES_____ NO_____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

T. Dunlee (Authorized Signature) DATE: 4/18/84

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 117K T-63 6RM 4.1884

UJ7454

~~STATE OF ILLINOIS~~ ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL RD. SPRINGFIELD, ILL. 62706
~~STATE OF XXXXXXXXXX~~ 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761
STATE OF ~~XXXXXXXX~~ ILLINOIS

IL532-0610
LPC 62 8/81

Please print or type. ~~XXXXXXXXXX~~ ned 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. ILD005457221 — Manifest Document No. 00001
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
Spring Div., Borg-Warner Corp.
700 S. 25th Ave., Bellwood, IL 60104
4. Generator's Phone (312) 547-2600

A. Illinois Manifest Document Number IL 1248259
B. Illinois Generator's ID 0319150003

5. Transporter 1 Company Name: Mr. Frank Trucking Co.
6. US EPA ID Number: ILD069506160
C. Illinois Tranporter's ID 0079
D. (312) 596-3377 Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. Illinois Transporter's ID
F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemicals
420 S. Colfax Ave.
Griffith, IN
10. US EPA ID Number: IND016360265
G. Illinois Facility's ID 9180890002
H. Facility's Phone ( )

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Spent Perchlorethylene ORM-A, UN 1897 UN1897	G	001	TT	03000	G	EPA HW Number F001 / Authorization Number
b.						EPA HW Number / Authorization Number
c.						EPA HW Number / Authorization Number
d.						EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14: 1 = Gallons
2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
SHIRLEY A. ERICKSON	Shirley A Erickson	01 28 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
MICHAEL A. PFEIFER	Michael A. Pfeifer	01 28 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)
R Rishek	R Rishek	01 28 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

#1 Shell T-63 1.58 pc

016545

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.: ILD005457221 — Manifest Document No.: 00000

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
BORG-WARNER
700 S. 25th Ave. , Bellwood, IL 60104

4. Generator's Phone (312) 5472600

A. Illinois Manifest Document Number: IL 1395951

B. Illinois Generator's ID: 0310150003

5. Transporter 1 Company Name: Mr. Frank Trucking — 6. US EPA ID Number: ILD069506160

C. Illinois Tranporter's ID: 0079

D. (312) 596-3377 Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemicals
420 S. Colfax Ave.
A Griffith, IN — 10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Spent Perchlorethylene ORM-A UN 1897	X	1	TT	02500	G	EPA HW Number: F001
b.						EPA HW Number:
c.						EPA HW Number:
d.						EPA HW Number:

Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been excempted 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 deter mined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes t present and future threat to human health and the environment.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name: PHILIP E. BOHLANDER — Signature: Philip E. Bohlander — Date: Month 10 Day 25 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CARL E. MILBURN — Signature: Carl E. Milburn — Date: Month 10 Day 25 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FDUNFEE — Signature: F Dunfee — Date: Month 10 Day 25 Year 85

*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

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

120ET-50

0:0537

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C·O·D·9·8·2·6·4·7·9·7·6 | 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
Boulder Bump Shop Inc.
2480 49th Street #A, Boulder, CO 80401

A. State Manifest Document Number INA 0159794

4. Generator's Phone (303) 444-2344

B. State Generator's ID

5. Transporter 1 Company Name Strand Trucking | 6. Use EPA ID Number I·L·D·0·0·0·6·4·6·8·1·0 | C. State Transporter's ID 0311

D. Transporter's Phone 312-385-8440

7. Transporter 2 Company Name | 8. Use EPA ID Number | E. State Transporter's ID | F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number I·N·D·0·1·6·3·6·0·2·6·5

G. State Facility's ID | H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	State Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (FOO3) FLAMABLE LIQUID NA1263	02	DM	010	G	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.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name LINDA [illegible] | Signature | Date Month 7 Day 12 Year 88
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date Month Day Year

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name FRANK PRICE | Signature Frank Price | Date Month 7 Day 12 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 0159794

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

16 OCT 88

014339

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

08

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number ____

BOYAR-SCHULTZ CORPORATION (Company Name) | 2030 S. 25TH AVE BROADVIEW, IL 60153 (Address) | (312)345-1300 (Phone Number) | 03 10 300 (Generator Number)

BROADVIEW (City) | IL (State) | 60153 (Zip) | ILD047557 (EPA Number)

WASTE HAULER(S)

MR. FRANK (Hauler Name) | 201 W. 155 (Hauler Address) | S.W.H. Registration Number 0079

312/596-3377 (Phone Number) | ILD006950 (EPA Number)

Hauler Name | SOUTH HOLLAND (Hauler Address) | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SER. (Facility Name) | COLFAX AVE. AT CNO-R.R. (Address) | 918089 (Site Number)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312/768-3400 (Phone Number) | IND016361 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: LACQUER THINNER WASTE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:	HAZARD CLASS:	UN or NA Number	EPA HW Number
FLAMABLE LIQUID N.O.S.	FLAMABLE LIQUID	UN1993	D001

WEIGHT FOR D.O.T. USE 900 (LBS) TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 000990 (GALLONS) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 18 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 3-14-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 03/14

(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: 3/15/84

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 4

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV # 4

SITE COPY-PART 3

To 204 & T-50 GPM 3.15.84

037956

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 047572755 — Manifest Document No.: 60002

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: BOYAR-SCHULTZ CORP 2000 S. 25th AVE. BROADVIEW IL 60153

4. Generator's Phone (312) 345-1300

A. Illinois Manifest Document Number: IL 1125976

B. Illinois Generator's ID: ILD 047572755

5. Transporter 1 Company Name: MR. FRANK INC

6. US EPA ID Number: ILD 069506160

C. Illinois Tranporter's ID: 00079

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 GRIFFITH INDIANA

10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (312) 768-3400

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	~~LACQUER THINNER WASTE~~ FLAMABLE LIQUID N.O.S.	003	DM	00165	1	EPA HW Number: D001 Authorization Number
b.		1 FLAMABLE LIQUID, UN1993					EPA HW Number Authorization Number
c.							EPA HW Number Authorization Number
d.							EPA HW Number Authorization Number

J. Additional Descriptions for Materials Listed Above: Laquer Thinner Waste

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: If items are undeliverable Please 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: LEONARD DiVENERE — Signature: Leonard DiVenere — Date: Month 12 Day 6 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Paul Gilpin — Signature: [signature] — Date: Month 12 Day 6 Year 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name — Signature: Frank Price — Date: Month 12 Day 7 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

204 E T-50

007955

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.: MTD035217926 | Manifest Document No.: 12117 | 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
Bozeman Ford
W800 West Main, Bozeman, MT 59715

4. Generator's Phone (406) 587-1221

A. State Manifest Document Number: INA 0317958
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 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.	Waste No.
a. RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA 1263	007	dm	00385	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: SARAH BRIGGS | Signature: Sarah Briggs | Date: Month 12 Day 28 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Walter C. Klaubo | Signature: Walter C. Klaubo | Date: Month 12 Day 28 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A | Signature: [signature] | Date: Month 1 Day 4 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.

INA0317958

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

5-124TCT63 1/5
2-204TCT50 1/5 (20)

COPY 5. TSD COPY

0017763

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

0749515 (1–7)

Authorization Number (8–13)

Brad Foote Gear (Company Name) | 1309 S. Cicero (Address) | 3126527700 (Phone Number) | 0310510084 (14) Generator Number G (24)

Cicero (City) | Ill (State) | 60650 (Zip) | EPA Number

WASTE HAULER(S)

H. Roskin Motor (Hauler Name) | 4710 W. Roosevelt (Hauler Address) | S.W.H. Registration Number 1400901 (25–31)

312-261-4645 (Phone Number) | ILD045695715 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) | Address | 91808902 (39–46) Site Number

Griffith (City) | Ind. (State) | 46319 (Zip) | 312-768-3400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | (39–46) Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Perchlor | WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:	HAZARD CLASS:		
Perchlorethylene	T	1897 (UN or NA Number)	F001 (EPA HW Number)

WEIGHT FOR D.O.T USE 1000 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 100 (47–52) (GALLONS) 2 CU. YDS. (Circle One) (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 2 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 3-9-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 3/10/83 (54–59)

(2) _____ (Authorized Signature) DATE: ___/___/___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES_____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE 3/11/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 118 RT-63 EPA 3.10.83

004615

MPLETED BY
NERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0749516
1 7

Authorization Number ____ 8 13

Brad Foote Gear (Company Name) | 1309 S. Cicero (Address) | 312-652-7700 (Phone Number) | 0310510084 (14 Generator Number) G 24

Cicero (City) | Ill (State) | 60650 (Zip) | ILD005145867 (EPA Number)

WASTE HAULER(S)

H. Roskin Motor (Hauler Name) | 4710 W. Roosevelt (Hauler Address) | S.W.H. Registration Number 1400001 (25 31)

312-261-4645 (Phone Number) | ILD045695715 (EPA Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number (32 38)

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) | (Address) | 91808902 (39 Site Number 46)

Griffith (City) | Ind. (State) | 46319 (Zip) | 312-768-3400 (Phone Number) | IND016360265 (EPA Number)

(Alternate (Facility Name)) | (Address) | (39 Site Number 46)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Perchlor | WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Perchlorethylene | HAZARD CLASS: T | 1897 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 1000 (LBS / TONS (circle one)) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 100 (47 52) (1 GALLONS / 2 CU. YDS. (Circle One)) 53

METHOD OF SHIPMENT (Circle One) (DRUMS 2 Number) | TANK TRUCK | OPEN TRUCK | OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION ____ (Authorized Signature) | DATE: 6-21-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) ____ (Authorized Signature) | DATE: 6/23/83 (54 59)

(2) ____ (Authorized Signature) | DATE: 6/23/83

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: 6/23/83 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS ____

IN ILLINOIS, 217 / 782 3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To 117KT-63 GRM 7-26-83

C04616

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

0749517

Authorization Number

(Company Name)	Address	Phone Number	Generator Number
Brad Foote Gear	1309 S. Cicero	312-652-7700	0310510084 G

City	State	Zip	EPA Number
Cicero	Ill	60650	ILD005145867

WASTE HAULER(S)

Hauler Name	Hauler Address	S.W.H. Registration Number	Phone Number	EPA Number
H. Roskin Motor	4710 W. Roosevelt	1400001	312-261-4645	ILD045695715

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)	Address	Site Number	City	State	Zip	Phone Number	EPA Number
American Chemical		91808902	Griffith	Ind.	46319	312-768-3400	IND016360265

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Perchlor WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Perchlorethylene HAZARD CLASS: T

~~198~~ 1897 UN or NA Number F001 EPA HW Number

WEIGHT FOR D.O.T. USE 3000 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 300 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 6 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/17/83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [signature] (Authorized Signature) DATE: 8/18/83

(2) [signature] (Authorized Signature) DATE: 8/18/83

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 23 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 118K I-63 6RW
9/21/83
004319

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

0749518 (1–7)

Authorization Number ____ (8–13)

Brad Foote Gear	1309 S. Cicero	3 1 26 5 2 7 7 00	0310510084 (G)
(Company Name)	Address	Phone Number	(14) Generator Number (24)

Cicero	Il	60650	ILD005145867
City	State	Zip	EPA Number

WASTE HAULER(S)

H. Roskin Motor	4710 W. Roosevelt		S.W.H. Registration Number 1400001 (25–31)
Hauler Name	Hauler Address	312-261-4645 Phone Number	ILD045695715 EPA Number
			S.W.H. Registration Number (32–38)
Hauler Name	Hauler Address	Phone Number	EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical				91808902 (39–46)
(Facility Name)	Address			Site Number
Griffith	In.	46319	312-768-3400	IND016360265
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: Perchlor WASTE PHASE: liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION.	HAZARD CLASS:		
Perchlorethylene	T	1897 (UN or NA Number)	F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 1000 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 100 (47–52) (1) GALLONS (2) CU. YDS. (Circle One) (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 2 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION JK Carlson (Authorized Signature) DATE 11/16/83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) ____ (Authorized Signature) DATE: __/__/__ (54–59)

(2) ____ (Authorized Signature) DATE __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

____ (Authorized Signature) DATE: 11/17/83 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

TO IART-53 GRM 11-30-83

00617

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

0749519 (1–7)

Authorization Number ____ (8–13)

Brad Foote Gear (Company Name) | 1309 S. Cicero (Address) | 3126527700 (Phone Number) | 03 10 51 00 84 (14–24 Generator Number)

Cicero (City) | IL (State) | 60650 (Zip) | ILD005145867 (EPA Number)

WASTE HAULER(S)

H. Roskin Motor (Hauler Name) | 4710 W. Roosevelt (Hauler Address) | S.W.H. Registration Number 1400001 (25–31)

3122614645 (Phone Number) | ILD045695715 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32–38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) | Address | 91808902 (39–46 Site Number)

Griffith (City) | IN (State) | 46319 (Zip) | 312-768-3400 (Phone Number) | INDO 16360265 (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: Perchlor WASTE PHASE: liquid (Liquid, Gaseous)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Perchlorethylene | HAZARD CLASS: T | 1897 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR O.O.T. USE 1000 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 100 (47–52) GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 2 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION J.K. Carlson (Authorized Signature) DATE: 3/15/84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) W. H. Smith (Authorized Signature) DATE: 3/15/84 (54–59)

(2) [illegible] (Authorized Signature) DATE: 3/16/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

R Roskin (Authorized Signature) DATE: 3/22/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART 6 - GENERATOR

REV. # 4

SITE COPY - PART 3

To IBET-63 6/84 3.27.84

008265

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

0749520
1 7

Authorization Number ____ 8 13

BRAD FOOTE GEAR (Company Name) | 1309 S. Cicero (Address) | 312-652-7700 (Phone Number) | 0310510084 G (14 Generator Number 24)

CICERO (City) | ILL. (State) | 60650 (Zip) | ILD005145867 (EPA Number)

WASTE HAULER(S)

H. ROSKIN MOTOR (Hauler Name) | 4710 W. ROOSEVELT (Hauler Address) | S.W.H. Registration Number 1400001 (25 31)

312-261-4645 (Phone Number) | ILD045695715 (EPA Number)

Hauler Name | Hauler Address | S.W.H. Registration Number (32 38)

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) | Address | 918089O2 (39 Site Number 46)

GRIFFITH (City) | INDIANA (State) | 46319 (Zip) | 312-768-3400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | 39 Site Number 46

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Perchlor | WASTE PHASE: 1 (1 Liquid, 2 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
Perchlorethylene	T	1897	F001

WEIGHT FOR D.O.T. USE 1000 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 100 (47 52) | 1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 2 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) ____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION J.K. Carlson (Authorized Signature) DATE: 6-25-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) ____ (Authorized Signature) DATE: 6/25/84 (54 59)

(2) [signature] (Authorized Signature) DATE: 6/27/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) DATE: 6/27/84 (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. 1 4

SITE COPY - PART 3

IAE T-63

007704

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 1 4 5 8 6 7 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

GENERATOR

3. Generator's Name and Mailing Address
BRAD FOOTE GEAR WORKS
1309 S. CICERO AVE. CICERO, ILL. 60650

4. Generator's Phone (312) 242-1070

A. Illinois Manifest Document Number IL 111747

B. Illinois Generator's ID 0 3 1 0 5 1 5 0 8 4

5. Transporter 1 Company Name: H. ROSKIN MOTOR — 6. US EPA ID Number: I L D 0 0 4 5 6 9 5 7 1 5

C. Illinois Tranporter's ID 1 4 0 0

D. (312) 261-4645 Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL, GRIFFITH, INDIANA 46319 — 10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 0 2

H. Facility's Phone (219) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. (ORM-A) PERCHLORETHYLENE, T, 1897	✓	8	DM	440	1	EPA HW Number F001
b.						EPA HW Number
c.						EPA HW Number
d.						EPA HW Number

Authorization Number

J. Additional Descriptions for Materials Listed Above: RECLAIMED PERCHLOR

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: ROY CARLSON — Signature: Roy E. Carlson — Date: Month 10 Day 15 Year 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: H. ROSKIN CHUCK VALENTINE — Signature: Chuck Valentine — Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: G R MURPHY — Signature: G R Murphy — Date: Month 10 Day 18 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

IBK T-63

037750

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.: ILD005145867 — 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: BRAD FOOTE GEAR WORKS, 1307 S. CICERO AVE. CICERO, ILL. 60650

4. Generator's Phone (312) 242-1070

A. Illinois Manifest Document Number: IL 1114748

B. Illinois Generator's ID: 0310515084

5. Transporter 1 Company Name: H. ROSKIN MOTOR

6. US EPA ID Number: ILD045695715

C. Illinois Tranporter's ID: 1400

D. (312) 261-4645 Transporter's Phone

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. Illinois Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL, GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 1180890002

H. Facility's Phone: (36) 768-3400

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	✓	(ORM-A) PERCHLORETHYLENE T, 1897	2	DM	110	1	EPA HW Number: FOD1 / 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: RECLAIMED PERCHLOR

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: ROY CARLSON — Signature: Roy C. Carlson — Date: Month 02 Day 12 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CLARENCE NEAL — Signature: Clarence Neal — Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year

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 Roshack — Signature: R Roshack — Date: Month Day Year

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

122 TC T-63 ✓

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 005 145 867 | 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
BRAD FOOTE GEAR WORKS
1309 S. Cicero Ave. Cicero, Ill. 60650

4. Generator's Phone (312) 242-1070

A. Illinois Manifest Document Number: IL 1318571

B. Illinois Generator's ID: 0311051510 84

5. Transporter 1 Company Name: H. ROSKIN MOTOR | 6. US EPA ID Number: ILD004569 5715

C. Illinois Tranporter's ID: 11400

D. (312) 261-4645 Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical / Griffith, Indiana 46319 | 10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9 1 8 0 3 9 0 0 0 2

H. Facility's Phone (312) 768-8100

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.	(ORM-A) PERCHLOROETHYLENE, T, 1897	✓	3	DM	165	1	EPA HW Number: F001 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above: Reclaimed Perchlor

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: ROY F. CARLSON | Signature: Roy F. Carlson | Date: Month 10 Day 4 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month 10 Day 12 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: G R Murphy | Signature | Date: Month 10 Day 23 Year 85

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

IBKT-63

U10331

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.: ILD005145867 — 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: BRAD FOOTE GEAR WORKS, 1309 S. Cicero Ave.
4. Generator's Phone (312) 242-1070

A. Illinois Manifest Document Number: IL 1318572
B. Illinois Generator's ID: 0310515084

5. Transporter 1 Company Name: H. ROSKIN MOTOR
6. US EPA ID Number: ILD045695715

C. Illinois Tranporter's ID: 1400
D. (312) 261-4645 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 GRIFFITH, Griffith, Indiana 46319
10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002
H. Facility's Phone: (312) 768-3400

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	(ORM-A) PERCHLORETHYLENE T, 1897	✓	3	DM	165	1	EPA HW Number: F001 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above: RECLAIMED PERCHLOR

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
ROY CARLSON	Roy E. Carlson	08 20 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
H. ROSKIN	Willie Smith	8 20 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FDUNFEE	F. Dunfee	10 22 85

GENERATOR — TRANSPORTER — FACILITY

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Ma Center

FACILITY COPY - PART 3

1 fold 7-63

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STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005145867 | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

GENERATOR

3. Generator's Name and Mailing Address
Brad Foote Gear Works
1309 S. Cicero Ave
Cicero, Il 60650
4. Generator's Phone (312) 242-1070

A. Illinois Manifest Document Number: IL 1318573
B. Illinois Generator's ID: 0 3 1 0 5 1 5 0 8 4
C. Illinois Tranporter's ID: 1 4 0 0
D. (312) 261-4645 Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
G. Illinois Facility's ID: 9 1 8 0 8 9 0 0 0 2
H. Facility's Phone: 312 768-3400

5. Transporter 1 Company Name: H. Roskin Motor
6. US EPA ID Number: ILD045695715
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address: American Griffith, Griffith, Indiana 46319
10. US EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Perchlorethylene T, 1897 (ORM-A)		9	DM	550		EPA HW Number: P001; Authorization Number:
b.						EPA HW Number: ; Authorization Number:
c.						EPA HW Number: ; Authorization Number:
d.						EPA HW Number: ; Authorization Number:

J. Additional Descriptions for Materials Listed Above: Reclaimed Perchlor

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
J. R. Carlson	J R Carlson	12 18 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
CLARENCE NEAL	Clarence Neal	

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
STEVE KULAVICK	Steve Kulavick	12 18 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

12001 1328

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. ILD005145867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name Brad Foote Gear Works
1369 S Cicero, Cicero, Il. 60650

4. Generator's Phone (312) 242 1070

A. State Manifest Document Number IN 089217

B. [illegible] 03105145084

5. Transporter 1 Company Name H Roskin — ILD043695715

C. State Transporter's ID 1400

D. Transporter's Phone 3122617236

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319

10. US EPA ID Number IND016360265

G. State Facility's ID 9180390002

H. Facility's Phone 3127683400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Perchlor ORM-A UN 1897 Epa F001	X3	DM	100	1	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR

Printed/Typed Name — Signature — Month Day Year

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 — Signature — Month Day Year

IN 089217

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

GW 3-[illegible] 017329 13 ok

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. ILD005155867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name
Brad Foote Gear Works
1309 S Cicero, Cicero, Il. 60650
4. Generator's Phone (312) 242 1070

A. State Manifest Document Number IN 089297
B. State Generator's ID 0310515084

5. Transporter 1 Company Name
H Roskin Motor Service
6. US EPA ID Number ILD045695715
C. State Transporter's ID 1400
D. Transporter's Phone 768 3400

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319
10. US EPA ID Number IND016360562
G. State Facility's ID 9180890002
H. Facility's Phone 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Perchlor ORM-A UN 1897	4	DM	200	Gal.	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

GENERATOR

Printed/Typed Name: XIX R. E. Carlson — Signature — Month 11 Day 09 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RAY ZAK — Signature — Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

Printed/Typed Name — Signature — Month Day Year

FACILITY

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

4-182 T-53 1/1/87 T.S.D. DETACH AND RETAIN THIS COPY

IN 089297

013754

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.: ILD005145867
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Brad Foote Gear
1309 S Cicero Cicero Il 60650
4. Generator's Phone (312) 242 1070

A. State Manifest Document Number: IN 089274
B. State Generator's ID: 0310515084

5. Transporter 1 Company Name: H Roskin Motor Service
6. US EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 261 7236

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Service
Griffith In 46319
10. US EPA ID Number: IND016360562
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Perchlor O R M-A UN 1897	~~10~~ 13	dm	~~500~~ 650	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: J R CARLSON | Signature: [signature] | Month Day Year: 6 11 87

18. Transporter 2 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: CHARLES VALENTINE | Signature: [signature] | Month Day Year: 6 11 87

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: [signature] | Signature: [signature] | Month Day Year

GENERATOR / TRANSPORTER / FACILITY

IN 089274

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

GW

T.S.D. DETACH AND RETAIN THIS COPY

12- 1B T63 B
1- 20 yrs T50 B

013758

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.L.D.0.0.5.1.4.5.8.8.4 Manifest Document No. 0.4.1.1.9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Brad Foote Gear Works
1309 S Cicero, Cicero IL 60650
4. Generator's Phone (312) 242 1070

A. State Manifest Document Number INA 0322628
B. State Generator's ID

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: IL.D.04.5.6.9.5.7.1.5
C. State Transporter's ID 1400
D. Transporter's Phone 312 376 9343

7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical Service
Griffith In 46319
10. Use EPA ID Number: IN.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID 9180890002
H. Facility's Phone 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Perchlorethylene ORM-A UN 1897	2	DM	100	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: R. CARLSON — Signature: (LD) Ray Carlson — Date: Month 0.4 Day 1.1 Year 8.9

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: RAY ZAK — Signature — Date: Month 0.4 Day 1.1 Year 8.9

18. Transporter 2 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name — Signature — Date: Month . Day . Year .

19. Discrepancy Indication Space
FACILITY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
FACILITY — Printed/Typed Name: HAROLD F SCHMIDT — Signature — Date: Month 0.4 Day 1.4 Year 8.9

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.

INA0322628

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY IBTC T63 4/19

014329

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. ILD005145867 | 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
Brad Foote Gaer Works
1309 S Cicero Cicero Il 60650

A. State Manifest Document Number INA 0205880

4. Generator's Phone (312) 242 1070

B. State Generator's ID

5. Transporter 1 Company Name H Roskin Motor Service

6. Use EPA ID Number ILD0456957 15

C. State Transporter's ID 1400

D. Transporter's Phone 376 9343

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319

10. Use EPA ID Number IND016360562

G. State Facility's ID 9180890002

H. Facility's Phone 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor ORM-A UN 1897	2	DM	100	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Richard Wattner	Richard Wattner	4	27	88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name	Signature	Month	Day	Year
HARROID F Schmidt	Harold F Schmidt	04	25	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 0205880

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

1 ATCT63 5/12M

014330

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.4.5.8.6.7
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: Brad Foote Gear 1309 S Cicero Il 60650
A. State Manifest Document Number: INA 0249461
B. State Generator's ID:
4. Generator's Phone (312) 2421070
5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: IL.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID: 1400
D. Transporter's Phone: 3123769343
7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:
9. Designated Facility Name and Site Address: American Chemical Service Griffith In 46319
10. Use EPA ID Number: IN.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID: 9180890002
H. Facility's Phone: 3127683400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Perchlor ORM-A UN1897	6	DM	300	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: GLENN SCHOMBURG
Signature: [signature]
Month / Day / Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL
Signature: [signature]
Month / Day / Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month / Day / Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: A. Whitaker
Signature: [signature]
Month / Day / Year: 10 / 27 / 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 0249461

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
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PAGE 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

014331

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but Items D, F, H and I are required by State law.
I L D 0 0 5 1 4 5 8 6 7	00201		

3. Generator's Name and Mailing Address
Brad Foote Gear 1309 S Cicero Av Cicero IL 60650

4. Generator's Phone ( ) **312 242 1070**

A. State Manifest Document Number: **INA 0249474**

B. State Generator's ID

C. State Transporter's ID: **1400**

D. Transporter's Phone: **376 9343**

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID: **IN9180090002**

H. Facility's Phone: **312 768 3400**

5. Transporter 1 Company Name: **H. Roskin Motor Service**

6. Use EPA ID Number: **I L D 0 4 5 6 9 5 7 1 5**

7. Transporter 2 Company Name

8. Use EPA ID Number

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319

10. Use EPA ID Number: **I N D 0 1 6 3 6 0 5 6 2**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. **Perchlor CRM-A UN1897**	**5**	**DM**	**250**	**Gal.**	**F001**
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date Month	Day	Year
PHILIP CARLSON		12	15	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
WHITAKER H		12	16	88

GENERATOR

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 5-125 * 763 1/18/89

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

INA 0249474

014332

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.: ILD005146867 | Manifest Document No.: 05259
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
Brad Foote Gear Works
1309 S Cicero, Cicero IL 60650
4. Generator's Phone (312) 242 1710

A. State Manifest Document Number: INA 0322640
B. State Generator's ID:
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 376 9345
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 678 3400

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: ILD045689571 5
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service, Griffith IN 46319
10. Use EPA ID Number: IND018365052

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor ORM-A UN 1897	2	DM	100	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR — Printed/Typed Name: J.R. CARLSON | Signature: J.R. Carlson | Date: Month 05 Day 21 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RAY ZAK | Signature: Ray Zak | Date: Month 05 Day 26 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

FACILITY
19. Discrepancy Indication Space
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: HAROLD F. SCHMIDT | Signature: | Date: Month 06 Day 01 Year 89

1 A TC T63 6/27

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0016147

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.

INA0322640

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.4.5.8.6.7
Manifest Document No.: 0.7.1.0.9
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Brad Foote Gear Works
1309 S Cicero Cicero IL 60650
4. Generator's Phone (312) 242 1070

A. State Manifest Document Number: INA 0322647
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin
6. Use EPA ID Number: I.L.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 376 9343

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor ORM-A UN 1897	2	DM	100	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

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Printed/Typed Name: ANTHONY VALLAR
Signature:
Date: Month / Day / Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Willie Smith
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: HARROLD F. SCHMIDT
Signature:
Month / Day / Year: 07 / 14 / 95

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

1A TT63 0/D

0016148

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.4.5.8.6.7 | Manifest Document No.: 01.1.90 | 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
Brad Foote Gear 1309 S Cicero
Cicero IL 60650

4. Generator's Phone (312) 2421070

A. State Manifest Document Number: INA 0322683
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin
6. Use EPA ID Number: I.L.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID: 1400
D. Transporter's Phone: 3123769343

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID: 9180890002
H. Facility's Phone: 3127683400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. PERCHLORETHYLENE ORM-A UN1897 RQ	5	DM	250	DM	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

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Printed/Typed Name: Ben M Lane | Signature: [signature] | Date: Month 1 Day 24 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WILLIE SMITH | Signature: [signature] | Date: Month 1 Day 24 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK | Signature: [signature] | Month 01 Day 29 Year 90

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0322683

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

1 A TCT63 2/20

0017761

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0085089

Rev. 3/81

002273

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bradford White Corp	Rozema Ind. Waste	American Chemical Service
Site Address 200 Lafayette St. Middleville Mi 49333	Transporters Address 2900 Peach Ridge N.W. Walker Mich.	Facility Address 420 Colfax Ave. Griffith Ind. 46319
Phone Number (616) 795-3364	Phone Number (616) 453-3600	Phone Number (219) 924-4370
Generator's Site EPA I.D. Number MID043678391	Transporter's EPA I.D. Number MID000647032	Facility Site EPA I.D. Number IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Trichlorethylene & Thinners	Combustible	1993	01	T	TT		X			~~2000~~ 2500	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 Wayne Johnson

Date Shipped MO. DAY YEAR 5 18 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 218

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Butch R

Subsequent transporter(s) signature(s) ③

Date(s) Received 5 18 82

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature]

Facility Site EPA I.D. Number IND016360265

☒ Accepted ☐ Rejected

Date Received 05 18 82

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

TO203 T-50 GRM 5.18.82 TSDF COPY

STATE OF MICHIGAN

Rev. 8/81

WASTE DISPOSAL MANIFEST

☐ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0225821**

002274

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bradford White Corp	Rozema Ind Waste	American Chemical Serv.
Site Address: 200 Lafayette Middleville Mi 49333	Transporters Address: 2900 Peach Ridge NW Walker Mi	Facility Address: 420 Colfax Ave. Griffith Ind. 46319
Phone Number: (616) 795-3364	Phone Number: (616) 453-3600	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MID043678391	Transporter's EPA I.D. Number: MID000647032	Facility Site EPA I.D. Number: IND016360265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form Solid	Form Liquid	Form Gas	Form Sludge	Total Weight or Volume	Units	Hazardous or Liquid Waste Number
1.	Waste Trichlor, Thinners & Oils	Combustible	1993	01	T	Tr		X			2000	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 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature: ① Laurence Stanley — Date Shipped MO. DAY YEAR: 06 08 82

TRANSPORTER COMPLETES

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 2788

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② Butch R — Date(s) Received: 06 08 82

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. *I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this* facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — ☐ Accepted ☐ Rejected — Date Received: 6 8 82

Facility Site EPA I.D. Number: IND016360265

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

TSDF COPY To 211 KT-50 GRM 6.8.82

STATE OF MICHIGAN

Rev. 3/81

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER)

MI 0003113

002275

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bradford White Corp.	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
200 Lafayette Middleville, MI 49333	2650 Thornwood, sw Wyoming, MI 49509	420 S. Colfax Griffith, IN 41319
Phone Number	**Phone Number**	**Phone Number**
(616) 795-3364	(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 043 678 391	MID 055 855 373	IND 016 360 265

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES — WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	Waste Solvents, N.O.S. (Waste Trichlor, Thinners & Oils)	Combustible	1993	01	1	CT		X			175 90	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 Wayne John — Date Shipped MO. DAY. YEAR: 1,92982

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. 1 637

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Butch R — Date(s) Received: 1,92982

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ — ☒ Accepted ☐ Rejected — Date Received: 10 20 82

Facility Site EPA I.D. Number: IND 016 360 265

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 210FT-50 GRM 10.20.82

ATE OF MICHIGAN

Rev. 8/81

ISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other MI 0325203

IDENTIFICATION

Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
...ford White Corp..	Valley City Refuse Disposal, Inc.	American Chemical Services, Inc.
Site Address 200 Lafayette Middleville, Mi. 49333	**Transporters Address** 2650 Thornwood sw Wyoming, Michigan 49509	**Facility Address** 420 S. Colfax Griffith, Indiana 41319
Phone Number (616) 795-3364	**Phone Number** (616) 538-8499	**Phone Number** (219) 92404370
Generator's Site EPA I.D. Number MI D 043 678 391	**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:

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 Solvents N.O.S.	Combustible	1993	01	1	CT		X			T/5500	gal	F001
2.	(Waste Trichlor, Thinners & Oils)												
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

GENERATOR COMPLETES

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Wayne Dale — Date Shipped MO. DAY YEAR 7 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 H-830363

Transporter Signature ② Russell J. Hemingse — Date(s) Received 07 29 83

Subsequent Transporter Vehicle I.D. No's

Subsequent transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④ [signature] — ☒ Accepted ☐ Rejected — Date Received 7 29 83

Facility Site EPA I.D. Number IND 01 61 61 27 65

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? ☐ Yes ☒ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER 800—424-8802 24 HOURS PER DAY. TO210ET-50 6CM 7-29-83

TSDF COPY

0047400

R 4896
Rev. 8/81

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

[X] Act 64 Waste (HAZARDOUS) [ ] Act 136 Waste [ ] Other

MI 0325277

004912

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bradford White Corporation	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
200 Lafayette Middleville, MI 49333	2650 Thornwood, S.W. Wyoming, MI 49509	420 S. Colfax Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 795-3364	(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 043 678 391	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 Solvent N.O.S.	Combustible	1993	01	1	CT		X			+2000	GAL	F001
2.	(Waste Trichlor, Thinners, & Oils)												
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 [signature] Bradford White Corp

Date Shipped MO. DAY YEAR: 11 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 H-830363

Subsequent Transporter Vehicle I.D. No's

Transporter Signature: ② [signature]

Subsequent transporter(s) signature(s): ③

Date(s) Received: 11 30 83

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature]

Facility Site EPA I.D. Number: IND016360265

[X] Accepted [ ] Rejected

Date Received: 11 30 83

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed? [ ] Yes [X] No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800—292-4706 OR OUT-OF-STATE AT 517—373-7660 AND THE NATIONAL RESPONSE CENTER AT 800—424-8802 24 HOURS PER DAY.

T0211KT-50 GRM 11.30.83

TSDF COPY

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste ☐ Other **MI 0286498**

Rev. 8/81

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Bradford White Corporation	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address	**Transporters Address**	**Facility Address**
200 Lafayette Middleville, MI 49333	2650 Thornwood, S.W. Wyoming, MI 49509	420 S. Colfax Griffith, IN 46319
Phone Number	**Phone Number**	**Phone Number**
(616) 795-3364	(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 043 678 391	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 Solvent, N.O.S.	Combustible	1993	01	1	CT		X			~2000	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 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Bo Robbins BWC — Date Shipped MO. DAY YEAR 04 05 84

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-830363

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② Russell L Hemingway — Date(s) Received 04 05 84

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 4 5 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.

TSDF COPY T0119ET-63GRM 4-5-84

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 4 3 8 7 8 3 9 1 — Manifest Document No. 7 9 6 8 7

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bradford White Corp.
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: MI 0579688

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

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X Waste Combustible Liquid, NOS Combustible Liquid NA1993	5	DM	275	G	D001	
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name: Robert Rockwell — Signature: Robert Rockwell — Date (Month Day Year): 03 22 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Earl W. Coons — Signature: Earl W. Coons — 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: FRANK PRICE — Signature: Frank Price — Date (Month Day Year): 03 27 85

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY 204K T-50

PR 5110 Rev 7/84

016552

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID043687391 — Manifest Document No.: 79895

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORP.
200 LAFAYETTE, MIDDLEVILLE, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: MI 0579895

B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. US EPA ID Number: MID055855373

C. State Transporter's ID:

D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES, INC.
420 S. COLFAX, P.O. BOX 190
GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	WASTE COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID NA1993	X	4	DM	220	G	D001	H
b.	WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID UN1263	X	14	DM	770	G	D001	H
c.								
d.								

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: WAYNE JOHNSON — Signature: [signature] — Date: Month Day Year 05 14 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Earl W. Coons — Signature: Earl W. Coons — Date: Month Day Year 05 14 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: R. MURPHY — Signature: [signature] — Date: Month Day Year 5 16 85

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY 204E 7-50

010533

PR 5110 Rev 7/84

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 136, P.A. 1979, as amended and Act 136, 64, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID043687391 — Manifest Document No.: 26728
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 LAFAYETTE, MIDDLEVILLE, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: MI 0626728
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. US EPA ID Number: MID055855373
C. State Transporter's ID:
D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICES, INC.
420 S. COLFAX, P.O. Box 190
GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID NA1993	4	DM	200	G	F001	H
b.	X	PAINT RELATED MATERIAL FLAMMABLE LIQUID [redacted] NA1263	4	DM	180	G	D001	H
c.								
d.								

J. Additional Descriptions for Materials Listed Above
A. TRICHLOR STILL BOTTOMS
B. PAINT & THINNER

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

Printed/Typed Name: Bo Robbins — Signature: [signature] — Date: Month Day Year: 07 [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BRUCE E LEMON — Signature: Bruce E Lemon — Date: Month Day Year: 07 25 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: FRANK PRICE — Signature: Frank Price — Date: Month Day Year: [illegible]

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

4 - 1BRT-63
4 - 204RT-50

PR 5110 Rev. 7/84

010534

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.: MID043687391 — Manifest Document No.: 04138
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: MI 0704138
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. US EPA ID Number: MID055855373

C. State Transporter's ID:
D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

	HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.	N/H
a.	X	WASTE COMBUSTIBLE LIQUID, N.O.S? Combustible Liquid NA1993	7	DM	350	G	F001	H
b.	X	PAINT RELATED MATERIAL Flammable Liquid NA1263	5	DM	350	G	D001	H
c.								
d.								

J. Additional Descriptions for Materials Listed Above
a. Trichlor Still Bottoms
b. Paint & Thinner

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: Wayne Johnson — Signature: Wayne Johnson — Date (Month Day Year): 11 05 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Butch Rozema — Signature: Butch Rozema — Date (Month Day Year): 11 05 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: GR MURPHY — Signature: [signature] — Date (Month Day Year): 11 06 85

GENERATOR — TRANSPORTER — FACILITY

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 4-85)

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7-203ET-50
5-204ET-50

PR 5110
Rev. 4/85

010535

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. MID043687391 Manifest Document No. 97541
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number MI 0897541
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) HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	WASTE COMBUSTIBLE LIQUID, N.O.S. Combustible Liquid NA1993	6	DM	300	G	F001	H
b.	X	WASTE PAINT RELATED MATERIAL Flammable Liquid NA1263	2	DM	100	G	D001	H
c.								
d.								

J. Additional Descriptions for Materials Listed Above
a. Trichlor Still Bottoms
b. Paint & Thinner

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: Dick Van Syckle
Signature: Dick Van Syckle
Date: Month Day Year 10 28 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Arnold Dykstra
Signature: Arnold Dykstra
Date: Month Day Year 10 28 86

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: HARROLD F Schmidt
Signature: Harold F Schmidt
Date: Month Day Year 10 31 86

GENERATOR

TRANSPORTER

FACILITY

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 AT 1-800-424-8802 24 HOURS PER DAY.

n 8700-22 (Rev. 4-85)

TSDF COPY

(2) 4 - 204R TSO
6 5 - ~~HOLD~~ TB 204R TSO

PR 5110 Rev 2/2/86

013762

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.: MID043687391
Manifest Document No.: 35346

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: IN 035346

B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. US EPA ID Number: MID055855373

C. State Transporter's ID:

D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID, N.O.S. Combustible Liquid NA1993	9	DM	495	G	F001
b. WASTE PAINT RELATED MATERIAL Flammable Liquid NA1263	2	DM	110	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Trichlor Still Bottoms
b. Paint & Thinner

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Wayne Johnson
Signature: [signature]
Month Day Year: 12 27 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Martin
Signature: [signature]
Date: Month Day Year: 12 29 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrold F. Schmidt
Signature: [signature]
Month Day Year: 01 [illegible] 87

GENERATOR

TRANSPORTER

FACILITY

IN 035346

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MAK 11-2042 TSD

013761

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. MID043687391 Manifest Document No. 28610 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: MI 0828610

B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC. | 6. US EPA ID Number: MID055855373

C. State Transporter's ID:

D. Transporter's Phone: (616) 538-8499

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319 | 10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4570

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	K. Waste No.	N/H
a.	X WASTE COMBUSTIBLE LIQUID, N.O.S. Combustible Liquid NA1993	1	DM	385	G	D001	H
b.	X PAINT RELATED MATERIAL Flammable Liquid NA1263	3	DM	165	G	D001	H
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. Trichlor Still Bottoms
b. Paint & Thinner

K. Handling Codes for Wastes Listed Above
a/ J
b/ I
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.

GENERATOR

Printed/Typed Name: Wayne Johnson | Signature: Wayne Johnson | Date: Month 3 Day 24 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Earl W. Coons | Signature: Earl W. Coons | Date: Month 03 Day 24 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: FRANK PRICE | Signature: Frank Price | Date: Month 3 Day 26 Year 86

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 4-85)

TSDF COPY 204 RT-50

PR 5110 Rev. 4/85

013760

IDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
FFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
). Box 7035
in Ianapolis, 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.: MID043687391 — Manifest Document No.: 59120
2. Page 1: 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
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0159120
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: MID981956063
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
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 COMBUSTIBLE LIQUID, N.O.S. (F001) Combustible Liquid NA1993	003	DM	165	G	F001
b. WASTE PAINT RELATED MATERIAL (IGNITABLE) Flammable Liquid NA1263	005	DM	275	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
line a. Trichlor Still Bottoms
line b. Paint & Thinner

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Bo Kaffin BWC — Signature: [signature] — Date: Month 08 Day 27 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma — Signature: [signature] — Date: Month 08 Day 27 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: Harold F. Schmidt — Signature: [signature] — Date: Month 08 Day 24 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 0159120

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

013765

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.: MID043687391 — Manifest Document No.: 99015
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: IN 099015
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 COMBUSTIBLE LIQUID, N.O.S. (F001) Combustible Liquid NA1993	5	DM	250	G	F001
b. WASTE PAINT RELATED MATERIAL (IGNITABLE) Flammable Liquid NA1263	1	DM	50	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Trichlor Still Bottoms
b. Paint & Thinner

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: Wayne Johnson — Signature: [signature] — Month 5 Day 26 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: [signature] — Signature: [signature] — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: Milt Popa — Signature: Milt Popa — Month 6 Day 11 Year 87

GENERATOR — TRANSPORTER — FACILITY

IN 099015

EPA Form 8700-22A (Rev 11-85) UHWM 2/LP2

MRK T.S.D. DETACH AND RETAIN THIS COPY

5-203R TSD
1-209R TSD

013764

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

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Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: MIDD043687391 35377

2. Page 1 of: 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: IN 035377

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: IND011636026 5

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (F001) Combustible Liquid NA1993	15	DM	1275	G	F001
b. WASTE PAINT RELATED MATERIAL (Ignitable) Flammable Liquid NA1263	11	DM	1155	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
Trichlor Still Bottoms

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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GENERATOR

Printed/Typed Name | Signature | Month Day Year: 1 1 17

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Tim Reitsma | Signature | Date: 12 15 17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19

Printed/Typed Name: Wayne F. Schmidt | Signature | Month Day Year: 12 15 17

IN 035377

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

MRK C-2042 F506

013763

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M-I-D-0-4-3-6-8-7-3-9-1 | Manifest Document No.: 5-9-1-7-6 | 2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 Lafayette, Middleville, MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0159176
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M-I-D-9-8-1-9-6-6-0-6-3

7. Transporter 2 Company Name:
8. Use EPA ID Number:

9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: I-N-D-0-1-6-3-6-0-2-6-5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (F001) Combustible Liquid NA1993	004	DM	220	G	F001
b. WASTE PAINT RELATED MATERIAL (Ignitable) Flammable Liquid NA1263	001	DM	55	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: [illegible] | Signature: [illegible] | Month | Day | Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma | 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: Harold F. Schmidt | Signature: [illegible] | Month | Day | Year

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424 8802 or 202/126-2675.

INA 0159176

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 4-20 Hr T-50 11/3/87 gm
1-20 Hr T-50 11/3/87 gm

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

013766

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 4 3 6 8 7 3 9 1
Manifest Document No.: 8 9 4 3 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
BRADFORD WHITE CORPORATION
200 Lafayett, Middleville, MI 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0189430
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. WASTE COMBUSTIBLE LIQUID N.O.S. (F001) Combustible Liquid NA1993	5	D M	250	G	F001
b. WASTE PAINT RELATED MATERIAL (Ignitable) Flammable Liquid NA1263	3	D M	150	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Wayne Johnson
Signature: Wayne Johnson
Date: Month 2 Day 16 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 2 Day 16 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: Harrod F. Schmidt
Signature: Harrod F. Schmidt
Month 02 Day 12 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 0189430

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 (a) 5-203R T-50 2/22/88
(b) 3-204R T-50 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

014335

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·4·3·6·8·7·3·9·1
Manifest Document No.: 4·4·6·2·7
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
BRADFORD WHITE CORPORATION
200 LAFAYETT, MIDDLEVILLE, MI. 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0244627
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (616) 235-1500
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3
7. Transporter 2 Company Name
8. Use EPA ID Number
9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE COMBUSTIBLE LIQUID N.O.S. (F001) COMBUSTIBLE LIQUID NA1993	6	D.M	330	G	F001
b. WASTE PAINT RELATED MATERIAL (ignitable) FLAMMABLE LIQUID NA1263	4	D.M	220	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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 H STORMZAND
Signature: Edward H. Stormzand
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: ALVIN Whitaker
Signature: Alvin Whitaker
Month Day Year: 7 7 88

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0244627

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

204 TCTSO 7 OB

014336

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·4·3·6·8·7·3·9·1
Manifest Document No.: 4·4·6·6·3

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 LAFAYETT, MIDDELVILLE, MI. 49333

4. Generator's Phone (616) 795-3364

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M·I·D·9·8·1·9·5·6·0·6·3

7. Transporter 2 Company Name
8. Use EPA ID Number

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Container No.	Type
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (F001) COMBUSTIBLE LIQUID NA1993	4	D.
b. WASTE PAINT RELATED MATERIAL (ignitable) FLAMMABLE LIQUID NA1263	2	D.
c.		
d.		

J. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accur proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper cc 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 to determined to be economically practicable and that I have selected the practicable method of treatmen which minimizes the present and future threat to human health and the environment; OR, if I am a sma effort to minimize my waste generation and select the best waste management method that is available tc

Printed/Typed Name: Walter Johnson
Signature: [signature]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Nott
Signature: Roger Nott

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as notec
Printed/Typed Name: ALVIN WHITAKER
Signature: Alvin Whitaker

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MA

204KT50 8/2 SP

014337

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 4 3 6 8 7 3 9 1 | Manifest Document No. 6 6 9 4 6 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BRADFORD WHITE CORPORATION
200 LAFAYETTE, MIDDLEVILLE, MI. 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0266946
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID,N.O.S. (FOOI) COMBUSTIBLE LIQUID NA1993	6	DM	330	G	FOOI
b. WASTE PAINT RELATED MATERIAL (ignitable) FLAMMABLE LIQUID NA1263	4	DM	220	G	DOOI
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: BO ROBBINS - BWC | Signature: Bo Robbins BWC | Date: Month 11 Day 29 Year 88

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROGER NORTON | Signature: Roger Norton | Date: Month 11 Day 29 Year 88
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space:
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A | Signature: Al Whitaker | Date: Month 12 Day 2 Year 88

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 0266946

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 204250 12/5

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 4 3 6 8 7 3 9 1
Manifest Document No.: 1 6 0 2 9
2. Page 1 of 1
Information in the shaded areas not required by Federal law, b items D, F, H and I are required State law.

3. Generator's Name and Mailing Address
Bradford White Corp
200 Lafayette Middleville MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0316029
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 Combustible Liquid N.O.S. (F001) Combustible Liquid NA1993	6	DM	270	G	F001
b. Waste Paint Related Material (Ignitable) Flammable Liquid NA1263	7	DM	165	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: Wayne Johnson
Signature: Wayne J. [illegible]
Date: Month 06 Day 09 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 06 Day 09 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month 06 Day 09 Year 89

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK
Signature: Steve Kulavick
Date: Month 06 Day 09 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 TCTSO 6/12

0016153

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.4.3.6.8.7.3.9.1 | Manifest Document No.: 5.5.8.5.2
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
Bradford White Corp
200 Lafayette Middleville MI 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0355852
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M.I.D.9.8.1.9.5.6.0.6.3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Combustible Liquid N.O.S. (F001) Combustible Liquid NA1993	5	D-M	495	G	F001
b. Waste Paint Related Material (Ignitable) Flammable Liquid NA1263	9	D-M	495	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: WAYNE JOHNSON | Signature: Wayne Johnson | Date: Month 12 Day 27 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton | Signature: Roger Norton | Date: Month 12 Day 27 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month . Day . Year .

FACILITY

19. Discrepancy Indication Space
A 2047CT30 7/31
B 2047CT30 7/31

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A | Signature: A Whitaker | Date: Month 12 Day 28 Year 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355852

0016154

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.: M·I·D·0·4·3·6·8·7·3·9·1
Manifest Document No.: 5·5·9·0·2
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
Bradford White Corp
200 Lafayette Middleville MI 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0355902
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) 235-150

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 1-1-1 Trichloroethane ORM-A UN2831 (F001)	5 2	D·M	275 ~~225~~	G	F001
b. Waste Paint Related Material Flammable Liquid NA1263 (EPA Ignitable)	2	D·M	110	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR
Printed/Typed Name: Bo Robbins B.W.C.
Signature: Bo Robbins
Date: Month 03 Day 31 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Arnold Dykstra
Signature: Arnold Dykstra
Date: Month 03 Day 31 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: Whitaker A
Signature: A Whitaker
Date: Month 11 Day 7 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 204/OCT 5 0 11/8

0016156

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M I D 0 4 3 6 8 7 3 9 1 | Manifest Document No. 5 6 9 8 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
Bradford White Corp
200 Lafayette, Middleville, MI 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0266980
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Combustible Liquid N.O.S. (F001) Combustible Liquid NA1993	1	DM	55	G	F001
b. Waste Paint related material (ignitable) Flammable Liquid NA1263	2	DM	165	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

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: Bo Kobbins B.W.C.
Signature: Bo Kobbs BWC
Date: Month 9 Day 1 Year 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Martin
Signature: Roger Martin
Date: Month 9 Day 1 Year 9

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: Whitaker A
Date: Month 9 Day 24 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0266980

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

6A 204E T50 2/27
3B 204E T50 2/27 (20)

COPY 5. TSD COPY

0016155

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·4·3·6·8·7·3·9·1 — Manifest Document No.: 5·5·9·1·3
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
Bradford White Corp
200 Lafayette, Middleville MI 49333

4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0355913
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·0·1·5·3·6·0·2·6·5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste 1-1-1 Trichloroethane ORM-A UN2831 (F001)	4	D·M	220	G	F001
b. Waste Paint Related Material Flammable Liquid NA1263 (EPA Ignitable)	1	D·M	55	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: Bo Robbins - BWC — Signature: Bo Robbins BWC — Month 12 Day 19 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Month 12 Day 19 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A — Signature: [signature] — Month 12 Day 28 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355913

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

2047C750 12/29

COPY 5. TSD COPY

0016157

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. M.I.D.0.4.3.6.8.7.3.9.1 Manifest Document No. 5.5.9.6.5
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 Malling Address
Bradford White Corp
200 Lafayette, Middleville MI 49333
4. Generator's Phone (616) 795-3364

A. State Manifest Document Number: INA 0355965
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 1-1-1 Trichloroethane ORM-A UN2831 (F001)	1	D.M	.605	G	F001
b. Waste Paint Related Material Flammable Liquid NA1263 (EPA Ignitable)	3	D.M	.165	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: Bo Kobbins BWC — Signature: Bo Kobbs BWC — Date: Month 04 Day 17 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 04 Day 17 Year 90
18 Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space
A 204TCT50 4/23
B 204TCT50 4/23 (20)

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK — Signature: Steve Kulavick — Date: Month 04 Day 20 Year 90

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355965

0017760

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.: W1D006078307 — Manifest Document No.: 00008
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: Bradley Corp. W142N 9101 - Fountain Blvd. - Menomonee Falls, WI 53051
4. Generator's Phone (414) 251-6000
A. State Manifest Document Number: INA 0126451
B. State Generator's ID:
5. Transporter 1 Company Name: CBC Transport
6. Use EPA ID Number: W1D047259288
C. State Transporter's ID: 11536
D. Transporter's Phone: (414) 764-7005
7. Transporter 2 Company Name: E&K Hazardous Waste Services Inc
8. Use EPA ID Number: W1D980995997
E. State Transporter's ID: 10570
F. Transporter's Phone: (414) 458-6030
9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax - P.O. Box 190, 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.	Waste No.
a. Waste Flammable Liquid N.O.S. (Flammable Liquid) UN1993	009	DM	00495	G	D001 F005
b. accepted 4 Dr	4		00220		
c. Rejected 5 Dr					
d.					

J. Additional Descriptions for Materials Listed Above: a. Profile # N/A - (Paint Thinner)
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Robert T. Richards — Signature: [signature] — Date: Month 08 Day 03 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bruce Bendle - Envir. Field Tech. — Signature: [signature] — Date: Month 08 Day 03 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Russell Voight — Signature: [signature] — Date: Month 08 Day 03 Year 87

19. Discrepancy Indication Space: Rejected 5 Dr Drums Not Pumpable

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: [signature] — Signature: [signature] — Date: Month 08 Day 04 Year 87

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete. State Form 11865

F. Schmidt 4-123K T63

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

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 0126451

013757

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. ILD0C51243422 — Manifest Document No. 010101

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law

3. Generator's Name: BRADLEY PRINTING COMPANY
2170 SOUTH MANNHEIM ROAD
DES PLAINES IL 60018

4. Generator's Phone (312) 635 8000

A. State Manifest Document Number: IN 028509

B. State Generator's ID: 0310635074

5. Transporter 1 Company Name: WP FRANK INC — 6. US EPA ID Number: ILD006950160 — C. State Transporter's ID: 0074 — D. Transporter's Phone: 312-596 3311

7. Transporter 2 Company Name — 8. US EPA ID Number — E. State Transporter's ID — F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES, INC.
420 SOUTH COLFAX AVE
GRIFFITH, IN — 10. US EPA ID Number: INDO01613602 65 — G. State Facility's ID: 918089 0002 — 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 N.O.S., FLAMMABLE LIQUID UN1993	013	DM	0210 35	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: ROBERT L PRADUCH — Signature — Month 12 Day 31 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: VINCENT A. PFEIFER — Signature — Date: Month 12 Day 31 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19 — Printed/Typed Name — Signature — Month Day Year

IN 028509

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

011330

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

U.S. EPA ID NO.
ILD005124342

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.: ILD005124430 — 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: BRADLEY PRINTING CO. 2170 S. MANNHEIM RD. DES PLAINES, ILL 60018
4. Generator's Phone: 312 635-8000
A. State Manifest Document Number: INA 0114742
B. State Generator's ID: 0310635074
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 SERVICES INC. 420 S. COLFAX AVE. GRIFFITH, IN
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.	Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID UN 1993	005	0M0	00375	1	0.001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: ROBERT K. SEELNACHT — Signature: [signature] — Date: Month 3 Day 27 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK McCLEVERTY — Signature: [signature] — Date: Month 03 Day 27 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: HARRILD F. SCHMIDT — Signature: [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 0114742

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

5-204 R.550
13

MRK

012419

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.2.4.3.4.2 | Manifest Document No.: 0.0.0.0.1 | 2. Page 1: 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BRADLEY PRINTING CO.
2170 S. MANNHEIM RD.
DES PLAINES, IL. 60018

4. Generator's Phone (312) 635-8000

A. State Manifest Document Number: INA 0162852

B. State Generator's ID: 0310635074

5. Transporter 1 Company Name: M & R FRANK INC.

6. Use EPA ID Number: I.L.D.0.6.9.5.0.6.1.6.0

C. State Transporter's ID: 0079

D. Transporter's Phone: 312-594-3377

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 INC.
420 S. COLFAX AVE.
GRIFFITH IN.

10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5

G. State Facility's ID

H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE LIQUID NOS FLAMMABLE LIQUID UN-1993	0.1.1	D.M	0.0.6.0.5	GAL	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1=GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: ROBERT PAWLOWSKI | Signature: Robert Pawlowski | Date: Month 11 Day 18 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe KOOINGA | Signature: Joe Kooinga | Date: Month 11 Day 18 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: HAROLD F. Schmidt | Signature: Harold F. Schmidt | Date: Month 11 Day 19 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 202/126-2675.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865
11-204 R T-50 11/19/87

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

INA 0162852

013767

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.1.2.4.3.4.2 — Manifest Document No.: 0.0.0.0.1
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BRADLEY PRINTING CO, 2170 S MANNHIEM RD, DES PLAINES IL
4. Generator's Phone (312) 635-8000
A. State Manifest Document Number: INA 0162990
B. State Generator's ID: 0310635074
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 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 SERVICES INC, 420 S. COLFAX AVE, GRIFFITH IN.
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.2.6.5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. FLAMMABLE LIQUID UN 1993	007	DM	00385	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: ROBERT R. PAWLOWSKI — Signature: Robert R. Pawlowski — Date: Month 06 Day 03 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Van Vlymen — Signature: John Van Vlymen — Date: Month 06 Day 03 Year 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: HARROLD F. Schmidt — Signature: Harrold F. Schmidt — Date: Month 06 Day 06 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 0162990

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

S-204TC TSD 6/16
1-204TC TSD 6/9
1 DR. MARINE SHALE 10/21/87 804093

014333

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.: ILD005124342 — Manifest Document No.: 00001
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: BRADLEY PRINTING CO. 2170 S. MANNHEIM RD DES PLAINES IL. 60018
4. Generator's Phone (312) 635-8000

A. State Manifest Document Number: INA 0267920
B. State Generator's ID: 0310635074

5. Transporter 1 Company Name: MR. FRANK INC
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-0700

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICES INC. 420 S. COLFAX AVE GRIFFITH IND.
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 N.O.S. FLAMMABLE LIQUID UN. 1993	005 ~~004~~	DM	00275 ~~00220~~	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: ROBERT E. PAWLOWSKI — Signature: [signature] — Date: Month 10 Day 12 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICH WHITE — Signature: [signature] — Date: Month 10 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. 10/14/88
Printed/Typed Name: A. WHITAKER — Signature: [signature] — Date: Month 10 Day 14 Year 88

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0267920

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

4-204TC T50 10/17
1-204TC T50 10/19

014334

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 2 4 3 4 2
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
Bradley Printing Company
2170 S. Mannhiem Rd. Des Plaines, IL

4. Generator's Phone (312) 635-8000

A. State Manifest Document Number: INA 0267992
B. State Generator's ID: 0310635074

5. Transporter 1 Company Name: MR FRANK INC.
6. Use EPA ID Number: I L D 0 6 9 5 0 6 1 6 0
C. State Transporter's ID: 0079
D. Transporter's Phone: (312) 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 CHEMICALCOO,
420 S. Colfax Ave.
Griffith, IN

10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID: 9180890002
H. Facility's Phone: (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	014	m	00770	1	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above: 1 - Tallow

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: NICHOLAS GOEDERT
Signature: Nicholas Goedert
Date: Month 01 Day 18 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOSEPH L. KOOINGA
Signature: Joseph L Kooinga
Date: Month 01 Day 18 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: HARROLD F Schmidt
Signature: Harrold F Schmidt
Date: Month 01 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.

INA 0267992

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 2049CTSD 1/27

0016150

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I. LD. 0. 0 5124342.
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
Bradley Printing Company
2170 S. Mannheim Rd. - Des Plaines, IL 60018

4. Generator's Phone (312) 635-8000

A. State Manifest Document Number: INA 0346446
B. State Generator's ID: 0310635074

5. Transporter 1 Company Name: Mr. Frank Inc.
6. Use EPA ID Number: ILD 069506160
C. State Transporter's ID: 0079
D. Transporter's Phone: 312/720-070(

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Co
420 S. Colfax Ave.
Griffith IN
10. Use EPA ID Number: IND 016360265
G. State Facility's ID: 918059002
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 N.O.S. Flammable Liquid UN 1993 (D001)	006	DM	330	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: Robert Pawlowski
Signature: Robert Pawlowski
Date: Month 04 Day 21 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Miguel Garcia
Signature: Miguel Garcia
Date: Month 04 Day 21 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitakor Alvin
Signature:
Date: Month 4 Day 25 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 2047C750 4/5

0016151

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 2 4 3 4 2 — Manifest Document No.: 0 0 0 0 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BRADLEY PRINTING CO.
2170 S. MANNHEIM ROAD DES PLAINES, IL. 60018

4. Generator's Phone (312) 635-8000

A. State Manifest Document Number: INA 0346497
B. State Generator's ID: 0310635074

5. Transporter 1 Company Name: MR. FRANK INC.
6. Use EPA ID Number: 98477 5049 L L D 0 6 9 5 0 6 1 6 0
C. State Transporter's ID: 0079
D. Transporter's Phone: 312-720-0700

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL CO.
420 S. Colfax Ave.
Griffith, Ind.

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, N.O.S. FLAMMABLE LIQUID UN 1993	017	D M	~~935~~ 00935	A	D001
b. NON-HAZARDOUS WASTE PRINTING INK (OIL BASED)	022	D M	11,440	B	
c.			1210 GAL		
d.					

J. Additional Descriptions for Materials Listed Above
11a. WASTE SOLVENTS
11.b. OIL BASED INK WASTE

K. Handling Codes for Wastes Listed Above
A. 1 = Gallons
B. 1 = Pounds

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: JERRY PLESNICAR — Signature: Jerry Plesnicar — Date: Month 09 Day 29 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert PERKINS — Signature: Robert Perkins — Date: Month 09 Day 29 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A — Signature: A Whitaker — Date: Month 9 Day 29 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0346497

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

17A-204RCT50 9/3/89 11B-204RCT50 10/6

0016152

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL D 0 0 5 1 2 4 3 1 2 | Manifest Document No.: 0 0 0 0 1 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BRADLEY PRINTING CO.
2170 S. Mannheim Road Des Plaines, Il. 60018

A. State Manifest Document Number: INA 0397490

4. Generator's Phone (708) 635-8000

B. State Generator's ID: 0 3 1 0 6 3 5 0 7 4

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: 0 0 7 9

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 CO.
420 S. Colfax Ave.
Griffith, Ind.

10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID: 9 1 8 0 8 9 0 0 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.	Waste No.
a. Waste Flammable Liquid N.O.S. Flammable Liquid UN 1993 (D001)	0 0 5	DM	2 7 5	G	D001
b. Non-Hazardous Waste Printing Ink (Oil Based)	0 0 1 0	DM	1 5 6 0 0	P	NONE
c.					
d.					

J. Additional Descriptions for Materials Listed Above
11a. Waste Solvents
11.b. Oil Based Waste Printing Inks

K. Handling Codes for Wastes Listed Above
A. 1 = Gallons
B. 1 = Pounds

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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GENERATOR

Printed/Typed Name: Robert Pawlowski | Signature: Robert Pawlowski | Date: Month 0 2 Day 1 5 Year 9 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAVE VOSS | Signature: Dave Voss | Date: Month 0 2 Day 1 5 Year 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: JACK McCLEVERTY | Signature: | Date: Month 0 2 Day 1 9 Year 9 0

FACILITY

19. Discrepancy Indication Space
30 B DRUMS REJECTED - MATERIAL DOES NOT MATCH PRESHIPMENT SAMPLE

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name: JAMES MURPHY | Signature: James Murphy | Date: Month 0 2 Day 1 6 Year 9 0

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 0397490

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

5-204TTSD 7/20

COPY 5. TSD COPY

UU17702

HAZARDOUS WASTE MANIFEST

ol

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Brass Roots 2545 Polk Chgo Il 60612 226 5500	
TRANSPORTER # 1	ILD045895715	H Roskin 4710 Roosevelt Chgo Il 60650 2617236	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360285	AMER CHEM SER Griffith In 46319 312 768 3400	11/17/83
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)
2dr		F001	TXI Perchlor ORM-A	1897		none	55g	100g		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES. $

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

_____ Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

_____ (Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

TO IATT-63 GRM 11.30.83

OJ4914

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
BRASS ROOTS INC.
2545 W. POLK
CHICAGO IL. 60612
4. Generator's Phone ( ) 312-226-6300

A. Illinois Manifest Document Number: IL 1158431

B. Illinois Generator's ID: 013116285010103

5. Transporter 1 Company Name: ROSKIN MOTOR SERVICE
6. US EPA ID Number: ILD045695715

C. Illinois Tranporter's ID: 114010

D. (312) 261-7236 Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
GRIFFITH, INDIANA 46319
10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 191180189010102

H. Facility's Phone (312) 768-3400

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a.	✓	PERCHLORETHYLE, ORM-A, UN1897	11	DM		1	EPA HW Number F001 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name: MIKE BONTKOWSKI | Signature: Mike Bontkowski | Date: Month 6 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CHUCK VALENTINE | Signature: Chuck Valentine | Date: Month 6 Day 17 Year 86

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: F DUNFEE | Signature: F Dunfee | Date: Month 6 Day 24 Year 86

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV.# 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

1207193

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
Brass Roots Inc.
2545 W. POLK ST. • CHICAGO, IL 60612

4. Generator's Phone ( ) 312-226-6300

A. Illinois Manifest Document Number: IL 1158433

B. Illinois Generator's ID: 0311628500003

5. Transporter 1 Company Name: ROSKIN MOTOR SERVICE

6. US EPA ID Number: ILD045695715

C. Illinois Tranporter's ID: 1400

D. (312) 261-7236 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
GRIFFITH, INDIANA 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: 312 768-3400

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. PERCHLORETHYLE, ORM-A, UN1897	✓	5	DM	250	1	EPA HW Number: F001 / Authorization Number
b.						EPA HW Number / Authorization Number
c.						EPA HW Number / Authorization Number
d.						EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name: MIKE BONTKOWSKI | Signature: Mike Bontkowski | Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: H ROSKIN | Signature: [signature] | Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Harold F Schmidt | Signature: Harold F Schmidt | Date: Month Day Year: 10 11 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

120RT63 011321

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.: IND980825616

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
Bremen Motor Corporation
425 Industrial Drive-Bremen, IN 46506

4. Generator's Phone (219) 546-3791

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking

6. US EPA ID Number: ILD000646810

C. State Transporter's ID

D. Transporter's Phone: 312-385-3440

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
BE 420 [illegible]

10. US EPA ID Number: IND016360260 5

G. State Facility's ID

H. Facility's Phone: 214-424-4370

	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 EPA #-F003 Flammable Liquid Haz. Mat. # UN1090	X	43	55 gal drums	2365	1	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002 (b) of RCRA, I also certify that I have a program in place to reduce

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

the volume and toxicity of waste generated to the degree I have determined to be economical 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
Alvin D. Hildenbrand	[signature]	1	21	86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
JAMES BATTEN	[signature]	01	21	86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
[illegible]	[signature]	[illegible]	21	[illegible]

GENERATOR

TRANSPORTER

FACILITY

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

118K 7-63

011321

TSDF COPY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND980825616

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
Bremen Motor Corporation
425 Industrial Drive-Bremen, IN 46503

4. Generator's Phone (219) 546-3791

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: STRAND TRUCKING

6. US EPA ID Number: ILD 000646810

C. State Transporter's ID

D. Transporter's Phone: (317) 555-5446

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical
Box 420
Griffith, IN

10. US EPA ID Number: IND0163602605

G. State Facility's ID

H. Facility's Phone: 219-924-4370

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 EPA #-F003 Flammable Liquid Haz. Mat. #UN1090	X	32	55 gal drums	01760	1	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002 (b) of RCRA, I also certify that I have a program in place to reduce

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

the volume and toxicity of waste genereated 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 chich minimizes the present and future threatto 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
Alvin D. Hildenbrand	[signature]	4	9	86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
JAMES BATTON	[signature]	04	09	86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month	Day	Year
MICHAEL O. BURGA	[signature]	4	9	86

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

118K T63

TSDF COPY

011322

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: IND980825616
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
Bremen Motor Corporation
425 Industrial Drive-Bremen, IN 46506
4. Generator's Phone (219) 546-3791

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD000646810
C. State Transporter's ID
D. Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical
Box 420
Griffith, IN
10. US EPA ID Number: IND0163602605
G. State Facility's ID
H. Facility's Phone

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Waste Acetone, Flammable Liquid, EPA #-F003, Haz. Mat. #UN1090	X	21	55 gal drums	1155	1	F003
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002 (b) of RCRA, I also certify that I have a program in place to reduce

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

the volume and toxicity of waste genereated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or desposal currentyl available to me which minimizes the present and future threat to Human x 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.

GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
James A. Wallace, Jr.		4 30 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name: JAMES BATTEN	Signature	Date: 04 30 86
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3-84)

117 K T63

011323

TSDF COPY

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND 98 0825616
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law

3. Generator's Name: Bremen Motor Corporation
425 Industrial Drive-Bremen, IN 46506

A. State Manifest Document Number: IN 044491

4. Generator's Phone (219) 546-3791

B. State Generator's ID:

5. Transporter 1 Company Name: Strand Trucking
6. US EPA ID Number: ILD 00 0646810

C. State Transporter's ID:
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical
Box 420
Griffith, IN

10. US EPA ID Number: IND 016 360 260 5

G. State Facility's ID:
H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Acetone EPA #-F003 Flammable Liquid Haz. Mat. UN1090	39	55 gal drums	0165P	1	Font
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: Alvin D. Hildenbrand
Signature: [signature]
Month Day Year: 06 15 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Ratton
Signature: [signature]
Date: Month 06 Day 15 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Michael C. Burge
Signature: [signature]
Month Day Year: 06 15 86

GENERATOR / TRANSPORTER / FACILITY

IN 044491

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

117E T63

011324

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

GENERATOR

3. Generator's Name
Bremen Motor Corporation
425 Industrial Dr.-Bremen, IN 46506

A. State Manifest Document Number
IN 044492

4. Generator's Phone (219) 546-3791

B. State Generator's ID

5. Transporter 1 Company Name
Strand Trucking

6. US EPA ID Number
I L D 0 0 6 6 6 8 1 0

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical
Box 420
Griffith, IN

10. US EPA ID Number
I N D 0 1 6 3 6 0 2 6 0 5

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. **Waste Acetone** **Flammable Liquid** **KPA #-F003** **Haz. Mat. UN1090**	1 4 0	55 gal drums	0 1 2 1 9 9	1	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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: **Alvin D. Hildenbrand** | Signature | Month 8 Day 06 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year | Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year | Date

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name | Signature | Month Day Year

IN 044492

EPA Form 8700-22A (Rev. 11-85)

UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

121 F 019325

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

0289673

Authorization Number 998414

Bretford Mfg. (Company Name) — 9715 Soreng Ave (Address)
Schiller Park (City) — IL (State) — 60176 (Zip)

IL D005-114-731
0312850017 G (Generator Number)

WASTE HAULER(S)

(American Chemical) (Hauler Name) — (Hauler Address) — S.W.H. Registration Number 0024002

STRAND TRUCKING (Hauler Name) — 13642 S. KENTON CRESTWOOD (Hauler Address) — S.W.H. Registration Number ILT. 000 646810

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) — PO BOX 190 (Griffith) (Address) — 91808902 (Site Number)
Griffith (City) — Indiana (State) — 46319 (Zip) — IN0016360265

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: Drums (marked) — HAZARD CLASS: Paint Resins/Toluol

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: 0024 (47–52)

1 GALLONS (Circle One)
2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) 45 DRUMS — TANK TRUCK — OPEN TRUCK — OTHER (Specify) Van

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 10-26-81 — [signature] (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) James Batten (Authorized Signature) — DATE: 10/26/81

(2) _____ (Authorized Signature) — DATE: __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[signature] (Authorized Signature) — DATE: 10/26/81

COMMENTS OR SPECIAL INSTRUCTIONS: TRAILER SPOTTED 10/26/81
70 204 E T-50 10/29/81 [initials]

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR — PART - 2 IEPA — PART - 3 SITE — PART - 4 HAULER — PART - 5 IEPA — PART - 6 GENERATOR

SITE COPY - PART 3

001916

"OMPLETED BY
.c 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

0289674
1 7

Authorization Number 9 9 8 4 1 4
8 13

Bretford Mfg (Company Name) 9715 Soreng Ave. Address
Schiller Park City IL State 60176 Zip
ILD005-114-731
0 3 1 2 8 5 0 0 1 7 G
14 Generator Number 24

WASTE HAULER(S)

Strand Trucking Hauler Name 136 S. Kenton, Crestwood Hauler Address
S.W.H. Registration Number 0 3 L I - C 1 0
25 31

Hauler Name Hauler Address
ILT000646810
S.W.H. Registration Number
32 38

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) PO Box 190 Griffith Ind. Address
Griffith City Indiana State 46319 Zip
9 1 8 0 8 9 0 2
39 Site Number 46
IND016360265

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: Toluol/Paint Resins
WEIGHT FOR D.O.T. USE _____ LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 0 3 5 0 0
47 52

(1) GALLONS (Circle One)
2 CU. YDS. 1 ~~4000 gallons~~
53

METHOD OF SHIPMENT (Circle One) 70 (DRUMS) TANK TRUCK OPEN TRUCK OTHER (Specify) VAN

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 6-5-81 _____ (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) _____ (Authorized Signature) DATE: 6 / 5 / 81
54 59

(2) _____ (Authorized Signature) DATE: ___ / ___ / ___

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

_____ (Authorized Signature) DATE: 6 / 15 / 81
60 65

COMMENTS OR SPECIAL INSTRUCTIONS: UNLOADED AT DOCK 6/5/81
TO #1 STILL 6/6/81 T-63

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

001917

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0289675

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 998414 13
IL 0005-114-731

Bretford Mfg. (Company Name) | 9715 Soreng Ave. (Address)
Schiller Park (City) | IL. (State) | 60176 (Zip)

0312850017 G (14 … 24) Generator Number

WASTE HAULER(S)

Strand Trucking (Hauler Name) | 1364 J Kenton Crestwood Illinois (Hauler Address)
S.W.H. Registration Number 002400 (25 … 31)
IL T0006468 10

(Hauler Name) | (Hauler Address)
S.W.H. Registration Number (32 … 38)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical (Facility Name) | PO Box 190-Griffith (Address) | 91808902 (39 … 46 Site Number)
Griffith (City) | Indiana (State) | 46319 (Zip) | IND006360263

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:	
Drums (marked)	Paint/Resins/Solvent	WEIGHT FOR D.O.T. USE 3,500 LBS / TONS (circle one)
	UN 1993	47 drums

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 2350 (47 … 52)

(1 GALLONS) 2 CU. YDS. (Circle One) (53)

METHOD OF SHIPMENT (Circle One): (DRUMS) TANK TRUCK OPEN TRUCK OTHER (Specify) VAH

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2 April 1982 (Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 4/2/82 (54 … 59)

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature) DATE: 4/2/82 (60 … 65)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | PART - 3 SITE | PART - 4 HAULER | PART - 5 IEPA | PART - 6 GENERATOR

To 210 RT-50 GRM 4-282 SITE COPY - PART 3

002554

METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 083439

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

TYPE OF WASTE ▶ [X] LIQUID [ ] SLUDGE [ ] SOLID

TYPE OF CONTAINER ▶ [ ] BULK (TANK TRUCK) [X] DRUMS [ ] OTHER (SPECIFY)

VOLUME 2250 GALS ___ CU. YDS. ___ LBS.

WASTE CONTAINS:

[ ] FATS, OILS OR GREASE [ ] ACID [ ] ALKALI [ ] CYANIDE [ ] ZINC [ ] CADMIUM [ ] COPPER [ ] CHROME [ ] IRON [ ] NICKEL [ ] LEAD [ ] SELENIUM [ ] MERCURY [X] OTHER (SPECIFY) [illegible]

DISPOSAL METHOD ▶ [ ] LANDFILL [ ] DESTRUCTION (SPECIFY) [ ] OTHER (SPECIFY)

NAME OF COMPANY: Bradford Mfg.

FEDERAL TAX I. D. NUMBER:

LOCATION: 9716 Soneng Ave, Schiller Park IL 60176

TYPE OF INDUSTRY: Metal Furniture

DATE REMOVED: 4-2-81

TIME REMOVED: 9:45

I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.

SIGNATURE OF AUTHORIZED AGENT AND TITLE: [signature]

PHONE: 678-2545

NAME: [illegible]

FEDERAL TAX I. D. NUMBER:

ADDRESS:

DATE RECEIVED: 4-2-82

TIME RECEIVED: [illegible]

WASTE HAULER'S REGISTRATION NO.: 02110

STATE: Ill.

TRUCK LICENSE NO.: 49513 [illegible]

I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.

SIGNATURE OF CONTRACTOR'S AGENT AND TITLE:

PHONE:

DISPOSAL SITE

NAME: American Chemical Service Inc.

FEDERAL TAX I. D. NUMBER: 35096223

ADDRESS: 1200 S. Calfax Ave. Griffith

DATE RECEIVED: 4/2/82

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: Michael C. Burg

PERMIT NO.:

PHONE: 219 924 4370

DISPOSAL SITE'S COPY

002553

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-D005-114-731
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
Bretford Mfg. Co.
3951 25th Ave.
Schiller Park, IL. 60176
4. Generator's Phone 312-678-2545

A. State Manifest Document Number: INA 0247886
B. State Generator's ID: 0312855017

5. Transporter 1 Company Name: Mr. Frank Inc.
6. Use EPA ID Number: ILDO 69506160
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
Colfax Ave. at C&O RR P.O. Box 190
Griffith, IN. 46319
10. Use EPA ID Number: INDO 16360265
G. State Facility's ID: 9180890002
H. Facility's Phone: 312-768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Flammable Liquid, N.O.S. Flammable Liquid UN 1993	001	TT	04000	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Paint Waste and Thinners
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 07 Day 14 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Hudson Signature: John Hudson Date: Month 07 Day 14 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] Date: Month 07 Day 14 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 0247886

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

210 RTS 1/4M

014328

...NA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
...FICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
...O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch) typewriter.)* Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL 5005 114731 — 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: Bretford Manufacturing Company, 3951 25th Ave. Schiller Park, Illinois
4. Generator's Phone: (312) 678-2545 x 157 60176
5. Transporter 1 Company Name: Mr. Frank Inc.
6. Use EPA ID Number: IL 0984775049
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Calhoun Ave, Gr... Indiana 46319
10. Use EPA ID Number: IN 0016360265

A. State Manifest Document Number: INA 0370219
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: (312) 720-0700
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (312) 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Flammable Liquid, N.O.S. Flammable Liquid UN 1993	001	TT	0095.0	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: Waste Paint and 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.

Printed/Typed Name: [illegible] — Signature: [signature] — Date: Month / Day / Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL T JUNGER — Signature: Carl T Junger — Date: Month 08 Day 24 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: FDunfee — Date: Month 08 Day 24 Year 89

2/2R TSO 8/24/89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0370219

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0016146

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0555077

Authorization Number 994605

TO BE COMPLETED BY WASTE GENERATOR

Broadcast Electronics | 4100 N. 24th St. | 1 17 2249600 | 0 0 1 0 6 5 0 0 1 9 G
(Company Name) | Address | Phone Number | SIC Generator Number

Quincy | IL | 62301
City | State | Zip | EPA Number

WASTE HAULER(S)

Bemis Frt. Ser. | 3114 Wisman Lane, Quincy, IL 62301
Hauler Name | Hauler Address | S.W.H. Registration Number

217 222 7664
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 Services | 420S Colfax Ave. | 0318030902
(Facility Name) | Address | Site Number

Griffith | Indiana | 46319 | 2198324004 | IND 063 600 762
City | State | Zip | Phone Number | EPA Number

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste Solder Oil | WASTE 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

55

WEIGHT FOR D.O.T. USE: 510 LBS. TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 2 GALLONS (Circle One) CU. YDS.

METHOD OF SHIPMENT (Circle One): (DRUMS 1 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 J. Slimnick (Authorized Signature) DATE:

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Bemis Trans. 6-30-82 (Authorized Signature) DATE:

(2) (Authorized Signature) DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

T Dunfee (Authorized Signature) DATE: 7/7/82

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

HAULER COPY - PART 4

To 210 R.T. 50 6 RM 7-20 82

002558

DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number ~~9 9 4 6 0 5~~ 8 13

Broadcast Electronics (Company Name) | 4100 N. 24th St. (Address) | 2 1 7 2 2 4 9 6 0 0 (Phone Number) | 0 0 1 0 6 5 0 0 1 9 (Generator Number) 14 24

Quincy (City) | Il (State) | 62301 (Zip) | EPA Number

WASTE HAULER(S)

Bemis Frt. Ser. (Hauler Name) | 4114 Wisman Lane Quincy, Il 62301 (Hauler Address) | S.W.H. Registration Number 25 31

2 1 7 2 2 2 7 6 6 4 (Phone Number) | EPA Number

Hauler Name | Hauler Address | S.W.H. Registration Number 32 38

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services (Facility Name) | 4205 Colfax Ave. (Address) | 9 1 8 0 8 9 0 2 (Site Number) 39 46

Griffith (City) | Indiana (State) | 46319 (Zip) | 3127683400 (Phone Number) | IND01636D65 (EPA Number)

Alternate (Facility Name) | Address | 39 Site Number 46

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste Solder Oil WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Oil | HAZARD CLASS: [illegible] | None (UN or NA Number) | None (EPA HW Number)

WEIGHT FOR D.O.T. USE 510 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 47 5 5 52 | 1 GALLONS (Circle One) 2 CU. YDS 53

METHOD OF SHIPMENT (Circle One) (DRUMS 1 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE

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) Bemis Tom 6-29-82 (Authorized Signature) DATE 54 / / 59

(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 60 7 / 7 / 82

COMMENTS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS 800 [illegible]

PART 1 GENERATOR | PART 2 EPA | PART 3 SITE | PART 4 HAULER | PART 5 IEPA | PART 6 GENERATOR

~~GENERATOR COPY~~ — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

Site copy TO 124 K T-63 6RM 7.16.82

002556

July 13, 1982

Mr. Michael Burger
American Chemical Services
4205 Colfax Ave..
Griffith, IN 46319

Dear Mr. Burger:

Enclosed is copy (1) generator copy of the special hauling manifest. The DOT information has been included. The other (2) copies you requested were taken by the hauler, Bemis Freight Service.

Hope this information fills our mutual needs.

Sincerely,

J. W. Sutcliffe,
Manager Industrial Engineering

JWS/ss

Enc.

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

0543166

Authorization Number 994605

Broadcast Electronics (Company Name) | 4100 N 24th (Address) | 2172249600 (Phone Number) | 0010650019 (Generator Number)

Quincy (City) | Il (State) | 62301 (Zip) | EPA Number

WASTE HAULER(S)

Bemis Frt. (Hauler Name) | Quincy, Il 62301 (Hauler Address) | S.W.H. Registration Number

2172227669 38 (Phone Number) | EPA Number

Hauler Name | Hauler Address | S.W.H. Registration Number

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Service (Facility Name) | 4205 Colfax Ave (Address) | 91808902 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 3127683400 (Phone Number) | IND016360265 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Waste Solder Oil | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: Oil | HAZARD CLASS: Non Hazardous | None (UN or NA Number) | None (EPA HW Number)

WEIGHT FOR D.O.T. USE 510 LBS TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 55 | 1 GALLONS (Circle One) 2 CU YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 1 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 7-17-82

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) Bemis Allen [signature] (Authorized Signature) DATE 10/25/82

(2) (Authorized Signature) DATE

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE 10/28/82

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

On deck 10-28-82 To 124 TKT-63 GRM 11.1.8

002559

TO BE COMPLETED BY WASTE GENERATOR

BE P.O. 35922

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0555075

Authorization Number 994605

Broadcast Electronics (Company Name) | 4100 N. 24th St. (Address) | 2172249600 (Phone Number) | 0010650019 G (Generator Number)

Quincy (City) | Illinois (State) | 62301 (Zip) | (EPA Number)

WASTE HAULER(S)

TIPCO (Hauler Name) | 900 No. Pioneer Road Peoria, Il 61615 (Hauler Address) | S.W.H. Registration Number | 3096926543 (Phone Number) | IL D067413930 (EPA Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number | (Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Services (Facility Name) | 420 S Colfax Ave. (Address) | 9180890 2 (Site Number)

Griffith (City) | Indiana (State) | 46319 (Zip) | 2199244870 (Phone Number) | IND016360765 (EPA Number)

(Alternate (Facility Name)) | (Address) | (Site Number)

(City) | (State) | (Zip) | (Phone Number) | (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Spent MEK

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. | UN or NA Number | EPA HW Number

WEIGHT FOR D.O.T. USE: 630 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 90 (1 GALLONS (Circle One) 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) (DRUMS 6 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) DATE: 11-17-81

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature) DATE: 11/21/81

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature) DATE: 11/23/81

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 — *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* — OUTSIDE ILLINOIS: 800 / 424-8802 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

Unload at dock 11/23/81
To 125 K T-63 GRM 12/10/81

002555

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 071089K Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL D 11 3 47 7 319 — 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
Broadway Auto Body Rebuilders
2940 W. 127th Street Blue Island, IL. 60406

4. Generator's Phone (312) 597-6900

A. State Manifest Document Number:

B. State Generator's ID: 0310 245 026

5. Transporter 1 Company Name: ADCOM EXPRESS, INC.

6. US EPA ID Number: IL D 0 47 26 7 36 4

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: I ND 0 16 36 0 26 5

G. State Facility's ID:

H. Facility's Phone: 219-924-4370

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	RQ WASTE PAINT RELATED MATERIAL (F003) FLAMMABLE LIQUID NA1263	02	DM	110	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above:

K. Handling Codes for Wastes Listed Above: G GALLON

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] — Signature: [illegible] — Month Day Year: 07 11 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LAWRENCE A. GODBOLD — Signature: Lawrence A. Godbold — Month Day Year: 07 11 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: — Signature: — Month Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: STEVE KULAVICK — Signature: Steve Kulavick — Month Day Year: 07 14 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.

123KT63 7/7

TSDF COPY

0016145

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0003002

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
Broward Marine, Inc.	Valley City Refuse Disposal, Inc.	American Chemical Service, Inc.
Site Address: 66th & 136th Ave., P.O. Box 747, Saugatuck, MI 49453	Transporters Address: 2650 Thornwood, S.W., Wyoming, MI 49509	Facility Address: 420 S. Colfax, P.O. Box 190, Griffith, IN 46319
Phone Number: (616) 857-5241	Phone Number: (616) 538-8499	Phone Number: (219) 924-4370
Generator's Site EPA I.D. Number: MIG 000 003 511	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.	Flammable Liquid, N.O.S.	Flammable Liquid	1993	08	3	Dr		X			165	Gal	F005
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 Betty J Forrester — Date Shipped MO. DAY YEAR: 2 9 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: 301

Subsequent Transporter Vehicle I.D. No's:

Transporter Signature: ② Russell L Heminger — Date(s) Received: 02 09 83

Subsequent transporter(s) signature(s): ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF COMPLETES

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature: ④ [signature] — Facility Site EPA I.D. Number: IND 016 360 265

☒ 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 TL T-506 RM 2.24.83

004715

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

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.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I G 0 0 0 0 0 3 5 1 1 — Manifest Document No.: 3 5 8 9 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Broward Marine, Inc.
66th & 136th Ave, P.O. Box 747, Saugatuck, MI 49453
4. Generator's Phone (616) 857-2166

A. State Manifest Document Number: MI 0535891
B. State Generator's ID:

5. Transporter 1 Company Name: Valley City Refuse Disposal, Inc.
6. US EPA ID Number: M I D 0 5 5 8 5 5 3 7 3
C. State Transporter's ID:
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
American Chemical Service, Inc.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319
10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-1170

	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, N.O.S. Flammable Liquid NA1993	46	DM	2530	G	
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
This material is for use as a secondary fuel/

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name: BETTY J. FORRESTER
Signature: Betty J. Forrester
Date: Month 5 Day 1 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Earl W. COONS
Signature: Earl W. Coons
Date: Month 05 Day 19 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
4 DRUMS SOLID - MANY DRUM 5-10 GALS SOLID IN BOTTOM OF DRUMS

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: S R MURPHY
Signature:
Date: Month 5 Day 9 Year 85

EPA Form 8700-22 (3-84)

TSDF COPY

204 ET-50 ✓

PR 5110 Rev. 7/84

010527

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MIG0000035112699 Manifest Document No. 1

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BROWARD MARINE, INC.
66th & 136th Ave., P.O. Box 747, Saugatuck, MI 49453

4. Generator's Phone (616) 857-2166

A. State Manifest Document Number MI 0626991

B. State Generator's ID

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.

6. US EPA ID Number: MID055855373

C. State Transporter's ID

D. Transporter's Phone (616) 538-8499

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone (219) 924-4370

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. X WASTE FLAMMABLE LIQUID, N.O.S. Flammable Liquid NA1993	15	DM	1250	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
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 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 as in Section 3002(b) of RCRA.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.

GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
Kathy I Forester	Kathy I Forester	09 27 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Roger Norton	Roger Norton	09 27 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)
MURRAY		9 27 85

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (3-84)

TSDF COPY

PR 5110 Rev 7/84

2042 +50

01053

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 6 0 0 0 0 0 3 5 1 1 — Manifest Document No. 0 3 8 4 6

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BROWARD MARINE, INC.
66th & 136th Ave., P.O. Box 747, Saugatuck, MI 49453

4. Generator's Phone (616) 857-2166

A. State Manifest Document Number MI 07 03846

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

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.	State	N/H
a. X WASTE FLAMMABLE LIQUID, N.O.S. Flammable Liquid NA1993	5	DM	275	G	F005	MI	
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	Signature	Date (Month Day Year)
BETTY J. FORRESTER	Betty J Forrester	11 20 4 X5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
James Looks	James Looks	11 20 4 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
FRANK PRICE	Frank Price	11 21 85

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 4-85)

TSDF COPY

PR 5110 Rev. 4/85

125KT-63

01053

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
M I D 0 9 7 8 1 5 3 0 2	4 4 6 4 0		

GENERATOR

3. Generator's Name and Mailing Address
BROWARD MARINE, INC.
66th & 136th, P.O. Box 747, Saugatuck, MI 49453

A. State Manifest Document Number: INA 0144640

4. Generator's Phone (616) 857-2166

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, INC.
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190

10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. WASTE FLAMMABLE LIQUID, N.O.S. (FOO5) Flammable Liquid NA1993	13	DM	715	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name	Signature	Date Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Tim Fitsma				

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Harold E. Schmidt		07	05	

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

13-204750-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 0144640

013756

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.: MID097815302 — Manifest Document No.: 99044

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name
BROWARD MARINE, INC.
66th & 136th Ave., P.O. Box 747, Saugatuck, MI 49453

4. Generator's Phone (616) 857-2166

A. State Manifest Document Number: IN 099044

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 FLAMMABLE LIQUID, N.O.S. (F005) Flammable Liquid NA1993	55	DM	3025	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year: [illegible]

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: [illegible] Signature: [illegible] Month Day Year: [illegible]

GENERATOR — TRANSPORTER — FACILITY

IN 099044

EPA Form 8700-22A (Rev. 11-85) UHWM 2/LP2

T.S.D. DETACH AND RETAIN THIS COPY

M.R.K. [illegible]

013755

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 7 8 1 5 3 0 2 | Manifest Document No. 1 6 0 2 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
Broward Marine, Inc.
66th & 136th, PO Box 747, Saugatuck MI 49453
4. Generator's Phone (616) 857-2166

A. State Manifest Document Number: INA 0316023
B. State Generator's ID:

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax, P.O. Box 190
Griffith, IN 46319-0190
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Flammable Liquid N.O.S. (F005) Flammable Liquid NA9189	015	D M	825	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: GLORIA J. SIMONSON/BROWARD MARINE INC.
Signature: Gloria J. Simonson
Date: Month 5 Day 12 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Reitsma
Signature: Jim Reitsma
Date: Month 5 Day 12 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: Harold F Schmidt
Signature: Harold F Schmidt
Date: Month 05 Day 12 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0316023

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

14-126JT63 5/15
1-204FTD 5/15

COPY 5. TSD COPY

0016143

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 9 7 8 1 5 3 0 2 | Manifest Document No.: 5 5 8 9 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
Broward Marine Inc
66th & 136th, PO Box 747, Saugatuck MI 49453
4. Generator's Phone (616) 857-2166

A. State Manifest Document Number: INA 0355895
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 Flammable Liquid N.O.S. Flammable Liquid NA9189 (F005)	11	D M	605	G	F 0 0 5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR
Printed/Typed Name: RONALD CLEVERINGA | Signature: Ronald Cleveringa | Date: Month 10 Day 13 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JIM REITSMA | Signature: J Reitsma | Date: Month 10 Day 13 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

FACILITY
19. Discrepancy Indication Space
7-123TCT63 10/16
3-204TCT50 10/16
1-MARINE SHALE 2/20/90 010750

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER H | Signature: H Whitaker | Month 10 Day 13 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.

INA0355895

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

0016144

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.9.7.8.1.5.3.0.2 | Manifest Document No.: 5.5.9.8.1
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
Broward Marine Inc
66th & 136th, PO Box 747, Saugatuck MI 49453
4. Generator's Phone (616) 857-2166

A. State Manifest Document Number: INA 0355981
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.	Waste No.
a. Waste Flammable Liquid, N.O.S. Flammable Liquid NA9189 (F005)	8	D.M	440	G	F 0 0 5
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: RONALD CLEVERINGA — Signature: Ronald Cleveringa — Date: Month 05 Day 07 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton — Signature: Roger Norton — Date: Month 05 Day 07 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 KULYUICK — Signature: Steve Kulyuick — Date: Month 05 Day 04 Year 90

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

2-20 YD TSD 5A
6 - MARINE SNALE 5/29/90

INA0355981

0017759

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. 0 3 2 9 8 3

GENERATOR (SHIPPER)

GENERATOR—SHIPPER NAME	SITE I.D. NO.
(2) Brown-Blodgett Inc.	(3) —
PICKUP ADDRESS	EPA I.D.
(4) 366 Wacouta	MND058330341
CITY, STATE, ZIP CODE	PHONE NO.
(5) St Paul, Mn 55101	(6) 612-222-2715
BUSINESS ADDRESS (7)	
Same	

(8) No	QUANTITY SHIPPED	HAZ. MAT.	KIND OF UNIT—PROPER DOT SHIPPING NAME	DOT HAZ. CLASS	SHIPPING WEIGHT
1	10	X	55 gal-waste flammable liq	flammable	4,750
2			Nos - UN 1993		
3			550		
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	D001	Flammable liq	Jan,15,1983	Mar,10,1983
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 (12) SHIPPED	AUTHORIZED SIGNATURE (13)	TITLE (14)
3/29/83	x Brian Coe	Prod. Mgr.

TRANSPORTER (CARRIER)

TRANSPORTER NAME	MPCA REGISTRATION NO.
(15) WORUM CHEMICAL COMPANY	(16) TR 0014
BUSINESS ADDRESS	EPA I.D.
(17) 2130 Kasota Avenue	MND 006213664
CITY, STATE, ZIP CODE	PHONE NO.
(18) St. Paul, MN 55108	(19) 612-645-9224

DATE RECEIVED (20) 3/29/83 — The wastes described above were received by me for shipment to the named Hazardous Waste Facility.

AUTHORIZED SIGNATURE (21) x [signature] — TITLE (22) 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	STATE PERMIT/LICENSE NO
(26) WORUM CHEMICAL COMPANY	(27) 1230017
SITE ADDRESS	EPA I.D.
(28) 2130 Kasota Avenue	MND 006213664
CITY, STATE, ZIP CODE	PHONE NO
(29) St. Paul, MN 55108	(30) 612-645-9224

DATE RECEIVED (31) 3/29/83 — 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) x [signature] — TITLE (33)

DATE WASTE DISPOSED (34) / / — I certify that the above named wastes have been processed and/or disposed.

AUTHORIZED SIGNATURE (35) x — TITLE (36)

(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)

261900

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. Small quanity generator One time disposal
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
Bruner Corp., 500 West Oklahoma, Milwaukee, WI 53207
Drum location: 2100 South St., Racine, WI 53400

4. Generator's Phone (414) 747-3700

A. State Manifest Document Number WI 01853
B. State Generator's ID

5. Transporter 1 Company Name ABC Services, Inc.
6. US EPA ID Number WID076159839
C. State Transporter's ID
D. Transporter's Phone 414-657-6222

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax
Griffith, IN 46319
10. US EPA ID Number IND016360265
G. State Facility's ID
H. Facility's Phone 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Methyl Ethyl Ketone (MEK) UN 1193	7	DM	385	G	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources.

Printed/Typed Name: X Wayne A. Kressig
Signature: Wayne A. Kressig
Date: Month 4 Day 3 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lee Gerrow
Signature: Lee Gerrow
Date: Month 4 Day 3 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Murphy
Signature: [signature]
Date: Month 04 Day 1 Year 86

GENERATOR / TRANSPORTER / FACILITY

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

Distribution: 1 — BSWM 4 — Facility
2 — Generator 5 — Generator
3 — BSWM 6 — Transporter
BSWM Copies 1 & 3 mail to above.

COPY 4 204KT50

011320

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

0634317

Authorization Number [illegible]

BRUNO MOVRICH CO. (Company Name) 3542 W. 59711 ST. (Address) 3124767721 (Phone Number) 0316001001 (Generator Number)

CHICAGO (City) IL (State) 60629 (Zip) (EPA Number)

WASTE HAULER(S)

LANDGREBE MOTOR TRANSIT (Hauler Name) VALPARAISO, IND. (Hauler Address) ICC 2980 S.W.H. Registration Number

3128423121 (Phone Number) IND009842824 (EPA Number)

(Hauler Name) (Hauler Address) S.W.H. Registration Number

18150 (Phone Number) (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AMERICAN CHEMICAL SERVICE (Facility Name) 420 S. COLFAX AVE (Address) 7775 91808902 (Site Number)

GRIFFITH (City) IN (State) 46319 (Zip) 2199244370 (Phone Number) IND016360265 (EPA Number)

(Alternate (Facility Name)) (Address) (Site Number)

(City) (State) (Zip) (Phone Number) (EPA Number)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: FLAMMABLE LIQUID N.O.S. WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: WASTE SOLVENTS HAZARD CLASS: FLAMMABLE UN1993 (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: X 605 GALLONS (Circle One) 2 CU. YDS.

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 [signature] (Authorized Signature) DATE: 5-10-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Landgrebe Don Egli (Authorized Signature) DATE: 5/10/83

(2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

[signature] (Authorized Signature) DATE: 5-10-83

COMMENTS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

SITE COPY - PART 3

To 204-T-50 GRM 6.1.83

005364

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of 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: BRUNO MOVRICH CO. 3542 W. 59TH ST. CHICAGO, IL, 60629

4. Generator's Phone (312) - 476-7721

A. Illinois Manifest Document Number: IL 1124056

B. Illinois Generator's ID: 0316001001

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT

6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: IND009842824

D. (312) 842-3121 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID: 1875 001

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE 420 S. COLFAX AVE GRIFFITH, IN 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	FLAMMABLE LIQUID N.O.S. IGNITABLE UN1993	7	DM	385	1	EPA HW Number: D001 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = GALLONS

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: ROBERT WILSON | Signature: Robert Wilson | Date: Month 12 Day 14 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DENNIS STALBAUM | Signature: [signature] | Date: Month 12 Day 14 Year 84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: FRANK PRICE | Signature: Frank Price | Date: Month 12 Day 17 Year 84

GENERATOR / TRANSPORTER / FACILITY

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center

FACILITY COPY - PART 3

204R T-50

007477

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.: IND984866012 — Manifest Document No.: 000001
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address: BU-MAC INDUSTRIES, INC, 212 Prospect Avenue, Goshen, IN 46526
4. Generator's Phone: 219 533-0395
A. State Manifest Document Number: INA 0228015
B. State Generator's ID:
5. Transporter 1 Company Name: MR. FRANKS
6. Use EPA ID Number: ILD069506160
C. State Transporter's ID:
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 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.	Waste No.
a. WASTE LACQUERS, STAIN, SOLVENTS, FLAMMABLE LIQUID UN1263	005	DM	00275	G	F005 F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: KEVIN KROPF — Signature: [signature] — Date: Month 06 Day 20 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CARL E MILBURN — Signature: [signature] — Date: Month 06 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: John S. Merdh — Signature: [signature] — Date: Month 06 Day 24 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 0228015

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

4-126RT63 6/27
1-204RT50 6/27

014326

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
I·N·D·9·8·4·8·6·6·0·1·2	0·0·0·0·2		

GENERATOR

3. Generator's Name and Mailing Address
BU-MAC INDUSTRIES
212 Prospect Avenue
Goshen, IN 46526

4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0228016

B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANKS

6. US EPA ID Number: I·N·D·0·6·9·5·0·6·1·6·0

C. State Transporter's ID: 0079

D. Transporter's Phone: (312)596-3377

7. Transporter 2 Company Name:

8. 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: I·N·D·0·1·6·3·6·0·2·6·5

G. State Facility's ID:

H. Facility's Phone: (219)924-9370

11. US DOT Description (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	0·0·6	D·M	0·0·3·3·0	G	F005 F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
ADED AREAS IS REQUIRED BY INDIANA STATE LAW

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
KEVIN KROPF		09	20	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JACK McCLEVERTY		09	20	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name	Signature	Month	Day	Year
J. J. Zwicki		09	21	88

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

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 0228016

014327

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 6 6 0 1 2 0 0 0 0 3 — Manifest Document No. 1 of 8
2. Page 1 — Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
BU-MAC INDUSTRIES, INC
212 Prospect Avenue
Goshen, IN 46526
4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0283289
B. State Generator's ID:

5. Transporter 1 Company Name: MR. FRANKS
6. Use EPA ID Number: IL D 0 6 9 5 0 6 1 6 0
C. State Transporter's ID: 0079
D. Transporter's Phone: (312)596-3377

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
AMERICAN CHEMICAL SERVICE
420 S. Colfax Avenue
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID: 918089 0002
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	005	DM	0 0275	G	F005, F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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GENERATOR — Printed/Typed Name: Kevin Kropf — Signature: K Kropf — Date: Month 01 Day 09 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: DAVE VOSS — Signature: Dave Voss — Date: Month 01 Day 09 Year 89
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date: Month . Day . Year .

FACILITY
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A — Signature: Whitaker A — Date: Month 1 Day 10 Year 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88) IV4TCT63 1/11

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 0283289

0016136

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IN.D.984866012. Manifest Document No.: 000041
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
Bu-Mac Industries, Inc
212 Prospect Avenue
Goshen, IN 46526

4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0283292
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Franks
6. Use EPA ID Number: I.L.D.06.95.06.16.0
C. State Transporter's ID:
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 Avenue
Griffith, IN 46319

10. Use EPA ID Number: IND.016.36.026.5
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material, Flammable Liquid, NA1263	011	DM	0.06 05	G	F005, F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: Kevin Kropf
Signature: [signature]
Date: Month 04 Day 1 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Leonard [illegible]
Signature: [signature]
Date: Month 04 Day 1 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KUL-ICK
Signature: Steve Kulick
Date: Month 04 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.

INA 0283292

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

124TC763 4/14

0016137

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.: IND 984866012 | Manifest Document No.: 000005 | 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
Bu-Mac Industries, Inc
222 Prospect Avenue
Goshen, IN 46526
4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0283293
B. State Generator's ID:

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)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 Avenue
Griffith, IN 46319
10. Use EPA ID Number: IND 016360265
G. State Facility's ID: 9180890002
H. Facility's Phone: (219)924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material, Flammable Liquid, NA1263	014	DM	00770	G	F005, F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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GENERATOR — Printed/Typed Name: Kevin Kropf | Signature | Date Month Day Year

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JACK McCLUSKEY | Signature | Date Month Day Year: 06 07 89
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name | Signature | Date Month Day Year

FACILITY
19. Discrepancy Indication Space:
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: WHITAKER A | Signature | Month Day Year: 6 9 89

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

13-123TCT63 6/13
1-204TCT50 6/15 (20)

0016138

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 0283293

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 6 6 0 1 2
Manifest Document No.: 0 0 0 0 6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Bu-Mac Industries, Inc
212 Prospect Avenue
Goshen, In 46526
4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0283294
B. State Generator's ID:

5. Transporter 1 Company Name: Mr. Franks
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 Service
420 S. Colfax Avenue
Griffith, Indiana 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID: 9180890002
H. Facility's Phone: (219)924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material, Flammable Liquid, NA1263	0 1 5	D M	0 0 8 2 5	G	F005, F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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GENERATOR — Printed/Typed Name: Kevin Kropf — Signature: K Kropf — Date (Month Day Year): 08 24 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Peter CEISAN — Signature: Peter Ceisan — Date (Month Day Year): 08 24 89
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date (Month Day Year):

FACILITY
19. Discrepancy Indication Space:
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 — Printed/Typed Name: A. Whitaker — Signature: A Whitaker — Date (Month Day Year): 8 25 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0283294

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

12 - 123R T63 8/28/89
3 - 201R T50 8/28/89

COPY 5. TSD COPY

0016139

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.: IND984866012 | Manifest Document No.: 00007
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
Bu-Mac Industries, Inc
212 Prospect Avenue
Goshen, IN 46528
4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0386613
B. State Generator's ID:
C. State Transporter's ID: 0079
D. Transporter's Phone: (312)596-3377

5. Transporter 1 Company Name: Mr. Franks
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 Sefvice
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.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material, Flammable Liquid, NA1263	006	DM	00330	G	F005 F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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GENERATOR — Printed/Typed Name: Doris Johns | Signature | Date: Month 10 Day 05 Year 87

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Jon Porter | Signature | Date: Month 10 Day 05 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: Whitaker A | Signature | Date: Month 10 Day 06 Year 87

EPA Form 8700-22
Previous editions are obsolete.
State Form 11065 (R/4-88)

COPY 5. TSD COPY

2-123TCT63 10/9
4-204TCT 30

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 0386613

0016140

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. IND 098 486 606 12 | Manifest Document No. 000 08 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items G, H, and I are required by State law.

3. Generator's Name and Mailing Address
Bu-Mac Industries, Inc
212 Prospect Avenue
Goshen, IN 46526
4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0386614
B. State Generator's ID:
C. State Transporter's ID: 0077
D. Transporter's Phone: (312)596-3377
E. State Transporter's ID: 1108 720 0100
F. Transporter's Phone:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Mr. Franks
6. Use EPA ID Number: ILD 984 777 505 49
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service
420 S. Colfax Ave
Griffith, Indiana 46319
10. Use EPA ID Number: IND 016 360 265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material, Flamiable Liquid, NA1263	002	DM	001.10	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

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GENERATOR — Printed/Typed Name: Kevin Kropf | Signature | Date Month 11 Day 29 Year 89

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Doug Voss | Signature | Date Month 11 Day 29 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: Whitlock A | Signature: A Whitlock | Date Month 11 Day 29 Year 89

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0386614

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

IV3DCT63 11/30

0016141

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·9·8·4·8·6·6·0·1·2
Manifest Document No.: 0·0·0·0·9
2. Page 1 of 3
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
Bu-Mac Industries, Inc
212 Prospect Avenue
Goshen, IN 46526
4. Generator's Phone (219) 533-0395

A. State Manifest Document Number: INA 0343131
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:
G. State Facility's ID: 9180890002
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: Mr. Franks
6. Use EPA ID Number: I·L·D·9·8·4·7·7·5·0·4·9
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Service
420 S. Colfax Ave
Griffith, Indiana 46319
10. Use EPA ID Number: I·N·D·0·1·6·3·6·0·2·6·5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Paint Related Material Flammable Liquid, NA1263	0.0.4	D M	0.0.2.2.0	G	F003, F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: [illegible] | Signature: [signature] | Date: Month 02 Day 22 Year 90

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Walter C Klumbo | Signature: Walter C Klumbo | Date: Month 02 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: 3-204RT50 2/27
1-204RT50 2/27 (20)

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A | Signature: [signature] | Date: Month 02 Day 27 Year 90

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0343131

0017756

DEPARTMENT OF NATURAL RESOURCES

See reverse side, Copy 6, for instructions.
Please type or print clearly using ball point pen — press hard.

HAZARDOUS WASTE MANIFEST FORM
Wisconsin Statutes 144
FORM 4400-66 9-80

A 52329

002385

GENERATOR (SHIPPER) SECTION

1. COMPANY NAME	2. EPA IDENTIFICATION NO.	3. COMMENTS/SPECIAL INSTRUCTIONS
Bucyrus-Erie Company	WID006076129	
4. P.O. BOX OR STREET ADDRESS: 1100 Milwaukee Avenue		
5. CITY, STATE, ZIP CODE: South Milwaukee, WI 53172	6. TELEPHONE NUMBER: (414) 768-4707	

7. NUMBER & TYPE OF CONTAINER	8. GALLONS	9. WASTE NAME	10. US DOT HAZARD CLASS	11. US DOT IDENTIFICATION NUMBER	12. PHYSICAL STATE (Enter number in box)	13. US EPA WASTE CODE	14. SHIPPING WEIGHT (Pounds)
12-55 Gal Drum	660	Waste Flammable Liquid	Flammable Liquid	UN1993	1. Solid 3. Mixture 2. Liquid [1]	D001	5280
					1. Solid 3. Mixture 2. Liquid [ ]		
					1. Solid 3. Mixture 2. Liquid [ ]		

This is to certify that the information contained herein is true, accurate and complete and that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the Wis. Department of Natural Resources or the U.S. Environmental Protection Agency.

15. AUTHORIZED SIGNATURE: [signature]
16. NAME (Print): [illegible]
17. DATE SHIPPED M D Y: 11 10 92

TRANSPORTER SECTION

18. COMPANY NAME	19. EPA IDENTIFICATION NO.
Southeast. Waste Treatment, Inc.	GAD000222083
20. P.O. BOX OR STREET ADDRESS: P.O. Box 1697	
21. CITY, STATE, ZIP CODE: Dalton, GA 30720	22. TELEPHONE NUMBER: (404) 278-0091
23. COMMENTS	

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

24. AUTHORIZED SIGNATURE	25. NAME (Print)	26. Date Accepted M D Y
[signature]	James Collins	11 / 10 / 92

I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.

27. 2nd. TRANSPORTER COMPANY NAME	28. EPA IDENTIFICATION NO.

29. AUTHORIZED SIGNATURE	30. NAME (Print)	31. Date Accepted M / D / Y

HAZARDOUS WASTE FACILITY SECTION

32. FACILITY NAME	33. EPA IDENTIFICATION NO.
American Chemical Service	IND016360265
34. P.O. BOX OR STREET ADDRESS: 420 South Colfax Avenue	
35. CITY, STATE, ZIP CODE: Griffith, IN 43619	36. TELEPHONE NUMBER: (219) 924-4370
37. COMMENTS	

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

38. AUTHORIZED SIGNATURE	39. NAME (Print)	40. Date Accepted M / D / Y
[signature]	F DUNFEE	11 / 11 / 92

I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.

41. ALTERNATE HAZARDOUS WASTE FACILITY NAME	42. EPA IDENTIFICATION NO.

43. AUTHORIZED SIGNATURE	44. NAME (Print)	45. Date Accepted M / D / Y

46. MAIL TO:
Department of Natural Resources
Bureau of Solid Waste Management
Box 8094
Madison, Wisconsin 53707

47. Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608-266-3232)
Outside Wisconsin (800-424-8802)

FOR DNR USE ONLY

To 204 I T-50
6PM

HAZARDOUS WASTE FACILITY

Please type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: OHD 097 229 090
Manifest Document No.: 50189A
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Bud's Auto Service
419 11th Street, Toledo, OH 43624
4. Generator's Phone (419) 242-4834

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: ADCO Express
6. US EPA ID Number: ILD 047 267 364
C. State Transporter's ID: 0367
D. Transporter's Phone: 312-429-1660

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
420 South Colfax Avenue
Griffith, IN 46319
10. US EPA ID Number: IND 016 360 265
G. State Facility's ID
H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	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	2	dm	106	G	F003
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
G - Gallon

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JERRY [illegible]
Signature:
Month / Day / Year:

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CEN [illegible]
Signature:
Month: 5 Day: 3 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: HARROLD F. [illegible]
Signature:
Month: 05 Day: 09 Year: 89

Style F15REV-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 9/86) Previous editions are obsolete.

IVDCD63 5/8

TSDF COPY

0016142

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 I D 0 0 6 0 2 7 4 3 7
Manifest Document No.: 1 7 1 6 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
Burke Porter Machinery
730 Plymouth Road
Grand Rapids, MI 49505
4. Generator's Phone (616) 459-9531

A. State Manifest Document Number: INA 0117168
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 616-375-9595
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-924-4370

5. Transporter 1 Company Name: A&B Industrial
6. Use EPA ID Number: M I D 0 1 7 1 6 7 2 2 2
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax
Griffith, IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Paint Related Material Flammable Liquid UN 1263	001	D N	00055	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: Scott A Wright
Signature: [signature]
Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Rodney Brown
Signature: Rodney Brown
Date: Month Day Year: 09 21 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 23 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 0117168

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
Note Form 11865

DISTRIBUTION:
PAGE 1 (white) TSD MAIL TO GENERATOR
PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

1-20 Fe-T-50 9/24/87

013754

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 005 027 437 — Manifest Document No. 17195
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
Burke Porter Machinery
730 Plymouth Road
Grand Rapids, MI 49505

A. State Manifest Document Number: INA 0117195

4. Generator's Phone (616) 459-9531

B. State Generator's ID

5. Transporter 1 Company Name: A&B Industrial Services — 6. Use EPA ID Number: IND 017 367 222

C. State Transporter's ID

D. Transporter's Phone: 616-375-9595

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax
Griffith, IN 46319

10. Use EPA ID Number: IND 016 960 265

G. State Facility's ID

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
GENERATOR a. Waste Paint Related Material Flammable Liquid, UN1263	001	DM	055	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: Scott A Wright — Signature — Date: Month 6 Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Michael E Miller — Signature — Date: Month 6 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: Harold F Schmidt — Signature — Date: Month 6 Day 26 Year

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0117195

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
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PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

126TC TG3 4/M

014324

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.
IND005027437	72239		

GENERATOR

3. Generator's Name and Mailing Address
Burk E. Porter Machinery
730 Plymouth Grand Rapids, MI 49505

A. State Manifest Document Number: INA 0172239

B. State Generator's ID:

4. Generator's Phone (616) 459-9531

5. Transporter 1 Company Name: TERRA Environmental

6. US EPA ID Number: IND017167222

C. State Transporter's ID:

D. Transporter's Phone: (816) 375-9595

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
America Chemical Services
420 S. Colfax
Griffth, IN 46319

10. US EPA ID Number: IND016360265

G. State Facility's ID:

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Paint Related Material, Flammable Liquid, UN1263	001	DM	005	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
5930 F 84

15. Special Handling Instructions and Additional Information

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Printed/Typed Name	Signature	Month	Day	Year
SCOTT A WRIGHT	Scott A. Wright	07	15	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
WILDE SMITH		07	15	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
ALVIN WHITAKER		07	19	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.

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865

DISTRIBUTION:
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PAGE 2 (goldenrod) GENERATOR MAIL TO GENERATOR STATE
PAGE 3 (light green) TSD MAIL TO TSD STATE
PAGE 4 (light pink) OUT OF STATE GENERATOR/TSD MAIL TO IDEM
PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

204RTSD 8/92

INA 0172239

014325

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.: MID009027437 — Manifest Document No.: 72215
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
BurkeE. Porter Machinery
730 Plymouth Grand Rapids, MI. 49505

A. State Manifest Document Number: INA 0172215

4. Generator's Phone (616) 459-9531

B. State Generator's ID

5. Transporter 1 Company Name: Terra Environmental
6. Use EPA ID Number: MID017167222

C. State Transporter's ID
D. Transporter's Phone: 616-375-8595

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
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	1	DM	55	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
TRAIL# 83
JOB# 50307
WO# 03216

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Scott A Wright — Signature: [signature] — Date: Month 03 Day 20 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mike Burch — Signature: Mike Burch — Date: Month 03 Day 20 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: A Whitaker — Signature: [signature] — Date: Month 3 Day 22 Year 89

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424 8802 or 202/426-2675.

INA 0172215

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

126TCF63 3/23

0016135

MINNESOTA POLLUTION CONTROL AGENCY
DIVISION OF SOLID AND HAZARDOUS WASTE
1935 WEST COUNTY ROAD B-2
ROSEVILLE, MN 55113-2785
ATTN: HWIMS

For MPCA use only

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Instructions on back of form.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MND 064773229 — Manifest Document No. 43416

2. Page 1 of

Information in shaded area not required by Federal law. Minnesota rules require Items H. and I.

3. Generator's Name and Mailing Address: Burnsville Auto Body, 3513 W. Hy 13, Burnsville MN 55337

4. Generator's Phone (612) 890-3990

A. State Manifest Document Number: MN 0043416

B. State Generator's ID

5. Transporter 1 Company Name: ABC SERVICES, INC.

6. US EPA ID Number: WID076159839

C. State Transporter's ID

D. Transporter's Phone: 414-657-6222

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 SOUTH COLFAX, GRIFFITH, IN 46319

10. U.S EPA ID Number: IND016360265

G. State Facility's ID

H. Facility's Phone: 219-924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	HM		12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	FLAMMABLE LIQUID NOS UN1993	2	DM	110	G	D001
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above: A - WASTE PAINT THINNER

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Dick Brown — Signature: Dick Brown — Date: Month 9 Day 3 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Kip Nelson — Signature: Kip Nelson — Date: Month 9 Day 13 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: G. MURPHY — Signature: G. Murphy — Date: Month 09 Day 06 Year 86

GENERATOR

TRANSPORTER

FACILITY

In case of spill or emergency, immediately call the Minnesota Pollution Control Agency at 612/296-7373; the Minnesota Division of Emergency Services at 612/778-0800; the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

Minnesota Form PQ-00371-01(10 84)

COPY 4: TSDF RETAIN

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MID005226428 | Manifest Document No.: 7127 | 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
Burr Oak Tool & Gauge
405 W. South St.
Sturgis, MI 49091

4. Generator's Phone (616) 651-9393

A. State Manifest Document Number: INA 0117127
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: A&B Industrial Services
6. Use EPA ID Number: MID017167222
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address: American Chemical Services, 420 S. Colfax Ave., Griffith IN 46319
10. Use EPA ID Number: IND016360265

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Paint Related Material N.O.S. NA 1263	1	DM	220	G	F005
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Allen L Metzger | Signature: [signature] | Date: Month 6 Day 7 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Raymond Bragg | Signature: Raymond Bragg | Date: Month 6 Day 7 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: Harold F [illegible] | Signature: [signature] | Date: Month 6 Day 15 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 0117127

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

WRK

4-204R TSD B

013753

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.N.D.0.0.5.2.2.6.4.2.8 | Manifest Document No. 2217 | 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
Burr Oak Tool & Gauge
405 W. South St. Sturgis, MI 49091

A. State Manifest Document Number
INA 017217

4. Generator's Phone (616) 651-9393

B. State Generator's ID

5. Transporter 1 Company Name
A&B Industrial Services

6. Use EPA ID Number
M I D 0 1 7 1 6 7 2 2 2

C. State Transporter's ID

D. Transporter's Phone (616)375-9595

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax Ave.
Griffith, IN 46319

10. Use EPA ID Number
I N D 0 1 6 3 6 0 3 6 5

G. State Facility's ID

H. Facility's Phone (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Paint Related Material N.O.S. NA 1263	005	DM	00275	G	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name | Signature | Month | Day | Year

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

19. Discrepancy Indication 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 | Month 4 | Day 13 | Year 87

GENERATOR — TRANSPORTER — FACILITY

In case of a spill call Indiana Office of Environmental Response at 317/243-5155 (day), or 317/633-0144 (night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 017217

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

014322

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.: MID005226428 — Manifest Document No.: 72280

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
Burr Oak Tool & Gauge
405 W. South St. Sturgis, MI 49091

A. State Manifest Document Number: INA 0172260

4. Generator's Phone (616) 651-0303

B. State Generator's ID

5. Transporter 1 Company Name: Terra Environmental Corp

6. Use EPA ID Number: MID017167222

C. State Transporter's ID

D. Transporter's Phone: (616)375-9595

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
420 S. Colfax Ave.
Griffith, IN 46319

10. Use EPA ID Number: IND016360365

G. State Facility's ID

H. Facility's Phone: (210) 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 N.O.S. NA 1263	5	DM	360	G	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: TRAIL 95 WO# 63914

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 11 Day 15 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE BURCH — Signature: Mike Burch — Date: Month 11 Day 15 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: FRANK PRICE — Signature: [illegible] — Date: Month 11 Day 18 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 0172260

EPA Form 8700-22 (Rev. 9-86)
Previous editions are obsolete.
State Form 11865 5-204R TSO 11/28/88

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PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

014323

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. ILD005143839 — 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: Butler Specialty Company, 8200 South Chicago Ave., Chicago, Ill. 60617

4. Generator's Phone (312) 221-1200

A. Illinois Manifest Document Number: IL 1240977

B. Illinois Generator's ID: 0316000392

5. Transporter 1 Company Name: LANDGREBE MOTOR TRANSIT

6. US EPA ID Number: IND009842824

C. Illinois Tranporter's ID: 1875

D. (219) 462-4181 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: AMERICAN CHEMICAL SERVICE, 420 S. COLFAX AVE, GRIFFITH IN 46319

10. US EPA ID Number: IND016360265

G. Illinois Facility's ID: 9180890002

H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	FLAMMABLE LIQUID N.O.S. IGNITABLE UN1993	21	DM	1155	1	EPA HW Number: D001; Authorization Number: 930606
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: 8400#

K. Handling Codes for Wastes Listed Above — In Item #14: 1 = Gallons, 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name: JAMES I. KELLER, Butler Specialty Co. — Signature: James I. Keller — Date: Month 05 Day 10 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Landgrebe Motor Trans — Signature: Philip L. Lyons — Date: Month 05 Day 10 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: G R Murphy — Signature: [signature] — Date: Month 5 Day 13 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

123 RT-63

010527

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M I D 0 7 2 5 7 5 7 8 0
Manifest Document No.: 3 7 9 8 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
Butterworth Hospital
100 Michigan NE, Grand Rapids MI 49503
4. Generator's Phone (616) 774-1427

A. State Manifest Document Number: INA 0437982
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: (616) 235-1500
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219) 924-4370

5. Transporter 1 Company Name: VALLEY CITY REFUSE DISPOSAL, INC.
6. Use EPA ID Number: M I D 9 8 1 9 5 6 0 6 3
7. Transporter 2 Company Name:
8. Use EPA ID Number:
9. Designated Facility Name and Site Address
American Chemical Service
420 S. Colfax, PO Box 190
Griffith IN 46319-1090
10. Use EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Waste Xylene Flammable Liquid UN1307	4	DM	220	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: Gregory Matteson
Signature: [signature]
Date: Month 08 Day 28 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roger Norton
Signature: Roger Norton
Date: Month 08 Day 28 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whitaker A
Signature: [signature]
Date: Month 8 Day 31 Year 90

GENERATOR / TRANSPORTER / FACILITY

INA 0437982

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-89)

212TCT50 9/4

COPY 5. TSD COPY

0017755

National Response Center at 800/424-8802 or 202/426-2675.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.7.2.5.7.5.7.8.0 | Manifest Document No.: 5.5.9.8.2 | 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.

GENERATOR

3. Generator's Name and Mailing Address
Butterworth Hospital
100 Michigan NE, Grand Rapids MI 49503

4. Generator's Phone (616) 774-1427

A. State Manifest Document Number: INA 0355982
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 Xylene Flammable Liquid UN1307	1	D.M	55	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month 5 Day [illegible] Year [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mel Heijima | Signature: [illegible] | Date: Month 5 Day 3 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: | Signature: | Date: Month . Day . Year .

FACILITY

19 Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Steve Kuiack | Signature: [illegible] | Date: Month 05 Day 04 Year 90

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355982

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY

2042TSD 5/9

0017756

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M.I.D.0.7.2.5.7.5.7.8.0
Manifest Document No.: 5.5.9.2.5
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
Butterworth Hospital
100 Michigan NE, Grand Rapids MI 49503

4. Generator's Phone (616) 774-1427

A. State Manifest Document Number: INA 0355925
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: [illegible]
H. Facility's Phone: (219) 924-4370

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. Waste Xylene Flammable Liquid UN1307	005	D.M	00275	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: Greg J Mattison
Signature: [signature]
Date: Month 1 Day 23 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Russell Heminger
Signature: Russell Heminger
Date: Month 01 Day 23 Year 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: STEVE KULAVICK
Signature: Steve Kulavick
Date: Month 01 Day 23 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.

INA0355925

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

COPY 5. TSD COPY 2047750 1/24

0017754

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: M·I·D·0·7·2·5·7·5·7·8·0 | Manifest Document No.: 5·5·9·5·3
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Butterworth Hospital
100 Michigan NE, Grand Rapids MI 49503
4. Generator's Phone (616) 774-1427

A. State Manifest Document Number: INA 0355953
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.	Waste No.
a. Waste Xylene Flammable Liquid UN1307	002	DM	00110	G	F003
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above:
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: C. Elkerkin — Signature: [signature] — Date: Month . Day . Year .

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Fred Rozema Jr — Signature: [signature] — Date: Month 03 Day 06 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 KULWICK — Signature: [signature] — Date: Month 03 Day 09 Year 90

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA0355953

EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/4-88)

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND000001507
Manifest Document No.: 0001
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: By-Pass Paint Shop Inc, 1132 N. Nappanee St, Elkhart, IN 46514
4. Generator's Phone (219) 264-5334

A. State Manifest Document Number:
B. State Generator's ID:

5. Transporter 1 Company Name: American Chemical Service
6. US EPA ID Number: IND016380265
C. State Transporter's ID:
D. Transporter's Phone: 219-924-4370

7. Transporter 2 Company Name: Strand Trucking Co.
8. US EPA ID Number: ILD000646810
E. State Transporter's ID:
F. Transporter's Phone: 312-385-8440

9. Designated Facility Name and Site Address: American Chemical Service, 420 s. Colfax Ave., Griffith, IN. 46319
10. US EPA ID Number: IND016380265
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	Flammable Liquid IGNITABLE D001Ign UN 1993	1	DR	0055	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: In case of spill: Contain; Get Emergency pumping, After material is captured; Flush with water

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Richard L. Baldwin
Signature: Richard L. Baldwin
Date: Month 05 Day 06 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES BATTEN
Signature: James Batten
Date: Month 05 Day 06 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible]
Signature: [illegible]
Date: Month Day Year

Style F15-6 Labelmaster, Chicago, IL 60646

EPA Form 8700-22 (3 84)

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EPA ID# IND020939856 | 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
BY-PRODUCTS MANAGEMENT, INC.
1150 Junction Ave. Schererville, IN 46375
4. Generator's Phone (219) 322-2560

A. State Manifest Document Number:
B. State Generator's ID:

5. Transporter 1 Company Name: TENNYBROOK TRANSPORTATION INC.
6. US EPA ID Number: I N D 9 8 0 7 9 2 1 7 0
C. State Transporter's ID:
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: American Chemical Services
10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5
G. State Facility's ID:
H. Facility's Phone:

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Flammable Liquid NOS UN1993				2 drums		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.

Printed/Typed Name	Signature	Date (Month Day Year)
CHARLES A. GUIDRY II		12 11 84

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date (Month Day Year)
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: EPA ID# IND020939856 | 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
BY-PRODUCTS MANAGEMENT, INC
1150 Junction Ave. Schererville, IN 46375

4. Generator's Phone (219) 322-2660

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: TENNYBROOK TRANSPORTATION INC.

6. US EPA ID Number: I N D 9 8 0 7 9 2 1 7 0

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services

10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. State Facility's ID

H. Facility's Phone

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Flammable Liquid NOS UN1993			9 drums		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.

Printed/Typed Name: CHARLES A. GUIDRY II | Signature: [signature] | Date: Month 12 Day 10 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: [illegible] | Signature: [illegible] | Date: Month 10 Day [illegible] Year

GENERATOR

TRANSPORTER

FACILITY

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