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17153

October 31, 2001

VIA FEDERAL EXPRESS

Joe Dombrowski
Remedial Project Management Section
Bureau of Land
Illinois Environmental Protection Agency
1021 North Grand Avenue East, Box 19276
Springfield, Illinois 62794-9276

Re: Downers Grove Groundwater Investigation Site (the "Site")
Information Request, dated October 3, 2001

Dear Mr. Dombrowski:

We represent Flexible Steel Lacing Company ("Flexco") in connection with the Information Request issued to Flexco by Illinois EPA on October 3, 2001. Enclosed is Flexco's response to the Information Request. Please direct any further communication regarding the Information Request or the Site to the undersigned.

If you have any questions regarding Flexco's response, please call.

Sincerely,

MICHAEL BEST & FRIEDRICH LLC

Andrew J. Warren

AJW:rs
Enclosures

cc: Flexible Steel Lacing Company
Alan I. Greene

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Response of Flexible Steel Lacing Company ("Flexco") to Illinois Environmental Protection Agency ("IEPA") Request for Information Dated October 3, 2001

Request 1. *Identify all persons consulted in the preparation of the answers to these Information Requests.*

Response.

Curtis A. J. Albrecht
Industrial Engineer

Ralph W. Amann
Vice President Materials

David Drabek
Engineering Manager, Special Projects

Vincent J. Korbal
Maintenance Technical Specialist

Business Address for the above-named individuals:

Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, IL 60515
(630) 971-0150

Request 2. *Identify all documents consulted, examined, or referred to in the propagation of the answers to these Requests, and provide copies of all such documents.*

Response.

See documents attached to subsequent responses.

Request 3. *If you have reason to believe that there may be persons able to provide a more detailed or complete response to any information Request or who may be able to provide additional responsive documents, identify such persons.*

Response.

None.

Request 4. *Identify all persons having knowledge or information about the generation transportation, treatment, disposal, or other handling of hazardous substances at the Facility by you, by your contractors, or by prior owners and/operators.*

Response.

Curtis A. J. Albrecht
Industrial Engineer

Ralph W. Amann
Vice President Materials

David Drabek
Engineering Manager, Special Projects

Vincent J. Korbal
Maintenance Technical Specialist

Donald L. Julen
Vice President Manufacturing – Retired
399 Quarry
Bolingbrook, IL 60440
(630) 759-4032

Request 5. *Describe the nature of your activities or business at the Facility, with respect to purchasing, receiving, processing, storing, treating, disposing or otherwise handling hazardous substances or materials at the Site.*

Response.

Flexco manufactures conveyor belt fasteners and belt maintenance products. Specific activities at the Facility include product engineering and design, die design and production, metal stamping, cold heading, wire drawing, heat treating, CNC machining, bar machining, miscellaneous assembly, packaging and shipping. Flexco does not purchase, receive, process, store, treat, dispose or otherwise handle hazardous substances at the Facility with the exception of minor amounts of paint, janitorial and housekeeping supplies that may contain hazardous substances.

Request 6. *State the dates during which you owned, operated, or leased the Facility, and provide copies of all documents evidencing or relating to initiation of such ownership, operation, or lease arrangements (e.g., deeds, leases, etc.).*

Response.

Flexco has owned the Facility since March 1966 to the present. *See* attached Document Nos. 06-001 to 06-002.

In October 1981, Flexco purchased property adjacent to the Facility. That property has not been developed. *See* attached Document Nos. 06-003 to 06-004.

Request 7. *Provide information about the physical conditions at the Facility, including but not limited to the following:*

(a) *Property boundaries, including a written legal description;*

(b) *Location of underground utilities (telephone, electrical, sewer, water main, etc.);*

(c) *Surface structures (e.g., buildings, tanks, etc.);*

(d) *Ground water wells, including drilling logs;*

(e) *Storm water drainage system, and sanitary sewer system, past and present, including septic tank(s), subsurface disposal field(s), and other underground structures; and where, when and how such systems are emptied;*

(f) *Any and all additions, demolitions, or changes of any kind on, under, or about the Facility, to its physical structures, or to the property itself (e.g., excavation work); and any planned additions, demolitions, or other changes to the Facility; and*

(g) *All maps and drawings of the Facility in your possession.*

Response.

A site plan showing the surface structures and location of the Facility is attached as Document No. 07-001. The Facility has undergone several phases of expansion since the first structure was erected in 1967. Attached as Document No. 07-002 is a color-coded diagram showing the following expansions at the Facility: 1967 original construction, 1970 expansion; 1975 expansion; 1982 expansion; and 1987 expansion. *See* Document Nos. 06-001 to 06-004 for legal descriptions of the Facility. Additional maps and drawings of the Facility expansions are available for review upon request to Flexco's counsel.

Request 8. *Identify all past and present solid waste management units (e.g., waste piles, landfills, surface impoundments, waste lagoons, waste ponds or pits, tanks, container storage areas, etc.) at the Facility. For each such solid waste management unit identified, provide the following information:*

(a) *A map showing the unit's boundaries and the location of all known solid waste units whether currently in operation or not. This map should be drawn to scale, if possible, and clearly indicate the location and size of all past and present units;*

(b) *The type of unit (e.g., storage area, landfill, waste pile, etc.), and the dimensions of the unit;*

(c) *The dates that the unit was in use;*

(d) *The purpose and past usage (e.g., storage, spill containment, etc.);*

(e) *The quantity and types of materials (hazardous substances and any other chemicals) located in each unit;*

(f) *Pollutants, or contaminants, and damages resulting therefrom;*

(g) *The construction (materials, composition), volume, size, dates of cleaning, and condition of each unit;*

(h) *If unit is no longer in use, how such unit was closed and what actions were taken to prevent or address potential or actual releases of waste constituents from the unit.*

Response.

The Facility contains the following waste management units, consisting primarily of areas of waste accumulation or storage prior to off-site disposal (the location of each area is indicated on the site map attached as Document No. 08-001):

Corrugated Trash Compactor

Flexco collects corrugated paper and cardboard for compression into bundles which are transported off-site by a vendor for recycling. The compactor contains a hydraulic cylinder to compress the corrugated material into a reinforced chamber and has a capacity of 50 cubic feet.

Metal Scrap Hoppers

Flexco collects carbon steel metal scrap and waste from stamping and metal cutting operations in three (3) metal scrap hoppers. Each hopper has a maximum capacity of 39 cubic yards. Flexco also collects scrap stainless steel, aluminum, and silicon bronze in 55-gallon drums. All of the collected material is transported off-site by a vendor for outside reprocessing.

Paper Recycling Bins

Flexco collects white paper stock (*i.e.* business reports, letterhead, typing paper, memos, etc.) from recycling receptacles at the Facility. Each paper recycling bin has a maximum capacity of 84 cubic feet. A vendor collects the bins periodically for off-site recycling.

Aerosol Recycling Drum

Flexco prepares aerosol cans (from paint, janitorial and housekeeping products used at the Facility) for off-site disposal by utilizing an aerosol recycling drum, which contains a puncturing device. Propellant gases are filtered and any residue from the cans collects at the bottom of the drum. The contents of the drum are periodically removed by a licensed vendor for off-site disposal.

Spent Oil Drums

Flexco collects petroleum lubricants and hydraulic fluids from its manufacturing process into 55-gallon drums. Up to 32 drums can be stored in the spent oil drum area. A vendor collects the contents of the drums and transports the material to an off-site reprocessing facility.

Refuse Compactor

Flexco collects solid waste refuse, such as non-recyclable paper goods, packaging material, and food refuse, into a refuse compactor that compresses the material into an

enclosed dumpster. A vendor periodically transports the dumpster, which has a maximum capacity of 34 cubic yards, to an off-site landfill.

Aqueous Parts Washer (Drum)

As part of its manufacturing process, Flexco uses an aqueous parts washer to remove oils from metal parts with a water-soluble detergent solution. The unit includes two reservoirs, one 220-gallon tank for washing and one 110-gallon tank for rinsing. The metal parts are immersed and agitated in the detergent solution. Used detergent solution is periodically pumped from the tanks into 55-gallon drums. A vendor collects the contents of the drums and transports the material to an off-site reprocessing facility.

Aqueous Parts Washer (Rotary)

Similar to the drum style aqueous parts washer discussed above, Flexco uses the rotary parts washer to remove oils from metal parts with a water-soluble detergent solution. The unit includes two reservoirs, one 250-gallon tank for washing and one 100-gallon tank for rinsing. The metal parts are spray washed with the detergent solution. Used detergent solution is periodically pumped from the tanks into 55-gallon drums. A vendor collects the contents of the drums and transports the material to an off-site reprocessing facility.

Heat Treat Furnace & Quench

As part of its manufacturing process, Flexco heats carbon and steel products to increase hardness. Heated products are quenched in a petroleum-based lubricating oil. The quench tank has a capacity of 900 gallons. The quench oil is periodically removed by a vendor for off-site reprocessing.

Soiled Oil Matting Bins

Flexco utilizes absorbent oil matting, for use near process equipment and high traffic areas, which are collected in bins. The bins, each of which has a capacity of 65 cubic yards, are sealed and transported off-site by a vendor for processing as a fuel additive.

Corn Cob Meal Hopper

Flexco utilizes corn cob meal as a natural oil-absorbent media for deburring operations. The material is collected in a 26 cubic foot dumpster and transported off-site by a vendor for reprocessing.

Dry Cell Battery Recycling Bucket

Flexco collects spent dry cell batteries in a sealed bucket for shipment back to the vendor for recycling.

Aqueous Parts Washer (Conveyor)

Similar to the drum style and rotary style aqueous parts washers discussed above, Flexco uses the aqueous parts washer to remove oils from metal parts with a water-soluble detergent solution. The unit includes one 200 gallon reservoir. The metal parts are spray washed with the detergent solution. Used detergent solution is periodically pumped from the tank into 55-gallon drums. A vendor collects the contents of the drums and transports the material to an off-site reprocessing facility.

Mineral Spirit Stations

At five (5) locations throughout its production area, Flexco uses small wash tanks with mineral spirits to remove oil and debris from products. Periodically a vendor collects the contents of the wash tanks and transports the material to an off-site reprocessing facility.

Vapor Degreaser

From 1968 to 1992, Flexco operated a vapor degreaser to remove excess oil from bolts and nuts prior to entering the heat treat furnace. Trichlorethylene was used as the solvent in the unit, which removed oil from metal products suspended in the solvent vapor. The degreaser was installed in a concrete-lined pit (with no floor drain) which aided employee access to the unit. The degreaser was serviced by Baron Blakeslee, which delivered virgin solvent, retrieved spent solvent, and provided a storage tank for the solvent. As originally configured, virgin solvent was stored in drums next to the degreaser.

In 1977, the original unit was replaced by a new degreaser (also stored in the same concrete-lined pit), and Baron Blakeslee provided Flexco with a bulk storage tank (capacity of 250 gallons) for storage of the virgin trichlorethylene. The storage tank was located on the concrete floor near the degreaser. Flexco constructed a 1.5 to 2 foot high concrete berm around the storage tank to contain any potential spills from the tank. There was never a spill. The storage tank was plumbed with hard piping into the vapor degreaser.

Spent trichlorethylene was stored in 55-gallon drums in the heat treat work area. The drums were filled, sealed and stored for recycling. Baron Blakeslee removed the drums when the virgin solvent was delivered to Flexco.

During its period of operation, Flexco used approximately five (5) drums per month of solvent in the vapor degreaser. In 1982, Baron Blakeslee installed a "cold trap solvent saver," which greatly reduced the volume of solvents used by Flexco. After installation of that component, Flexco's solvent use dropped to approximately four (4) drums per quarter, which Baron Blakeslee continued to remove.

In 1992, Flexco discontinued use of the vapor degreaser. Baron Blakeslee dismantled and removed its equipment, and all remaining spent solvents were manifested and disposed of off-site. *See* Document No. FSL-065, attached in response to Request

No. 19. Approximately a year or so later, the remaining vapor degreaser equipment was sold to a company in Wisconsin, which stated it was going to use the degreaser as a parts washer. The former location of the unit was cleaned and filled with concrete. As part of a subsequent remodeling, the area now is used as office space. During its entire period of operation, Flexco never experienced any spills or releases of hazardous substances in connection with its use of the vapor degreaser.

Request 9. *Identify the prior owners of the Facility. For each prior owner, further identify:*

(a) *The dates of ownership,*

(b) *All evidence showing that they controlled access to the Facility; and*

(c) *All evidence that a hazardous substance, pollutant, or contaminant, was released or threatened to be released at the Facility during the period that they owned the Facility.*

Response.

Prior to 1966, the land for the Facility was owned by Ellsworth Park Development Corporation, 208 S. LaSalle Street, Chicago, IL 60604. Flexco purchased the land in 1966 and constructed the Facility, which began operations in 1967. Prior to 1981, the adjacent parcel acquired by Flexco was owned by Lovejoy, Inc., 2655 Wisconsin Avenue, Downers Grove, IL 60515, as beneficiary under a land trust. Flexco has no information regarding access to the Facility or any release of a hazardous substance, pollutant, or contaminant at the Facility prior to its ownership.

Request 10. *Identify the prior operators, including lessors, of the Facility. For each such operator, further identify:*

(a) *The dates of operation,*

(b) *The nature of prior operations at the Facility;*

(c) *All evidence that they controlled access to the Facility; and*

(d) *All evidence that a hazardous substance, pollutant, or contaminant was released or threatened to be released at or from the Facility and /or its solid waste units during the period that they were operating the Facility.*

Response.

There was no prior operator of the Facility. *See* response to Request No. 9.

Request 11. *Provide copies of all local, state, and federal environmental permits ever granted for the Facility or any part thereof (e.g., RCRA permits, NPDES permits, etc.).*

Response.

See lifetime operating permit for Flexco's heat treat furnace, attached as Document Nos. 11-001 to 11-002. *See* Flexco's solvent management and accidental spill disposal report for the Downers Grove Sanitary District, dated July 30, 1985, and semi-annual certifications from 1986 to 2001, attached as Document Nos. 11-002 to 11-037.

Request 12. *Provide all reports, information, or data related to soil, water (ground and surface), or air quality and geology/hydrogeology at and about the Facility. Provide copies of all documents containing such data and information, including both past and current aerial photographs as well as documents containing analysis or interpretation of such data.*

Response.

In connection with the initial construction and subsequent phases of expansion that have occurred at the Facility since 1966, Flexco has performed geotechnical testing of soils for construction purposes. *See* attached Document Nos. 12-001 to 12-019 (1967 construction), 12-020 to 12-024 (1970 expansion), 12-025 to 12-027 (1972 lawn installation), and 12-028 to 12-068 (1982 expansion).

Request 13. *After the time you acquired the Facility, is there evidence or reason to know that any hazardous substance, contaminants, pollutants or oil was disposed of on, at or adjacent to the Facility? Describe the basis of this knowledge. Describe all investigation of the Facility you undertook prior to acquiring the Facility and all of the facts on which you based the answer to this question.*

Response.

No. At the time Flexco purchased the land for the Facility in 1966 (as well as the additional property in 1981), both parcels were vacant, undeveloped land with no evidence of prior industrial or commercial use. Therefore, Flexco knows of no evidence of disposal of any hazardous substance, contaminants, pollutants or oil.

Request 14. *Describe all leaks, spills or releases or threats of releases of any kind into the environment of any hazardous materials that have occurred or may occur at or from the Facility, including but not limited to,*

(a) *When such releases occurred or may occur;*
(b) *How the release occurred or may occur;*
(c) *What hazardous materials were released or may be released,*
(d) *What amount of each such hazardous material was so released;*
(e) *Where such releases occurred or may occur;*
(f) *Any and all activities undertaken in response to each such release or threatened release;*
(g) *Any and all investigations of the circumstances, nature, extent or location of each such release or threatened release, including the results of any soil, water (ground and surface) or air testing that was undertaken; and*
(h) *All persons with information relating to subparts (a) through (g) of this question.*

Response.

None.

Request 15. *If the answer to question 14 is anything but an unqualified no, and if any releases or threatened release identified in response to question 14 above occurred into any subsurface disposal system or floor drain inside or under your building or buildings at the Facility, identify;*

(a) *Where the disposal system or floor drains were located;*
(b) *When the disposal system or floor drains were installed;*
(c) *Whether the disposal system or floor drains were connected to pipes;*
(d) *Where such pipes were located and emptied;*
(e) *When such pipes were installed;*
(f) *How and when such pipes were replaced, or repaired; and*
(g) *Whether such pipes ever leaked or in any way released hazardous materials into the environment.*

Response.

Not applicable.

Request 16. *Did any leaks, spills, or releases of hazardous materials occur at the Facility when such materials were being:*

(a) *Delivered by vendor;*
(b) *Stored (e.g., in any tanks, drums, or barrels);*
(c) *Transported or transferred (e.g., to or from any tanks, drums, barrels, or recovery units); or*
(d) *Treated.*

Response.

No.

Request 17. *If the answer to the preceding question is anything other than an unqualified no, provide all documents relating to any such leaks, spills or releases.*

Response.

Not applicable.

Request 18. *Has soil ever been excavated or removed from the Facility?*

(a) *Amount of soil excavated;*
(b) *Location of excavation;*
(c) *Manner and place of disposal and/or storage of excavated soil;*
(d) *Dates of soil excavation;*
(e) *Identity of persons who excavated or removed the soil;*
(f) *Reason for soil excavation;*
(g) *Whether the excavation or removed soil contained hazardous materials and why the soil contained such materials;*
(h) *All analyses or tests and results of analyses of the soil that was removed from the Facility;*

(i) *All persons, including contractors, with information about (a) through (h) of this request;*

(j) *All reports, summaries or other documentation describing the excavation.*

Response.

In connection with construction and development of the Facility, Flexco has excavated soil during construction, some of which was transported off-site as fill. Flexco has no knowledge of any removed soil containing hazardous materials. Information pertaining to the phases of construction is as follows:

1967 Construction

See Document Nos. 18-001 to 18-007, which include correspondence with John Trayner (earth moving contractor) regarding regrading of soil at the Facility in connection with an expansion. Approximately 30 yards of topsoil appears to have been removed from the Facility; *see* Document No. 18-008.

1970 Expansion

During construction of the 1970 expansion of the Facility, Flexco's contractor utilized Budron Excavating Co; *see* Document Nos. 18-009 to 18-010. Flexco has no further information regarding any excavation that occurred during the expansion.

1975 Expansion

During construction of the 1975 expansion of the Facility, Flexco's contractor utilized C.D. Chidester Excavating; *see* Document Nos. 18-011 to 18-012. Flexco has no further information regarding any excavation that occurred during this expansion.

1982 Expansion

During construction of the 1982 expansion of the Facility, Flexco's contractor utilized Plaza Excavating Contractors; *see* Document No. 18-013. Flexco has no further information regarding any excavation that occurred during this expansion.

1987 Expansion

During construction of the 1987 expansion of the Facility, Flexco's contractor utilized Greinig & Son, Inc.; *see* Document Nos. 18-014 to 18-016. Flexco has no further information regarding any excavation that occurred during this expansion.

Request 19. *Provide records from 1972 through the present showing how much chlorinated solvent/cleaner or other chlorinated materials were purchased for the Facility. Provide records from 1972 through the present which show how much chlorinated solvent/cleaner or other chlorinated materials were sent from the*

Facility to be recycled or disposed. Provide the manifests showing such recycling or disposal.

Response.

Pursuant to Flexco's document retention policy, purchasing records from the period of 1968 to 1992 (the time of operation of the vapor degreaser) have not been retained. For manifests of solvent sent from the Facility for recycling or disposal from 1980 to 1993, *see* attached Document Nos. FSL-001 to FSL-065.

Request 20. *Provide all records regarding the disposal of solid waste from the Facility from 1972 to present.*

Response.

Flexco formerly sent its waste oil off-site for disposal at the Lenz Oil facility in Lemont, Illinois, from 1980 to 1985; *see* attached Document Nos. 20-001 to 20-010 (previously submitted to Illinois EPA in connection with its investigation of the Lenz Oil site). Other than the foregoing, Flexco, due to its corporate retention policy, has generally not preserved records from prior to 1998. Waste oils are removed by Beaver Oil Co., Inc. (*see* Document Nos. 20-011 to 20-152). Mineral spirits from wash stations are removed by Safety-Kleen (*see* Document Nos. 20-153 to 20-337). Oil absorbent matting is removed by CES Recovery Systems, and, due to a name change, Eco-Clean (*see* Document Nos. 20-338 to 20-524). Representative samples of documents for removal of compacted trash from the Facility by BFI are attached (*see* Document Nos. 20-525 to 20-526) and recycling by V.I.M. Recyclers are attached (*see* Document Nos. 20-527 to 20-529). Additional documents from these companies are available for review upon request to Flexco's counsel. In addition, Flexco arranged for transfer of one truckload of material that contained hazardous substances other than solvents (*see* Document No. 20-530).

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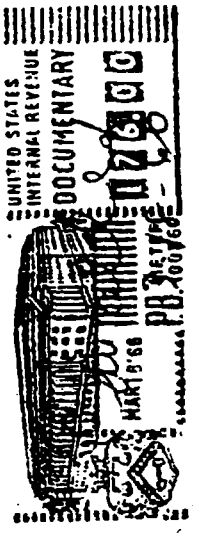
FLEXIBLE STEEL LACING COMPANY

a corporation organized and existing under and by virtue of the laws of the State of Illinois having its principal office in the City of Chicago County of Cook and State of Illinois the following described Real Estate situated in the County of Du Page and State of Illinois, to wit:

Lots 39, 40, 41, Lot 42 (except the West 85 feet thereof), Lot 44 (except the West 85 feet thereof), Lots 45, 46 and 47 of Ellsworth Park Development Corporation's Resubdivision of Lots 27 to 31, both inclusive, in Ellsworth Park Unit No. 5, a subdivision in the South West quarter of Section 12, Township 38 North, Range 10, East of the Third Principal Meridian, according to the plat thereof recorded September 8, 1965, as Document R65-34726, in Du Page County, Illinois.



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AFFIX "RIC

In Witness Whereof, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its President, and attested by its Secretary, this 17th day of March, 1966.

ELLSWORTH PARK DEVELOPMENT CORP.
(NAME OF CORPORATION)

BY Raymond T. Lopata PRESIDENT

ATTEST: Joseph L. Bromberek SECRETARY

State of Illinois, County of Cook ss., I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY CERTIFY, that Raymond T. Lopata personally known to me to be the President of the ELLSWORTH PARK DEVELOPMENT corporation, and Joseph L. Bromberek personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument as President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the Board of Directors of said corporation as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 17th day of March 1966

Commission expires 12-3 1967

Harriet B. Goetze
NOTARY PUBLIC

DOCUMENT NUMBER

John W. McElroy, Room 1300
105 W. Madison St., Chicago?

MAIL TO:
NAME ~~Lopata, Bromberek & Smith~~
ADDRESS 69 W. Washington St.
CITY AND STATE ~~Chicago, Illinois 60602~~

ADDRESS OF PROPERTY:

THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES ONLY AND IS NOT A PART OF THIS DEED.

OR RECORDER'S OFFICE BOX NO.

06-002

Hail.

GEO E COLE & CO CHICAGO
LEGAL BLANKS

No. 801
(NEW MARCH 1957)

WARRANTY DEED—Statutory
(ILLINOIS)
(CORPORATION TO CORPORATION)

Approved By { Chicago Title and Trust Co.
Chicago Real Estate Board

R66- 9599

DOC. NO.
FILED FOR RECORD IN RECORDERS OFFICE OF DUPAGE COUNTY, ILLINOIS.

MAR 21 1966 -4 30 PM

Rhoda H. Luther
RECORDER

(The Above Space For Recorder's Use Only)

THE GRANTOR ELLSWORTH PARK DEVELOPMENT CORP.

a corporation created and existing under and by virtue of the laws of the State of Illinois and duly authorized to transact business in the State of Illinois, for and in consideration of TEN AND NO/100 - - - - - - - - - ($10.00) - - - DOLLARS, and other good and valuable consideration in hand paid, and pursuant to authority given by the Board of Directors of said corporation CONVEYS and WARRANTS unto

FLEXIBLE STEEL LACING COMPANY

a corporation organized and existing under and by virtue of the laws of the State of Illinois having its principal office in the City of Chicago County of Cook and State of Illinois the following described Real Estate situated in the County of Du Page and State of Illinois, to wit:

Lots 39, 40, 41, Lot 42 (except the West 85 feet thereof), Lot 44 (except the West 85 feet thereof), Lots 45, 46 and 47 of Ellsworth Park Development Corporation's Resubdivision of Lots 27 to 31, both inclusive, in Ellsworth Park Unit No. 5, a subdivision in the South West quarter of Section 12, Township 38 North, Range 10, East of the Third Principal Meridian, according to the plat thereof recorded September 8, 1965, as Document R65-34726, in Du Page County, Illinois.

DOCUMENTARY

AFFIX "RID

In Witness Whereof, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its President, and attested by its Secretary, this 17th day of March, 1966.

ELLSWORTH PARK DEVELOPMENT CORP.
(NAME OF CORPORATION)

BY Raymond T. Lopata PRESIDENT

ATTEST: Joseph L. Bromberek SECRETARY

IMPRESS CORPORATE SEAL HERE

State of Illinois, County of Cook ss., I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY CERTIFY, that Raymond T. Lopata personally known to me to be the President of the ELLSWORTH PARK DEVELOPMENT corporation, and Joseph L. Bromberek personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument as President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the

IMPRESS NOTARIAL SEAL HERE

379-130 8/10/66

100-90

DOCUMENT

DU PAGE COUNTY

R81- 60835

1981 NOV 13 PM 2:00

STATE OF ILLINOIS
SS
COUNTY OF COOK

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that KURT A. CARLISLE and EUGENE R. KERR, personally known to me to be ~~Sexxxx~~ Vice President and Assistant Secretary, respectively, of THE NORTHERN TRUST COMPANY, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me in person and severally acknowledged that as such ~~Sexxxx~~ Vice President and Assistant Secretary, they signed and delivered the said instrument as ~~Xexxxx~~ Vice President and Assistant Secretary of THE NORTHERN TRUST COMPANY and caused the corporate seal of THE NORTHERN TRUST COMPANY to be affixed thereto as their free and voluntary act and the free and voluntary act and deed of THE NORTHERN TRUST COMPANY as trustee as aforesaid, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 30th day of October, 19 81

Martha L Marshall
Notary Public

My commission expires:
February 27, 1985

Mail To:
Flexible Stay
Flexible Stay Co.
2525 Wisconsin Ave.
Downers Gr., Ill
60515

06-004

R81- 60835

TRUSTEE'S DEED

The Grantor, THE NORTHERN TRUST COMPANY, an Illinois corporation, of Chicago, Illinois, as trustee under the provisions of a trust agreement dated the 28th day of July, 1970 and known as Trust Number THT00079, for and in consideration of $ 10.00 and other good and valuable consideration, and pursuant to the power and authority given it as such trustee, conveys and quitclaims to FLEXIBLE STEEL LACING COMPANY/ (an Illinois Corporation), of 2525 Wisconsin Avenue, Downers Grove, Illinois all interest in the following real estate situated in the County of DuPage, State of Illinois:

The West 85 feet of Lots 42 and 44, all in Ellsworth Park Development Corporation Resubdivision of Lots 27, 28, 29, 30, and 31 in Ellsworth Park Unit number 5, in the South West 1/4 of Section 12, Township 38 North, Range 10, East of the Third Principal Meridian, according to the Plat thereof recorded of said Resubdivision recorded September 8, 1965 as Document No. R65-34726, in DuPage County, Illinois.

Du Page co. no. 022

COUNTY OF Du PAGE
REAL ESTATE TRANSFER TAX
RP | ★★★ | 11-13-81 | 48.50

DUPAGE CO. NO. 022 171598
STATE OF ILLINOIS
REAL ESTATE TRANSFER TAX
P.B. 10690 | NOV 13'81 | ★★★ DEPT. OF REVENUE | 48.40

DUPAGE CO. NO. 022 171599
STATE OF ILLINOIS
REAL ESTATE TRANSFER TAX
P.B. 10690 | NOV 13'81 | ★★★ DEPT. OF REVENUE | 00.10

91 48.50

The Grantor executes this deed as such trustee and not individually, and is not to be held liable in its individual capacity in any way by reason of this deed. Any recourse under and by virtue of this deed shall be against the trust estate only.

IN WITNESS WHEREOF, the Grantor has caused its name to be signed and its corporate seal affixed by its duly authorized officers, this 26th day of October, 19 81.

ATTEST

Assistant Secretary

THE NORTHERN TRUST COMPANY

By

As its ~~Secretary~~ Vice President, not personally, but as trustee aforesaid.

1325 (R4/72)

This instrument was prepared by:
J. Timothy Ritchie
50 South LaSalle Street
Chicago, Illinois 60675

06-003

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

P.O. BOX 19506, SPRINGFIELD, ILLINOIS 62794-9506

THOMAS V. SKINNER, DIRECTOR

217/782-2113

LIFETIME OPERATING PERMIT

PERMITTEE

Flexible Steel Lacing Company
Attn: Curtis Albrecht
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

Application No.: 87070051 I.D. No.: 043030AAB
Applicant's Designation: Date Received: July 31, 2001
Subject: Metal Finishing Operation
Date Issued: September 14, 2001 Expiration Date: See Condition 1.
Location: 2525 Wisconsin Avenue, Downers Grove

This permit is hereby granted to the above-designated Permittee to OPERATE emission unit(s) and/or air pollution control equipment consisting of:

Electric Heat Treat Furnace

pursuant to the above-referenced application. This permit is subject to standard conditions attached hereto and the following special condition(s):

1a. This permit shall expire 180 days after the Illinois EPA sends a written request for the renewal of this permit.

b. This permit shall terminate if it is withdrawn or is superseded by a revised permit.

2. This permit is issued based on negligible emissions of particulate matter (PM) and volatile organic material (VOM) from heat treat furnace. For this purpose, emissions shall not exceed nominal emission rates of 0.1 lb/hour and 0.44 ton/year.

X pers. of equip

3. The Permittee shall maintain monthly records of the following items:

a. Amount and type of material heat treated (ton/mo and ~~ton/yr~~). hrs.

4. All records and logs required by this permit shall be retained at a readily accessible location at the source for at least three years from the date of entry and shall be made available for inspection and copying by the Illinois EPA upon request. Any records retained in an electronic format (e.g., computer) shall be capable of being retrieved and printed on paper during normal source office hours so as to be able to respond to an Illinois EPA request for records during the course of a source inspection.

5. If there is an exceedance of the requirements of this permit as determined by the records required by this permit, the Permittee shall submit a report to the Illinois EPA's Compliance Section in Springfield, Illinois within 30 days after the exceedance. The report shall include the emissions released in accordance with the recordkeeping requirements, a copy of the relevant records, and a description of the exceedance or violation and efforts to reduce emissions and future occurrences.

11-001

APC 220 form
Worst Case consumption

How much consumed
How often replenished
MSDS - Cold Head Lubs

Flexible Steel Lacing Company

2525 Wisconsin Avenue • Downers Grove, Illinois 60515 USA • Phone 312-971-0150 • Telex 72-8383 • Cable Steelace

July 30, 1985

Downers Grove Sanitary District
2710 Curtiss Street
Downers Grove, IL 60515

Gentlemen:

Enclosed please find a copy of our solvent management and accidental spill disposal report plans.

If you have any questions, please feel free to contact me.

Sincerely,

Donald Julen
General Foreman

11-003

—Americas belt fasteners for 75 years

FSL-076

Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, IL 60515

ACCIDENTAL SPILL DISPOSAL AND REPORTING PLAN

1.) Donald Julen, General Foreman, is responsible for the accidental spill disposal and reporting plan.

2.) Storage areas are inspected weekly and inspection is documented. Clean-up of any accidental spill can normally be handled in-house. Professional assistance will be obtained should spill be more than can be contained within.

3.) Written instructions and annual training, inform our employees.

4.) In the event of a discharge, the Department Supervisor, General Foreman, Vice President-Manufacturing and President shall be notified immediately.

TO: Downers Grove Sanitary District

SUBJECT: Semi-Annual Accidental Spill Report

Based on my inquiry of the person directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that, to the best of my knowlege and belief, no solvents or toxics have been dumped or spilled into the waste waters since filing the last Accidental Spill Disposal Report. I further certify that this facility is implementing the Solvent Management Plan submitted to the District.

_____ Flexible Steel Lacing Company

~~2525 Wisconsin Avenue~~

DATE: _____ Downers Grove, IL 60515

11-005

FSL-079

TO: Downers Grove Sanitary District

SUBJECT: Spill Report

On _____ a spill occurred at this facility. _____ gallons of _____ entered the waste water system. The balance of the material was contained and was cleaned up and disposed of in a proper manner.

_____

DATE: _____

Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, IL 60515

11-006

FSL-080

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
Reporting Period: January 1 through June 30, 1986

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN

DOWNERS GROVE IL 60515

Report completed by: DON JULEN

Title: SUPERINTENDENT Phone No. 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions have been taken to prevent a recurrence.

(please attach additional pages)

If no discharge occurred during the reporting period, please indicate that by checking the certification statement below.

X "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the solvent management plan submitted to the District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN (Type or Print) Date: 6/20/86

Signature: Don Julen Title: Superintendent

11-007

FSL-081

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1986

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN AVE
DOWNERS GROVE IL 60515

Report Completed by: DON TULEN

Title: SUPERINTENDENT Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON TULEN
(Type of Print)

Signature: Don Tulen

Title: Superintendent Date: 1/12/87

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 through June 30, 1987

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN

DOWNERS GROVE IL 60515

Report Completed by: DON JULEN

Title: V.P. MFG. Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

✓ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Type or Print)

Signature: Don Julen

Title: V.P. MFG Date: 7/14/87

11-009

FSL-083

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1987

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN
DOWNERS GROVE IL 60515

Report Completed by: DON JULEN

Title: V.P. MFG. Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

✓ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposa and reporting requirements, I certify that to the best of my knowledg and belief, no solvents or toxics have been dumped or spilled into th wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Type or Print)

Signature: Don Julen

Title: V.P. Mfg. Date: 1/7/88

11-010

FSL-084

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1, Through June 30, 1988

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN

DOWNERS GROVE IL 60515

Report Completed by: DON JULEN

Title: V. P. MFG Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

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All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Type or Print)

Signature: Don Julen

Title: V. P. MFG Date: 7/19/88

11-011

FSI -085

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1, Through December 31, 1988

RECEIVED
JAN 30 1989
DOWNERS GROVE
SANITARY DISTRICT

Company Name: FLEXIBLE STEEL LACING CO.

Address: 2525 WISCONSIN AVE.
DOWNERS GROVE, IL.

Report Completed by: ROBERT HAFEY

Title: GENERAL FOREMAN Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: ROBERT HAFEY
(Type or Print)

Signature: Robert Hafey

Title: GENERAL FOREMAN Date: 1/26/89

11-012

FSL-086

MAILED 7/13/89

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1, Through June 30, 1989

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN
DOWNERS GROVE IL

Report Completed by: DON JULEN

Title: V.P. MFG. Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

NONE

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Type or Print)

Signature: Don Julen

Title: V.P. mfg. Date: 7/13/89

11-013

FSI-087

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1, Through June 30, 1990

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN, DOWNERS GROVE IL

Report Completed by: DON JULEN

Title: V.P. MFG. Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

NONE

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

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All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Type or Print)

Signature: Don Julen

Title: V P Mfg Date: 7/12/90

11-015

FSL-089

MAILED
1/17/91

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1, Through December 31, 1990

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN AVE

DOWNERS GROVE IL

Report Completed by: DON JULEN

Title: V.P. MFG. Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

NONE

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Type or Print)

Signature: Don Julen

Title: V. P. MFG Date: 1/17/91

7/12/91
MAILED

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1, Through June 30, 1991

Company Name: FLEXIBLE STEEL LACING CO

Address: 2529 WISCONSIN AVE

DOWNERS GROVE IL

Report Completed by: DON JULEN

Title: V.P. MFG Phone: 971-0150

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

NONE

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposa and reporting requirements, I certify that to the best of my knowledg and belief, no solvents or toxics have been discharged or spilled into th wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN

Signature: Don Julen

Title: V.P. MFG. Date: 7/12/91

11-017

FSL-091

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 Through December 31, 1991

Received 1/17/92

Company Name: FLEXIBLE STEEL LACING

Address: 2525 WISCONSIN

DOWNERS GROVE IL

Report Completed By: DON JULEN

Title: V.P. MFG. Phone: 971 0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG Date: 1/17/92

11-018

FSI-092

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 Through June 30, 1992

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN

DOWNERS GROVE IL

Report Completed By: DON JULEN

Title: V.P. MFG Phone: 971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG Date: 7/10/92

11-019

FSL-093

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1992

Company Name: FLEXIBLE STEEL LACING CO.

Address: 2525 WISCONSIN
DOWNERS GROVE IL

Report Completed By: DON JULEN

Title: V.P. MFG. Phone: 9710150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: VP Mfg. Date: 1/20/93

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 through June 30, 1993

Company Name: Flexible Steel Lacing Co

Address: 2525 Wisconsin Ave
Downers Grove IL

Report Completed By: Don Julen

Title: V.P. Mfg. Phone: 971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

None

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: Don Julen
(Please type or print name)

Signature: Don Julen

Title: V.P. Mfg Date: 8/25/93

11-021

FSL-095

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1993

Company Name: FLEXIBLE STEEL LACING CO.

Address: 2525 WISCONSIN AVE
DOWNERS GROVE IL

Report Completed By: DON JULEN

Title: V.P. MFG Phone: 971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

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All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MANUFACTURING Date: 1/12/94

220-11

FSL-096

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 through June 30, 1994

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN
DOWNERS GROVE IL 60515

Report Completed By: DON JULEN

Title: V.P. MFG. Phone: 971 0150

Describe the occurrence of any discharges of materials prohibited fro discharge to the sanitary sewer system. Include the date, time type o material discharged, the volume and concentration; what authorities wer notified of the discharge; what actions were taken to control and clean u the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicat that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company nam above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG. Date: 7/15/94

11-023

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1994

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN

DOWNERS GROVE IL 60515

Report Completed By: DON JULEN

Title: V.P. MFG Phone: 971-6150

Describe the occurrence of any discharges of materials prohibited fror discharge to the sanitary sewer system. Include the date, time type o: material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean u: the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicat that by checking the certification statement below.

_____ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company name above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG. Date: 3/23/94

11-024

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 through June 30, 1995

Company Name: Flexible Steel Lacing Co

Address: 2525 Wisconsin

Downers Grove Il 60515

Report Completed By: Don Julen

Title: V.P. Mfg. Phone: [redacted] 9710150

Describe the occurrence of any discharges of materials prohibited fro discharge to the sanitary sewer system. Include the date, time type o material discharged, the volume and concentration; what authorities wer notified of the discharge; what actions were taken to control and clean u the material; and what actions were taken to prevent a reoccurrence.

None

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicat that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company name above:

Name of Authorized Agent: Don Julen
(Please type or print name)

Signature: Don Julen

Title: V.P. Mfg. Date: 7/5/95

11-025

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1995

Company Name: Flexible Steel Lacing Co

Address: 2525 Wisconsin

Downers Grove IL 60515

Report Completed By: Don Julen

Title: V.P. MFG Phone: 708 971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: Don Julen
(Please type or print name)

Signature: Don Julen

Title: V P MFG Date: 2/21/96

11-026

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 through June 30, 1996

Company Name: Flexible Steel Lacing Co

Address: 2525 Wisconsin

Downers Grove Il

Report Completed By: Don Julen

Title: V.P. MFG. Phone: 708-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: Don Julen
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG. Date: 7/26/96

11-027

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
July 1 through December 31, 1996

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN
DOWNERS GROVE IL

Report Completed By: DON JULEN

Title: V.P. MFG. Phone: 630-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG Date: 1/23/97

11-028

DOWNERS GROVE SANITARY DISTRICT
Prohibited Materials Discharge Report
January 1 through June 30, 1997

Company Name: FLEXIBLE STEEL LACING CO

Address: 2525 WISCONSIN

DOWNERS GROVE IL

Report Completed By: DON JULEN

Title: V.P. MFG. Phone: 630-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: DON JULEN
(Please type or print name)

Signature: Don Julen

Title: V.P. MFG. Date: 7/12/97

11-029

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
July 1 through December 31, 1997

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: DON JULEN

Title: V.P. MFG Phone: 630-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

NONE

(please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ♦ X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: DON JULEN Title: V.P. MFG
(Please type or print name)

Signature: Don Julen Date: 1/9/98

11-030

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
January 1 through June 30, 1998

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: DON JULEN

Title: V.P. MFG Phone: 630-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

NONE

(please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

◆ X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: DON JULEN Title: V.P. MFG.
(Please type or print name)

Signature: Don Julen Date: 7/6/98

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
July 1 through December 31, 1998

Mailed 2/4/99

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: DON JULEN

Title: V.P. MFG. Phone: 630-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

None

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ◆ X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: DON JULEN Title: V.P. MFG.
(Please type or print name)

Signature: Don Julen Date: 2/4/99

Mailed 7/6/99

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
January 1 through June 30, 1999

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: DON JULEN

Title: V.P. MFG. Phone: 971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

◆ ✓ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: DON JULEN Title: V.P. MFG.
(Please type or print name)

Signature: Don Julen Date: 7/6/99

11-033

MAILED 1/17/00

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
July 1 through December 31, 1999

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: DON JULEN

Title: V.P. MFG Phone: 971.0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

♦ ✓ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: DON JULEN Title: V.P. MFG.
(Please type or print name)

Signature: Donald Julen Date: 1/17/00

11-034

7/25/00

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
January 1 through June 30, 2000

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: DON JULEN

Title: V.P. MFG. Phone: 971 0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

None

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ✓ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: DON JULEN Title: VP MFG.
(Please type or print name)

Signature: Don Julen Date: 7/25/00

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
January 1 through June 30, 2001

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: Curtis A. J. Albrecht

Title: Industrial Engineer Phone: 630.971.0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

NONE

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ✓ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: Curtis A. J. Albrecht Title: Industrial Engr.
(Please type or print name)

Signature: Curtis A. J. Albrecht Date: 8-1-01

DOWNERS GROVE SANITARY DISTRICT
PROHIBITED MATERIALS DISCHARGE REPORT
July 1 through December 31, 2000

Company: FLEXIBLE STEEL LACING COMPANY

Location: 2525 Wisconsin Downers Grove, IL 60515

This Report was completed by: ROBERT HAFELY

Title: MANUFACTURING MANAGER Phone: 630-971-0150

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

♦RBH ✓ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: ROBERT HAFELY Title: MANUFACTURING MANAGER
(Please type or print name)

Signature: Robert Hafely Date: 1/16/01

11-037

STATE OF ILLINOIS

O BE COMPLETED BY
VASTE GENERATOR

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

JAN 26 1981

0379101

SPECIAL WASTE HAULING MANIFEST

Authorization Number 998649

FLEXIBLE STEEL LACING (Company Name) | 2535 WISCONSIN AVENUE (Address)
DOWNERS GROVE (City) | IL (State) | 60515 (Zip)
0430300003 Generator Number

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139005

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 0316 0037 Site Number
CHICAGO (City) | IL (State) | 60650 (Zip)

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: | HAZARD CLASS:

WASTE | FOOL | WEIGHT FOR D.O.T. USE 3923 (LBS) TONS (circle one)
Trichlorethylene

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

QUANTITY OF WASTE DELIVERED: 324

1 GALLONS (Circle One)
2 CU. YDS.

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 1/21/81 | Don Julen (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) BHR (Authorized Signature) DATE: 1/21/81

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

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

Victor Romano (Authorized Signature) DATE: 01/22/81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-002

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

0376864

Authorization Number 998649

FLEXIBLE STEEL LACING (Company Name) — 2525 WISCONSIN AVENUE (Address)
DOWNERS GROVE (City) — IL (State) — 60515 (Zip)

0430300003 G (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) — 1634 S LARAMIE (Hauler Address) — S.W.H. Registration Number 0139005

ILD 004968509 S.W.H. Registration Number

Hauler Name — Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) — 1634 S LARAMIE (Address) — 03160037 (Site Number)
Chicago (City) — IL (State) — 60650 (Zip) — ILD 004968509

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE — WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Spent Solvent — HAZARD CLASS: UN#1710 NONE F001 — WEIGHT FOR D.O.T. USE 1833 LBS TONS (circle one)

WASTE TRICHLORETHYLENE MIXTURE ORM-A

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

QUANTITY OF WASTE DELIVERED: 000150 — 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 3 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. US EPA.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2-24-81 — [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) [signature] (Authorized Signature) — DATE: 2/24/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ___

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

Victor Romano (Authorized Signature) — DATE: 03/06/81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-003

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

0376865

Authorization Number 998649

FLEXIBLE STEELLACING (Company Name) 2525 WISCONSIN (Address)
DOWNERS GROVE (City) IL (State) 60515 (Zip)
04303000003 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address) S.W.H. Registration Number 0139005
ILD004968509

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 03160037 (Site Number)
CHICAGO (City) IL (State) 60650 (Zip) ILD004968509

TO BE COMPLETED BY WASTE GENERATOR

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

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE MIXTURE ORM-A
HAZARD CLASS: FOG / UN#1710
WEIGHT FOR D.O.T. USE 1833 (LBS) TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 00150
(1) GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 3 (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. < US EPA

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3/4/81 Don Luben (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) L Simula (Authorized Signature) DATE: 3/3/81

(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:

Victor Romano (Authorized Signature) DATE: 03/06/81

COMMENTS OR SPECIAL INSTRUCTIONS: ____

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-004

STATE OF ILLINOIS

0376868

O BE COMPLETED BY
/ASTE ~~GENE~~RATOR

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

SPECIAL WASTE HAULING MANIFEST

Authorization Number 998649
ILD 005094230
04303 00003
Generator Number

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN Address | DOWNERS GROVE City | IL State | 60515 Zip

WASTE HAULER(S)

BARON BLAKESLEE Hauler Name | 1634 S LARAMIE Hauler Address | S.W.H. Registration Number 0139005

ILD 004968509
S.W.H. Registration Number 0139005

Hauler Name | Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE Address | 03160037 Site Number

CHICAGO City | IL State | 60650 Zip | ILD004968509

O BE COMPLETED BY
/ASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

HE 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 TRICHLORETHYLENE	F001 UN#1710 ORM-A	3360 (LBS / TONS circle one)

/EIGHT FOR I.E.P.A. USE MUST BE ONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 000225 (1 GALLONS / 2 CU. YDS. circle one)

METHOD OF SHIPMENT (Circle One) 6 (DRUMS) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4/14/81 (Authorized Signature)

WASTE HAULER

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

1) (Authorized Signature) DATE: 4 14 81

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

Victor R. Romano (Authorized Signature) DATE: 04 22 81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-005

TO BE COMPLETED BY WASTE GENERATOR

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

0379105

Authorization Number 998647

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address)
DOWNERS GROVE (City) | IL (State) | 60515 (Zip)

ILD 005094230
043030000 3 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address)
S.W.H. Registration Number 0139005
ILD 004968509

(Hauler Name) | (Hauler Address)
S.W.H. Registration Number 0139005

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (Site Number)
Chicago (City) | IL (State) | 60650 (Zip) | ILD 004968509

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE
WASTE PHASE: liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION:	HAZARD CLASS:	
WASTE	FOOI UN# 1710	WEIGHT FOR D.O.T. USE 1833 (LBS) TONS (circle one)
TRICHLORETHYLENE	ORM-A	

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

QUANTITY OF WASTE DELIVERED: 000150

GALLONS (Circle One) / CU. YDS. 1

METHOD OF SHIPMENT (Circle One) 3 DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5/7/81 (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) B+B Incandela (Authorized Signature) DATE: 5/7/81

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

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

Victor R. Romano (Authorized Signature) DATE: 05/08/81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-006

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

0379104

SPECIAL WASTE HAULING MANIFEST

Authorization Number 998647

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN Address

ILD 005094230

DOWNERS GROVE City | IL State | 60515 Zip

043030000 3 Generator Number

WASTE HAULER(S)

BARON BLAKESLEE Hauler Name | 1634 S LARAMIE Hauler Address

S.W.H. Registration Number 0139005

ILD 004968509

Hauler Name | Hauler Address

S.W.H. Registration Number 0139005

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S. LARAMIE Address | 03160037 Site Number

CHICAGO City | IL State | 60650 Zip

ILD 004968509

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE

WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION:	HAZARD CLASS:	
WASTE	FOOL UN# 1710	WEIGHT FOR D.O.T. USE 1500 (LBS) TONS (circle one)
TRICHLORETHYLENE	ORM-A	

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

QUANTITY OF WASTE DELIVERED: 000160

GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) 4 (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. & US EPA.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5/19/81

Donald Haden (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) B+B (Authorized Signature) DATE: 5/19/81

(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:

Victor A. Romano (Authorized Signature) DATE: 06/01/81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-007

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

0379103

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 998647

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address)
DOWNERS GROVE (City) | IL (State) | 60515 (Zip)

ILD 005094230
04303 00003 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address)
S.W.H. Registration Number 0139004

ILD004968509
S.W.H. Registration Number

Hauler Name | Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (Site Number)
CHICAGO (City) | IL (State) | 60650 (Zip) | ILD004968509.

TO BE COMPLETED BY WASTE GENERATOR

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

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

SHIPPING DESCRIPTION:	HAZARD CLASS:
WASTE	Fool UN#1710
TRICHLORETHYLENE	ORM-A

WEIGHT FOR D.O.T. USE 1.992 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 00150
1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 3 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: 6/17/81 Don Fuller (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) Bob Incandella (Authorized Signature) DATE: 6/17/81

(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:

Theo R. Romans (Authorized Signature) DATE: 06/23/81

COMMENTS OR SPECIAL INSTRUCTIONS: _____

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-008

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

037910

Authorization Number 99864

FLEXIBLE STEEL LACING (Company Name) 2525 WISCONSIN (Address)
DOWNERS GROVE (City) IL (State) 60515 (Zip)

ILD005094230
0430300003 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address)
S.W.H. Registration Number 013900

ILD004968509
S.W.H. Registration Number

Hauler Name Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 0316003 (Site Number)
Chicago (City) IL (State) 60650 (Zip) ILD004968509

TO BE COMPLETED BY
WASTE GENERATOR

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

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE
HAZARD CLASS: F001 UN# 1710 ORN-A
WEIGHT FOR D.O.T. USE 1,279 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000100 (47–52)
1 GALLONS (Circle One)
2 CU. YDS. 1 (53)

METHOD OF SHIPMENT (Circle One) 2 DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 7/2/81 Don Julen (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:

[signature] (Authorized Signature) DATE: 7/2/81 (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 SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Victor R. Romano (Authorized Signature) DATE: 07/09/81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-009

0350330

) 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

Authorization Number 998647

FLEXIBLE STEEL LACING (Company Name) 2525 WISCONSIN (Address)
DOWNERS GROVE (City) IL (State) 60515 (Zip)

ILD005094230
0430300003 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address)
S.W.H. Registration Number 0139008
ILD004968509

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 03160037 (Site Number)

City State Zip
ILD004968509

) BE COMPLETED BY
ASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE
HAZARD CLASS: F001 UN# 1710 ORN-A
WEIGHT FOR D.O.T. USE 1845 LBS TONS (circle one)

EIGHT FOR I.E.P.A. USE MUST BE
ONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 150
1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 30 DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

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

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 7-17-81 Don Julen (Authorized Signature)

VASTE HAULER

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

1) [signature] (Authorized Signature) DATE: 7/17/81

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO X

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

Victor R. Romano (Authorized Signature) DATE: 07/22/81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-010

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

0320585

Authorization Number 998647

FLEXIBLE STEEL LACING (Company Name) 2525 WISCONSIN (Address)
DOWNERS GROVE (City) IL (State) 60515 (Zip)

ILD 005094230
04303000003 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address) S.W.H. Registration Number 0139001
ILD 004968509

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 031600037 (Site Number)

(City) (State) (Zip) ILD 004968509

TO BE COMPLETED BY WASTE GENERATOR

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

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

SHIPPING DESCRIPTION:	HAZARD CLASS:
WASTE	FOOL UN* 1710
TRICHLORETHYLENE	ORM-A

WEIGHT FOR D.O.T. USE 1850 LBS / TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 150 (1 GALLONS (Circle One) / 2 CU. YDS.)

METHOD OF SHIPMENT (Circle One) 3 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: 8/12/81 Don Fuller (Authorized Signature)

WASTE HAULER

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) Joe Lewis (Authorized Signature) DATE: 8/12/81

(2) (Authorized Signature) DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO X

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

Victor R. Romano (Authorized Signature) DATE: 08/19/81

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-011

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

SPECIAL WASTE HAULING MANIFEST

0320590

Authorization Number 998647

TO BE COMPLETED BY WASTE GENERATOR

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address)
OWNER GROVE (City) | IL (State) | 60515 (Zip)
ILD005094230
04303000003 G (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address)
S.W.H. Registration Number C13900L
ILD004968509

(Hauler Name) | (Hauler Address)
S.W.H. Registration Number C139001

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address)
0316000037 (Site Number)
CICERO (City) | IL (State) | 60650 (Zip)
ILD004968509

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE
WASTE 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	FOOL UN# 1710	1771 (LBS) TONS (circle one)
TRICHLORETHYLENE	ORM-A	

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.
QUANTITY OF WASTE DELIVERED: 150 (47–52)
1 GALLONS (Circle One) 2 CU. YDS. (53)

METHOD OF SHIPMENT (Circle One) 3 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: 8-31-81 (54–59)
Don Lubin (Authorized Signature)

WASTE HAULER

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

(Authorized Signature) DATE: 8 31 81 (54–59)

(Authorized Signature) DATE: / / (54–59)

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

Victor L. Romano (Authorized Signature) DATE: 09 22 81 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-012

O BE COMPLETED BY
VASTE GENERATOR

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

U431360

Authorization Number 998647

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 971-0150 (Phone Number) | 0430300003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005094230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139005

312-450-3900 (Phone Number) | ILD004968509 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (Site Number)

CHICAGO Cicero (City) | IL (State) | 60650 (Zip) | 312-450-3900 (Phone Number) | ILD004968509 (EPA Number)

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

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

O BE COMPLETED BY
VASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

HE 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 TRICHLORETHYLENE	6001	1710	ORM-A

/EIGHT FOR .O.T. USE 1727 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 150

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

METHOD OF SHIPMENT (Circle One) (DRUMS 3 Number) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

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

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Lubin (Authorized Signature) DATE: 9/21/81

VASTE 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:

) B+B (Authorized Signature) DATE: 9/21/81

) _____ (Authorized Signature) DATE: / /

ISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

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

Victor R. Romano (Authorized Signature) DATE: 09/22/81

OMMENTS OR SPECIAL INSTRUCTIONS: _____

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

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

EV. # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-013

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

0376867

SPECIAL WASTE HAULING MANIFEST

Authorization Number 998649

FLEXIDE STEEL LACING (Company Name) | 2525 WISCONSIN (Address)
DOWNERS GROVE (City) | IL (State) | 60515 (Zip)
ILD005094230
04303000003 (14 Generator Number 24)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address)
S.W.H. Registration Number 0139005 (23 31)
ILD004968509

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 03160037 (39 Site Number 40)
CICERO (City) | IL (State) | 60650 (Zip) | ILD004968509

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE
WASTE 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	FOOL UN* 1710	1,692 LBS / TONS (circle one)
TRICHLORETHYLENE	ORM-A	

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

QUANTITY OF WASTE DELIVERED: Mixture 000450 (47 52)

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

METHOD OF SHIPMENT (Circle One) 3 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: 10-15-81
(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) B R [illegible] (Authorized Signature) DATE: 10/15/81 (54 59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO X

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

Victor R. Romano (Authorized Signature) DATE: 10/23/81 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS:

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

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GF[illegible]

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-015

O BE COMPLETED BY
/ASTE GENERATOR

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

0555057

Authorization Number 998649

FLEXIBLE steel (Company Name) | 2625 WISCONSIN (Address) | 3129710150 (Phone Number) | 0430300003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005094230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139001

3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (Site Number)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

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

BE COMPLETED BY
ASTE GENERATOR

WASTE NAME: TRICHLOREthyLENE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE

HAZARD CLASS: 7001

1710 (UN or NA Number)

ORM-A (EPA HW Number)

EIGHT FOR D.T. USE 1950 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 150 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) 3 (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

EREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION X Baron Blakeslee (Authorized Signature) DATE: 11/9/81

ASTE 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.

Joe Parks (Authorized Signature) DATE: 11/9/81

(Authorized Signature) DATE: / /

SPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

Victor R. Romano (Authorized Signature) DATE: 11/19/81

MMENTS OR SPECIAL INSTRUCTIONS:

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

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

V. # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-016

O BE COMPLETED BY
/ASTE GENERATOR

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

U555058

Authorization Number 998649

FLEXSTEEL (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 0430300003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005094230 (EPA Number)

WASTE HAULER(S)

AARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 013900S

3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

AARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (Site Number)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

(City) | (State) | (Zip) | 312-450-3563 (Phone Number) | (EPA Number)

BE COMPLETED BY
ASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE | HAZARD CLASS: 7001 | 1710 (UN or NA Number) | ORNA (EPA HW Number)

EIGHT FOR D.T. USE 1860 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 000150 | (1) GALLONS (2) CU. YDS. (Circle One) 1

METHOD OF SHIPMENT (Circle One) (DRUMS 3 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

EREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Julian (Authorized Signature) DATE: 11/19/81

ASTE 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:

B+B Transfer (Authorized Signature) DATE: 11/19/81

(Authorized Signature) DATE: / /

SPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

Victor R. Romano (Authorized Signature) DATE: 12/01/81

MMENTS OR SPECIAL INSTRUCTIONS:

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

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

V. # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-017

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

0555061

Authorization Number 998649

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 04303000003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005094230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number

3124503900 (Phone Number) | ILD004968509 (EPA Number)

(Hauler Name) | (Hauler Address) | S.W.H. Registration Number 0139001

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 021600037 (Site Number)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

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

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE | HAZARD CLASS: 7001 | 1710 (UN or NA Number) | ORNA (EPA HW Number)

WEIGHT FOR D.O.T. USE 3671 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 300 (GALLONS) 2 CU. YDS. (Circle One) 1

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 Donald Fuller (Authorized Signature) DATE: 12/22/81

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) B+B (Authorized Signature) DATE: 12/22/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO ✓

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

Victor R. Romano (Authorized Signature) DATE: 01/11/82

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-018

O BE COMPLETED BY
/ASTE GENERATOR

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

0376866

Authorization Number 998649

FLEXIBLE STEEL (Company Name) — 2525 WISCONSIN (Address)

DOWNERS GROVE (City) — IL (State) — 60515 (Zip)

0430300003 (Generator Number)

ILD 005094230

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) — 1634 SLARAMIE (Hauler Address)

S.W.H. Registration Number ____

ILD 004968509

Hauler Name — Hauler Address

S.W.H. Registration Number 0139003

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) — 1634 SLARAMIE (Address) — 03160037 (Site Number)

CICERO (City) — IL (State) — 60650 (Zip)

ILD 004968509

O BE COMPLETED BY
VASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE

HAZARD CLASS: 7001 UN# 1710 ORN-A

WEIGHT FOR D.O.T. USE 3,850 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000350

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

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

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

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 2/23/82 — Don Julen (Authorized Signature)

WASTE HAULER

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

(1) L Dimitrios B/B (Authorized Signature) — DATE: 02/23/82

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

Victor R. Romano (Authorized Signature) — DATE: 03/04/82

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-019

) BE COMPLETED BY
ASTE GENERATOR

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

0320586

Authorization Number 998649

FLEXIBLE STEEL (Company Name) 2525 WISCONSIN (Address)

DOWNERS GROVE (City) IL (State) 60515 (Zip)

0430300003 G (Generator Number)

ILD 005094230

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address)

S.W.H. Registration Number 0139005

ILD004968509

Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 03160037 (Site Number)

CICERO (City) IL (State) 60650 (Zip) ILD 004968509

) BE COMPLETED BY
'ASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE

WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: WASTE TRICHLORETHYLENE

HAZARD CLASS: 7001 UN# 1710 ORN-A

WEIGHT FOR D.O.T. USE 1833 LBS TONS (circle one)

/EIGHT FOR I.E.P.A. USE MUST BE ONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 150

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

METHOD OF SHIPMENT (Circle One) DRUMS 3 TANK TRUCK OPEN TRUCK OTHER (Specify)

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

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 3/18/82 Don Fuller (Authorized Signature)

WASTE HAULER

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

(1) B+B S Incandella (Authorized Signature) DATE: 3/18/82

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ___ NO ✓

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

Victor R. Romano (Authorized Signature) DATE: 04/06/82

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-020

0320588

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

TO BE COMPLETED BY WASTE GENERATOR

Authorization Number 998619

Flexible Steel (Company Name) 2525 Wisconsin (Address) 0430300003 (Generator Number)

Downers Grove (City) IL (State) 60515 (Zip) FID005094230

WASTE HAULER(S)

Baron Blakeslee (Hauler Name) 1634 S Larmie (Hauler Address) S.W.H. Registration Number 0139003

FLD 064968509

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Baron Blakeslee (Facility Name) 1634 S. Larmie (Address) 03160037 (Site Number)

Cicero IL (State) 60650 (Zip) FLD 064968509

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Trichlorethylene WASTE 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 HAZARD CLASS: Fool UN1710

WEIGHT FOR D.O.T. USE 1260 LBS TONS (circle one)

Trichlorethylene ORN-A

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

QUANTITY OF WASTE DELIVERED: 100

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

METHOD OF SHIPMENT (Circle One) 2 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: 6-14-82 Don Lulen (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) Joe Pomento (Authorized Signature) DATE: 6/14/82

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

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

Victor R. Romano (Authorized Signature) DATE: 06/15/82

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 G

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-021

O BE COMPLETED BY
VASTE 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

OCT 11 1982

0555059

Authorization Number 998619

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 04303000003 (14 Generator Number 24)

BOWERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKELEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139005 (25 31)

3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 03160037 (39 Site Number 46)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503963 (Phone Number) | ILD004968509 (EPA Number)

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

City | State | Zip | Phone Number | EPA Number

BE COMPLETED BY
STE GENERATOR

WASTE NAME: TRICHLOROETHYLENE | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: WASTE | HAZARD CLASS: ~~Flam~~ ORM-A | UN1710 (UN or NA Number) | 7001 (EPA HW Number)

GHT FOR .T. USE 1860 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 000150 (52) | (1 GALLONS) 2 CU. YDS. (Circle One) 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS) 3 (Number) | TANK TRUCK | OPEN TRUCK | OTHER (Specify) _____

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

EREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Luben (Authorized Signature) | DATE: 9-3-82

STE 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:

B+B D'Incandella (Authorized Signature) | DATE: 09/03/82 (54 59)

(Authorized Signature) | DATE: / /

POSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES_____ NO_____

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

(Authorized Signature) | DATE: 09/03/82 (60 65)

MENTS OR SPECIAL INSTRUCTIONS: _____

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

RIBUTION: PART - 1 GENERATOR | PART - 2 IEPA | 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.

FSL-022

O BE COMPLETED BY
/ASTE GENERATOR

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

0555060

Authorization Number 998619

Copy to DJ

LEXIBLE STEEL LACING (Company Name) 2525 WISCONSIN (Address) 3129710150 (Phone Number) 0430300005 (Generator Number)

OWNERS GROVE (City) IL (State) 60515 (Zip) ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address) S.W.H. Registration Number 0139007

3124503900 (Phone Number) ILD004968509 (EPA Number)

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

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 03160037 (Site Number)

CICERO (City) IL (State) 60550 (Zip) 3124503900 (Phone Number) ILD004968509 (EPA Number)

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

) BE COMPLETED BY
ASTE GENERATOR

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

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

SHIPPING DESCRIPTION: WASTE HAZARD CLASS: ORN-A UN1710 (UN or NA Number) 7001 (EPA HW Number)

EIGHT FOR O.T. USE 1600 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000130 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS 3 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 10/1/82

/ASTE 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:

) [signature] B/B (Authorized Signature) DATE: 10/01/82

) (Authorized Signature) DATE: / /

ISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

[signature] (Authorized Signature) DATE: 10/01/82

OMMENTS OR SPECIAL INSTRUCTIONS: Manifest shows 150G delivered. Actually received 130G.

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

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

EV. # 3 GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-023

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

0320584

Authorization Number 998649

FLEXIBLE STEEL LACING CO (Company Name) | 2525 WISCONSIN (Address)
DOWNERS GROVE (City) | IL (State) | 60515 (Zip)
0430300003 (Generator Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1620 S LARAMIE AVE (Hauler Address) | S.W.H. Registration Number 0139002

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1620 S LARAMIE AVE (Address) | 0316003 (Site Number)
CICERO (City) | IL (State) | 60650 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLOR ETHYLENE | WASTE PHASE: LIQUID (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: SPENT SOLVENT | HAZARD CLASS: NONE | WEIGHT FOR D.O.T. USE 7332 (LBS) TONS (circle one)

LIQ. CHLOR CMPD N.O.I.

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

QUANTITY OF WASTE DELIVERED: 000600

1 GALLONS (Circle One)
2 CU. YDS.

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 10/17/80 | Don Julen (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) L Schmidt (Authorized Signature) DATE: 10 17 80

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

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

Victor Romano (Authorized Signature) DATE: 10 21 80

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-001

STATE OF ILLINOIS

O BE COMPLETED BY
/ASTE GENERATOR

MAR 7 1983

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

0659328

Authorization Number 998619

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 04303000003 G (Generator Number)

OWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139007

3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 03160037 (Site Number)

CICERO (City) | IL (State) | 60550 (Zip) | 3124503900 (Phone Number) | ILD004968509 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE | WASTE 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	ORM-A	9N1710	F001

WEIGHT FOR D.O.T. USE 4200 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000100 (52) | (1) GALLONS (2) CU. YDS. (Circle One) 1 (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: 1-7-83

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) _____ (Authorized Signature) DATE: 01071 83 (54 59)

2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

_____ (Authorized Signature) DATE: 01078 3 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS: Manifest shows 100 gal. We actually did receive 100 gal.

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. 8 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty 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.

FSL-024

TO BE COMPLETED BY WASTE GENERATOR

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

0659329

Authorization Number 998619

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 0430300003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60615 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139005

3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 03160037 (Site Number)

CICERO (City) | IL (State) | 60550 (Zip) | 3124503900 (Phone Number) | ILD004968509 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE

WASTE 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

HAZARD CLASS: ORM-A

UN or NA Number: UN1710

EPA HW Number: F001

WEIGHT FOR D.O.T. USE: 1,367 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000150

1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One): (DRUMS) Number 3) TANK TRUCK (OPEN TRUCK) OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Fuller (Authorized Signature) DATE: 5/23/83

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) P+D (Authorized Signature) DATE: 05/23/83

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

(Authorized Signature) DATE: 5/23/83

COMMENTS OR SPECIAL INSTRUCTIONS: We received same as shown manifest shows.

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

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to d $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.

FSL-025

O BE COMPLETED BY
/ASTE GENERATOR

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

0659330

SEP 19 1983

Authorization Number 998649

FLEXIBLE STEEL LACING (Company Name) 2525 WISCONSIN (Address) 3129710150 (Phone Number) 0430300003 (Generator Number)

DOWNERS GROVE (City) IL (State) 60515 (Zip) ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) 1634 S LARAMIE (Hauler Address) S.W.H. Registration Number 0139003

3124503900 (Phone Number) ILD004968509 (EPA Number)

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

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) 1634 S LARAMIE (Address) 0316 0037 (Site Number)

CICERO (City) IL (State) 60550 (Zip) 3124503900 (Phone Number) ILD004968509 (EPA Number)

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE WASTE 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 HAZARD CLASS: ORM-A UN 1710 (UN or NA Number) 7001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 1348 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000150 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS 3 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [signature] (Authorized Signature) DATE: 8/24/83

WASTE HAULER

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

(1) Frank [signature] (Authorized Signature) DATE: 8/24/83

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

[signature] (Authorized Signature) DATE: 8/24/83

COMMENTS OR SPECIAL INSTRUCTIONS: Manifest shows 150 gal we rec. 150 Gal.

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

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

REV. # 4 GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do s $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.

FSL-026

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

NOV 15 1983

088099

Authorization Number 998640

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 04303000003 (14 Generator Number)

DOWNER GROVE (City) | IL (State) | 60515 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 013900

3124503900 (Phone Number) | ILD004968500 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (39 Site Number)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503900 (Phone Number) | ILD004968500 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLOROETHYLENE WASTE 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	ORM-A	UN1710	7001

WEIGHT FOR D.O.T. USE 1,520 (LBS) TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000150 (42 52) (1 GALLONS) 2 CU. YDS. (Circle One) 1 (53)

METHOD OF SHIPMENT (Circle One) (DRUMS) Number 3 TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Luben (Authorized Signature) DATE: 11/1/83

WASTE HAULER

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

(1) B+B (Authorized Signature) DATE: 11/01/83 (54 55)

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

DISPOSAL, STORAGE OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

(Authorized Signature) DATE: 11/11/83 (60 61)

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2E

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty 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.

FSL-027

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

APR 09 REC'D

0880993

Authorization Number 998649

Flexible Steel (Company Name) | 2525 Wisconsin (Address) | Phone Number | 0430300003 (Generator Number)

Downers Grove (City) | IL (State) | 60515 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

Baron Blakeslee (Hauler Name) | 1634 S. Laramie (Hauler Address) | S.W.H. Registration Number 0139007

312 450 3557 (Phone Number) | ILD051937068 (EPA Number)

" | "

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Baron Blakeslee (Facility Name) | 1634 S. Laramie (Address) | 03160037 (Site Number)

Cicero (City) | IL (State) | 60650 (Zip) | 312 450 3557 (Phone Number) | ILD051937068 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHOROETHYLENE WASTE 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

HAZARD CLASS: ORM-A

UN1710 (UN or NA Number) | F001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 2,400 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000200 (47–52)

1 GALLONS (Circle One)
2 CU. YDS. 1 (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: 3-23-84

WASTE HAULER

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

(1) L Dimiles B/B Driver (Authorized Signature) DATE: 03/23/84 (54–59)

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

[signature] (Authorized Signature) DATE: 3/23/84 (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 / 426-267

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to c $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.

FSL-028

STATE OF ILLINOIS

TO BE COMPLETED BY WASTE GENERATOR

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

JUN 04 RECD

0880994

Authorization Number 998649

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 0430300003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139005

3124503557 (Phone Number) | ILD051937068 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 031600037 (Site Number)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503557 (Phone Number) | ILD051937068 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: TRICHLORETHYLENE WASTE 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 | HAZARD CLASS: ORM-A | UN1710 (UN or NA Number) | 7001 (EPA HW Number)

WEIGHT FOR D.O.T. USE 1220 (LBS) TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 000100 | 1 GALLONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS) 2 (Number) | TANK TRUCK | (OPEN TRUCK) | OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Julen (Authorized Signature) DATE: 4/27/84

WASTE HAULER

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

1) B+B (Authorized Signature) DATE: 04 27 84

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

(Authorized Signature) DATE: 4/27/84

COMMENTS OR SPECIAL INSTRUCTIONS:

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

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to $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.

FSL-029

O BE COMPLETED BY
/ASTE GENERATOR

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

0880996

Authorization Number 998649

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 04303000030 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005099230 (EPA Number)

WASTE HAULER(S)

BARON BLAKESLEE (Hauler Name) | 1634 S LARAMIE (Hauler Address) | S.W.H. Registration Number 0139007

3124503557 (Phone Number) | ILD051937068 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE (Facility Name) | 1634 S LARAMIE (Address) | 03160037 (Site Number)

CICERO (City) | IL (State) | 60650 (Zip) | 3124503557 (Phone Number) | ILD051937068 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

O BE COMPLETED BY
VASTE GENERATOR

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

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

SHIPPING DESCRIPTION: WASTE

HAZARD CLASS: ORM-A

UN1710 (UN or NA Number) | F001 (EPA HW Number)

VEIGHT FOR D.O.T. USE 1,800 LBS/TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 000150 (1 GALLONS (Circle One) 2 CU. YDS.) 1

METHOD OF SHIPMENT (Circle One) (DRUMS 3 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Julen (Authorized Signature) DATE: 6/21/84

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) R Simulin B/B Driver (Authorized Signature) DATE: 06/21/84

2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

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

(Authorized Signature) DATE: 6/21/84

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2677

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to $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.

FSL-030

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 7-31-85

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.0.0.5.0.9.9.2.3.0 — Manifest Document No.: 0.0.0.0.1

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
FLEXIBLE STEEL LACING
2525 WISCONSIN AVE DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1120316

B. Illinois Generator's ID: 0430300003

5. Transporter 1 Company Name: BARON BLAKESLEE INC

6. US EPA ID Number: I.L.D.0.5.1.9.3.7.0.6.8

C. Illinois Tranporter's ID: 0739

D. Transporter's Phone: 312 450-3557

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID: BL [illegible]

F. Transporter's Phone

9. Designated Facility Name and Site Address
BARON BLAKESLEE
1634 S LARAMIE
CICERO IL 60650

10. US EPA ID Number: I.L.D.0.5.1.9.3.7.0.6.8

G. Illinois Facility's ID: [illegible]600003 7

H. Facility's Phone: 312 450-[illegible]3900

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	TRICHLOREThYLENE ORMA UN 1710	005	DM	00250	1	EPA HW Number: 7001; Authorization Number: 998649
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: DON JULEN GEN FOREMAN — Signature: Don Julen — Date: Month 10 Day 11 Year 84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Brad INCANDELLA — Signature: Brad Incandella — Date: Month 10 Day 11 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: RONALD BANASIAK — Signature: [signature] — Date: Month 10 Day 11 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

REV.# 5 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 mu 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

FSL-031

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 7-31-85

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.L.D.0.0.5.0.9.9.2.3.0 Manifest Document No. 0.0.0.0

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971-0150

Illinois Manifest Document Number: IL 1120317

Illinois Generator's ID: 0[illegible]3 0 0 0 0 0 3

5. Transporter 1 Company Name: BARON BLAKESLEE INC

6. US EPA ID Number: I.L.D.0.5.1.9.3.7.0.6.8

Illinois Transporter's ID: 0 1 3 9

Transporter's Phone: [illegible]

7. Transporter 2 Company Name:

8. US EPA ID Number:

Illinois Transporter's ID:

Transporter's Phone:

9. Designated Facility Name and Site Address
BARON BLAKESLEE INC
1634 S LARAMIE
CICERO IL 60650

10. US EPA ID Number: I.L.D.0.5.1.9.3.7.0.6.8

Illinois Facility ID: [illegible]6 0 0 0 0 3 7

Facility's Phone: [illegible]

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	TRICHOLORETHYLENE ORMA WN 1710	04	D.M	190 (RF) 0.0.2.0.0	1	[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, and Illinois regulations.

Printed/Typed Name	Signature	Date Month Day Year
DON JULEN GEN. FOREMAN	Don Julen	0 1 1 7 8 5

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
BUD INCANDELLA	Bud Incandella	0 1 1 7 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	Signature	Date Month Day Year
RONALD BANASIAK	[signature]	1 1 7 8

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

REV.# 5 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 m 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 ha

FSL-032

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

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 0 9 9 2 3 0 | 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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 9710150

A. Illinois Manifest Document Number: IL 1120319

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

5. Transporter 1 Company Name: BARON BLAKESLEE INC

6. US EPA ID Number: I L D 0 0 5 1 9 3 7 0 6 8

C. Illinois Transporter's ID: 0 1 3 1 9

D. (312) 750-3900 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
BARON BLAKESLEE INC
1634 S LARAMIE
CICERO IL 60650

10. US EPA ID Number: I L D 0 5 1 9 3 7 0 6 8

G. Illinois Facility's ID: 0 3 1 4 0 0 0 0 3 7

H. Facility's Phone: (312) 750-3900

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 TRICHLORETHYLENE ORMA UN1710	X	004	DM	00200	1	D040
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: DON JULEN | Signature: Don Julen | Date: Month 05 Day 10 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: L. SIMULIS | Signature: L Simulis | 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: RONALD BANASIAK | Signature | Date: Month 5 Day 10 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

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 r 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 he Center.

FSL-033

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

L532-0610

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005099230
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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1326641

B. Illinois Generator's ID: 0430300003

C. Illinois Transporter's ID: 0139

D. 312 450 3900 Transporter's Phone

E. Illinois Transporter's ID: 0139

F. Transporter's Phone

G. Illinois Transporter's ID: 6000[illegible]

H. Transporter's Phone: [illegible]

5. Transporter 1 Company Name: BARON BLAKESLEE
6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address
BARON BLAKESLEE
1634 S LARAMIE
CICERO IL 60650
10. US EPA ID Number: ILD051937068

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
a.		WASTE				
	X	TRICHLORETHYLENE ORMA UN 1710	004	DM	00200	1
b.						
c.						
d.						

GENERATOR

I. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month Day Year
DON JULEN	Don Julen	08 02 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
BUD INCANDELLA	Bud Incandella	08 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
RONALD BANASIAK	[signature]	8 7 85

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

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

REV.# 5 **GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.**

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FSL-034

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

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005099230 — 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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1326642

B. Illinois Generator ID: 4404803000[illegible]3

C. Illinois Transporter ID: [illegible]

D. Transporter Phone: [illegible]

E. Illinois Transporter ID: [illegible]

F. Transporter Phone: [illegible]

5. Transporter 1 Company Name: BARON BLAKESLEE — 6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address
BARON BLAKESLEE
1634 S LARAMIE
CICERO IL 60650

10. US EPA ID Number: ILD051937068

G. Illinois Facility ID: [illegible]

H. Facility Phone: [illegible]

I. [illegible]

J. [illegible]

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
a. WASTE TRICHLORETHYLENE ORM-A UN1710	X	001	DM	00110	L
b.					
c.					
d.					

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

J. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

WASTE MINIMIZATION CERTIFICATION
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

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
DON JULEN	Don Julen	10 09 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BOB FACCANDELLA	Bob Faccandella	10 09 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
RONALD BANISTAK	[signature]	10 9 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

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 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 t Center

FSL-035

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

IL532-0610
UPC 82 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-

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.
ILD005099230			

3. Generator's Name and Mailing Address
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971 0150

A. Illinois Manifest Document Number: IL 3326643

B. Illinois Generator ID: 0433030900

C. Illinois Transporter ID: 0773

D. (312) 971-3900 Transporter's Phone

5. Transporter 1 Company Name	6. US EPA ID Number
BARON BLAKESLEE	ILD051937068

E. Illinois Transporter ID:

F. Transporter's Phone

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

9. Designated Facility Name and Site Address	10. US EPA ID Number
BARON BLAKESLEE 1634 LARAMIE CICERO IL 60650	ILD051937068

G. Illinois Facility ID: 0316100005

H. (630) 376-3780

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
a. WASTE TRICHLORETHYLENE ORMA UN1710	X	004	DM	00200	1
b.					
c.					
d.					

I. Additional Descriptions for Materials Listed Above

J. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

WASTE MINIMIZATION CERTIFICATION
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

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
DON JULEN	Don Julen	01 03 [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
L SIMULIS	L Simulis	01 03 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)
RONALD BANASIAK	[signature]	1 13 86

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

REV. # 5

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 fine 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 Compliance Assurance Policy Office of EPA's Office of Solid Waste and Emergency Response.

FSL-036

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

IL532-0610
LPC 82 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD009099230 | 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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE 60515

4. Generator's Phone (312) 971-0150

5. Transporter 1 Company Name: BARON BLAKESLEE | 6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address
BARON BLAKESLEE
1634 LARAMIE
CICERO IL 60650

10. US EPA ID Number: ILD051937068

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
a. WASTE TRICHLORETHYLENE ORMA UN170	X	003	DM	00165 ~~00150~~	1
b.					
c.					
d.					

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

14. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
DON JULEN	Don Julen	03 04 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JOE PASCUTO	Joe Pascuto	03 04 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)
RONALD BANASIAK		3 14 86

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

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

REV.# 5 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 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 be Carrier

FSL-037

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

IL532-0610

LPC 82 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.: ILD005099230

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1326646

B. Illinois Generator's ID: 0430300003

5. Transporter 1 Company Name: BARON BLAKESLEE

6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: [illegible]

D. (312) 450-3900 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
BARON BLAKESLEE
1634 LARAMIE
CICERO IL 60650

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: [illegible]

H. Facility's Phone: (312) 450-3900

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
a.		WASTE				
	X	TRICHLORETHYLENE ORMA UN1710	004	DM	00210 ~~00200~~	
b.						
c.						
d.						

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes

15. Special Handling Instructions and Additional Information

WASTE MINIMIZATION CERTIFICATION
UNLESS I AM A SMALL QUANTITY GENERATOR WHO HAS BEEN EXEMPTED BY STATUTE OR REGULATION FROM THE DUTY TO MAKE A WASTE MINIMIZATION CERTIFICATION UNDER SECTION 3002(b) OF RCRA, I ALSO CERTIFY THAT I HAVE A PROGRAM IN PLACE TO REDUCE THE VOLUME AND TOXICITY OF WASTE GENERATED TO THE DEGREE I HAVE DETERMINED TO BE ECONOMICALLY PRACTICABLE AND I HAVE SELECTED THE METHOD OF TREATMENT, STORAGE, OR DISPOSAL CURRENTLY AVAILABLE TO ME WHICH MINIMIZES THE PRESENT AND FUTURE THREAT TO HUMAN HEALTH AND THE ENVIRONMENT.

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

Printed/Typed Name	Signature	Date Month Day Year
DON JULEN	Don Julen	06 03 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
JOE PASCUTO	Joe Pascuto	06 03 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
RONALD BANASIAK	[signature]	6 3 86

GENERATOR / TRANSPORTER / FACILITY

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

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

GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-038

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

IL532-0610

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005099230
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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 9710150

A. Illinois Manifest Document Number: IL 1326647

B. Illinois Generator's ID: 0430300003

C. Illinois Transporter's ID: 0139

D. Transporter's Phone: 312 4503900

5. Transporter 1 Company Name: BARON BLAKESLEE
6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address
BARON BLAKESLEE
1634 LARAMIE
CICERO IL 60650

10. US EPA ID Number: ILD051937068

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					
	X	TRICHLORETHYLENE ORMA UN 1710	005	D.M.	00275 ~~00200~~	1	
b.							
c.							
d.							

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

15. Special Handling Instructions and Additional Information

WASTE MINIMIZATION CERTIFICATION
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.

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Printed/Typed Name	Signature	Date Month Day Year
DON JULEN	Don Julen	09 16 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
L. SIMULIS	L Simulis	09 16 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
RONALD BANASIAK	[signature]	9 16 86

GENERATOR

TRANSPORTER

FACILITY

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

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

REV.# 5 GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-039

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

IL532-0610
LPC 82 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-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005099230
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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROOVE IL 60515

4. Generator's Phone (312) 971 0150

A. Illinois Manifest Document Number: IL 1326648
B. Illinois Generator's ID: [illegible]
C. Illinois Transporter's ID: [illegible]
D. 312 [illegible] Transporter's Phone
E. Illinois Transporter's ID: [illegible]
F. Transporter's Phone
G. Illinois [illegible]

5. Transporter 1 Company Name: BARON BLAKESLEE
6. US EPA ID Number: ILD 051937068

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

9. Designated Facility Name and Site Address
BARON BLAKESLEE
1634 LARAMIE
CICERO IL 60650

10. US EPA ID Number: ILD051937068

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
a.		WASTE				
	X	TRICHLORETHYLENE ORMA UN 1710	004	DM	00200	1
b.						
c.						
d.						

GENERATOR

[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 governmental regulations, and Illinois regulations.

Printed/Typed Name	Signature	Date Month Day Year
DON JULEN	Don Julen	02 02 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
DARRY I CUNNINGHAM	[signature]	02 02 87

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year
RONALD BANASIAK	[signature]	2 2 87

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 -

REV.# 5 GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-040

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

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005099230 | 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
Flexible Steel Lacing Co.
2525 Wisconsin Ave.
Downers Grove, Illinois 60515

4. Generator's Phone (312) 971-0150

Illinois Manifest Document Number: IL 1326649

Illinois Generator's ID: 0 6 3 0 3 0 0 0 0 3

5. Transporter 1 Company Name: Baron Blakeslee | 6. US EPA ID Number: ILD051937068

Illinois Transporter's ID: 0 1 3 1 9

(312) 450-3900 Transporter's Phone

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

Illinois Transporter's ID

Transporter's Phone

9. Designated Facility Name and Site Address
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

Illinois Facility's ID: 0 3 1 6 0 0 0 0 1 3 7

Facility's Phone: (312) 450-3900

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 Trichlorethylene Orma UN1710	003	D M	00150		
b.							
c.							
d.							

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Bill Amann | Signature: Bill Amann | Date: Month 04 Day 02 Year 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE PASCUTO | Signature: Joe Pascuto | Date: Month 04 Day 07 Year 87

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: RONALD BANASIAK | Signature | Date: Month 4 Day 17 Year 87

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

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

REV. # 5 GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-041

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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

IL532-0610
UPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (3-84)** Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005099230 | 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
Flexible Steel Lacing Co.
2525 Wisconsin Ave.
Downers Grove, IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: ILR 1827496

B. Illinois Generator's ID: 10 13 13 10 10 10 10 13

5. Transporter 1 Company Name: Baron Blakeslee | 6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 10 11 13 19

D. (312) 450-3900 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
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 10 33 11 16 10 10 10 13 17

H. Facility's Phone: (312) 450-3900

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	
a.	X	WASTE TRUCHLORETHYLENE ORMA UN1710	001	DM	0050	P	
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Secti 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 economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and futu threat to human health and the environment.

Printed/Typed Name	Signature	Date Month Day
Bill Amann	Bill Amann	04 08

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day
L Simulis	L Simulis	04 14

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 in Item 19.

Printed/Typed Name	Signature	Date Month Day
RONALD BANASIAK		04 14

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

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

REV #6

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

FSL-042

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005099230 | 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: Flexible Steel Lacing Co.
2525 Wisconsin Ave.
Downers Grove, IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1827492
B. Illinois Generator's ID: 0 4 3 0 3 0 0 0 0 3
C. Illinois Transporter's ID: 0 1 3 9
D. 312 450-3900 Transporter's Phone
E. Illinois Transporter's ID: 1 2
F. Transporter's Phone
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: 312 450-3900

5. Transporter 1 Company Name: Baron Blakeslee
6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address:
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

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
a.	X	Mixture Waste Trichloroethylene Orma UN1710 (F001)	0 0 4	D M	0 0 2 0 0	1
b.						
c.						
d.						

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

14. Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, 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: Bill Amann | Signature: Bill Amann | Date: Month 0 6 Day 3 0 Year 8 7

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Bud Incandella | Signature: Bud Incandella | Date: Month 0 7 Day 0 8 Year 8 7

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: Ronald Banastak | Signature: [signature] | Date: Month 0 7 Day 0 8 Year 8 7

GENERATOR

TRANSPORTER

FACILITY

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

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 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 Federal Management Center.

FSL-043

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

IL532-0610
LPC 62 8/81

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (3-84) Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005099230
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: Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1827493
B. Illinois Generator's ID: 0 4 3 0 3 0 0 0 0 3
C. Illinois Tranporter's ID: 0 1 3 9
D. 312 450-3900 Transporter's Phone
E. Illinois Transporter's ID:
F. Transporter's Phone
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: (312) 450-3900

5. Transporter 1 Company Name: Baron Blakeslee
6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address:
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a.	Waste trichlorethylene Orma UN1710 (F001)	X	~~0 0 5~~ 005	D M	0 0 2 5 0		1
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above
1 — Gallons 2 — Cubic Yards

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: Bill Amann
Signature: Bill Amann
Date: Month 09 Day 21 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BUD INCHANDELLA
Signature: Bud Inchandella
Date: Month 09 Day 30 Year 87

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: RONALD BANASIAK
Signature:
Date: Month 09 Day 30 Year 87

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

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 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 b Center

FSL-044

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

IL532-0610

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005099230 | 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
Flexible Steel Lacing co.
2525 Wisconsin Ave.
Downers Grove, Il 60515

Illinois Manifest Document Number
IL 1827494

4. Generator's Phone (312) 971-0150

5. Transporter 1 Company Name: Baron Blakeslee | 6. US EPA ID Number: ILD051937068

Illinois Transporter's ID

Illinois Transporter's Phone

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

Illinois Transporter's ID

Illinois Transporter's Phone

9. Designated Facility Name and Site Address
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

Illinois Facility's ID

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
a. Waste Trichlorethylene Orma UN1710 (F001)	X	003	DM	00150	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

Illinois Codes for Hazardous Waste

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name	Signature	Date Month Day Year
Bill Amann	Bill Amann	11 11 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
BUD INCANDELLA	Bud Incandella	11 12 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year
KONRAD BANASIAK		11 12 87

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 G

REV. 86

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 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

FSL-045

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6751

IL532-0610

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005099230 — 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: Flexible Steel Lacing Co.
2525 Wisconsin Ave.
Downers Grove, IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 1827495

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

5. Transporter 1 Company Name: Baron Blakeslee

6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (312) 450-3900 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:
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7

H. Facility's Phone: (312) 450-3900

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a.	X	WASTE TRICHLORETHYLENE ORMA UN1710 (F001)	0 0 4	D M	0 2 0 0	1	[illegible]
b.							
c.							
d.							

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name	Signature	Date (Month Day Year)
Bill Amann	Bill Amann	0 1 2 9 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BUD INCARDELLA	Bud Incardella	0 2 2 5 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

MAR 16 1988

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)
RONALD BANASIAK	[signature]	0 2 2 5 8 8

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 [illegible]

REV. #6

GENERATOR COPY – PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-046

LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005094230
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
Flexible Steel Lacing Co.
2525 Wisconsin Ave.
Downers Grove, Illinois 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 2000856
B. Illinois Generator's ID: 0 4 3 0 3 0 0 0 0 3
C. Illinois Transporter's ID: 0 1 3 9
D. (312) 450-3900 Transporter's Phone
E. Illinois Transporter's ID:
F. ( ) Transporter's Phone
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: (312) 450-3900

5. Transporter 1 Company Name: Baron Blakeslee
6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address
Baron Blakeslee
1634 Laramie
Cicero, IL 60650

10. US EPA ID Number: ILD051937068

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 Trichlorethylene Orma UN1710 (F001)	0 0 4	D M	~~0 0 2 0 0~~ 00220	1	EPA HW Number: XX F 0 0 1 / Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: XX / Authorization Number:
c.					EPA HW Number: XX / Authorization Number:
d.					EPA HW Number: XX / Authorization Number:

CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

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

Printed/Typed Name: Bill Amann
Signature: Bill Amann
Date: Month 04 Day 21 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Pasciuto
Signature: Joe Pasciuto
Date: Month 04 Day 25 Year 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Ronald Banasiak
Signature:
Date: Month 04 Day 25 Year 88

GENERATOR / TRANSPORTER / FACILITY

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

GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-047

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

IL532-0610
LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005099230
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
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

4. Generator's Phone (312-971-0150

A. Illinois Manifest Document Number: IL 2000857
B. Illinois Generator's ID: 0 4 3 0 3 0 0 0 0 3
C. Illinois Transporter's ID: 0 1 3 9
D. (312450-3900 Transporter's Phone
E. Illinois Transporter's ID:
F. (Transporter's Phone
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: (312) 450-3900

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068

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 Trichlorethylene Orma UN1710 (F001)	0 0 3	D M	0 0 1 6 5	1	EPA HW Number: XXXXXXXXXXXX 0 0 1 Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: XXXXXXXXXXXX Authorization Number:
c.					EPA HW Number: XXXXXXXXXXXX Authorization Number:
d.					EPA HW Number: XXXXXXXXXXXX Authorization Number:

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
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: Bill Amann
Signature: Bill Amann
Date: Month 0 6 Day 1 4 Year 8 8

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Pasciuto
Signature: Joe Pasciuto
Date: Month 06 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 in item 19.
Printed/Typed Name: RONALD BANASIAK
Signature:
Date: Month 06 Day 16 Year 88

GENERATOR / TRANSPORTER / FACILITY

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.

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FSL-048

2200 S. ORCHARD ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

UPC 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. ILD005094230 | 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
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

4. Generator's Phone (312-971-0150

A. Illinois Manifest Document Number: IL 2000858

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

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
C. Illinois Transporter's ID: 0 1 3 9
D. (312)450-3900 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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: (312)450-3900

11. US DOT Description (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 Trichlorethylene Orma UN1710 (F001)	0 0 6	D M	00310 ~~0 0 3 3 0~~	1	EPA HW Number: X X F 0 0 1 1 Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: X X Authorization Number
c.					EPA HW Number: X X Authorization Number
d.					EPA HW Number: X X Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item 14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

1680 OCT 20 AM 8:17 FLEXIBLE STEEL LACING COMPANY

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Bill Amann | Signature: Bill Amann | Date: Month 0 9 Day 1 4 Year 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ELDRIDGE lovelace | Signature: Eldridge Lovelace | Date: Month 1 0 Day 1 0 Year 8 8

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: RONALD DANIAK | Signature | Date: Month 1 0 Day 1 0 Year 8 8

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

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

REV. 7 GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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FSL-049

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

IL532-0610
LPC 62 8/61

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
ILD005094230			

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

4. Generator's Phone (312-971-0150

A. Illinois Manifest Document Number: IL 2000859

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

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
C. Illinois Transporter's ID: 0 I 3 9
D. (312) 450-3900 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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068
G. Illinois Facility's ID: 0 3 1 6 0 1 0 0 0 3 7
H. Facility's Phone: (312) 450-3900

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 RAB ORM-A Trichlorethylene ~~Orma~~ UN1710 (F001) MIXTURE	004 ~~006~~	D M	0 0 2 2 0	1	EPA HW Number: X X F 0 0 1 Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: X X Authorization Number
c.					EPA HW Number: X X Authorization Number
d.					EPA HW Number: X X Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
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.
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)
Michael Crowley	Michael S Crowley	1 1 9 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BUD INCANDELA	Bud Incandela	0 2 1 6 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

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 A. BANASIAK	Steve A Banasiak	0 3 1 0 89

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 fine of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Illinois Pollution Control Board.

FSL-050

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.: ILD005094230 | 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
Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

4. Generator's Phone (312-971-0150

A. Illinois Manifest Document Number: IL 2000860

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
C. Illinois Transporter's ID: 0 1 3 9
D. 312 450-3900 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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: 312 450-3900

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 Trichlorethylene Mixture ORM-A UN1710 (F001)	0 0 5	D M	0 0 2 7 5	1	X 3 9 0 1 1 F 0 0 1
b.					X
c.					X
d.					X

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

APR 6 1989

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Printed/Typed Name: Bill Amann | Signature: Bill Amann | Date: Month Day Year 0 3 2 3 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BUD IACCARDELLA | Signature: Bud Iaccardella | Date: Month Day Year 0 3 2 9 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 in item 19.

Printed/Typed Name: STEVE A. BANASIAK | Signature: Steve A Banasiak | Date: Month Day Year 0 4 0 5 8 9

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

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

EV. 7 GENERATOR COPY — PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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ESL-051

STATE OF ILLINOIS

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19276

IL532-0610
LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005094230
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:
Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

4. Generator's Phone (312-971-0150

A. Illinois Manifest Document Number: IL 2237291
B. Illinois Generator's ID: 0430 0003
C. Illinois Transporter's ID: 0139
D. (312) 450-3900 Transporter's Phone

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068

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:
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0316000037
H. Facility's Phone: (312) 450-3900

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 Trichlorethylene Mixture ORM-A UN1710 (F001)	004	DM	00220	1	EPA HW Number: XXF001; Authorization Number: 000001
b.					EPA HW Number: XX; Authorization Number:
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item 14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Bill Amann
Signature: Bill Amann
Date: Month 07 Day 10 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BUD INCANDELLA
Signature: Bud Incandella
Date: Month 07 Day 14 Year 89

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

19. Discrepancy Indication Space

CORRECTION(S) MADE

PLEASE CORRECT GENERATOR COPY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Pete Foo
Signature:
Date: Month 7 Day 27 Year 89

GENERATOR

TRANSPORTER

FACILITY

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

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

REV 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

ESL 052

STATE OF ILLINOIS

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P.O. BOX 19276

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LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005094230
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
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312-971-0150

A. Illinois Manifest Document Number: IL 2237292
B. Illinois Generator's ID: 0 4 3 0 0 0 0 3
C. Illinois Transporter's ID: 803 0 1 3 9
D. (312) 450-3900 Transporter's Phone
E. Illinois Transporter's ID
F. Transporter's Phone
G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7
H. Facility's Phone: (312) 450-3900

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068

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

9. Designated Facility Name and Site Address
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160

10. US EPA ID Number: ILD051937068

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 Trichlorethylene Mixture ORM-A UN1710 (F001)	0.0.5	D.M	0 0 2 7 5 (ok)	1	EPA HW Number: XX F 0 0 1; Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: XX; Authorization Number:
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

FLEXIBLE STEEL LACING COMPANY
'89 OCT 5 PM 12:00

d. 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: Bill Amann
Signature: Bill Amann
Date: Month Day Year: 0 9 1 5 8 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BUD INCANDELLA
Signature: Buck Incandella
Date: Month Day Year: 0 9 2 0 8

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

19. Discrepancy Indication Space
CORRECTION(S) MADE
PLEASE CORRECT GENERATOR COPY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: PETER LOO
Signature: Peter Loo
Date: Month Day Year: 9 2 9 8

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. 7

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FSL 052

STATE OF ILLINOIS

FEB 16 1990

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19276

IL532-0610
LPC 62 8/81

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005094230
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
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (708-971-0150)

A. Illinois Manifest Document Number: IL 2237293
B. Illinois Generator's ID: 0438030003

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
C. Illinois Transporter's ID: 011339
D. Transporter's Phone: (708) 450-3900

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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068
G. Illinois Facility's ID: 0311610001317
H. Facility's Phone: (708) 450-3900

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 Trichloroethylene Mixture ORM-A UN1710 (F001)	006	DM	00330	1	XXF001
b.					XX
c.					XX
d.					XX

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item 14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Bill Amann
Signature: Bill Amann
Date: Month Day Year: 01 17 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Pasciuto
Signature: [signature]
Date: Month Day Year: 02 12 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 in item 19.
Printed/Typed Name: Peter Loo
Signature: [signature]
Date: Month Day Year: 2 13 90

GENERATOR / TRANSPORTER / FACILITY

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

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 [illegible]

STATE OF ILLINOIS

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19276

JUN 0 7 1990

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 9-30-89

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005094230 | 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
FLEXIBLE STEEL LACING CO.
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

4. Generator's Phone (708-971-0151

A. Illinois Manifest Document Number: IL 2237294

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: GENESOLV/BARON BLAKESLEE | 6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. 708-450-3900 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
GENESOLV/BARON BLAKESLEE
2001 N. JANICE AVENUE
MELROSE PARK, IL 60160

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 1 1 6 0 0 0 0 3 7

H. Facility's Phone: 708-450-3900

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 TRICHLOROETHYLENE MIXTURE ORM-A UN1710 (F001)	0.0.6	D.M	0,0 ~~3.3.0~~ PL 310	1	EPA HW Number: XX F001; Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: XX; Authorization Number
c.					EPA HW Number: XX; Authorization Number
d.					EPA HW Number: XX; Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item 14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Bill Amann | Signature: Bill Amann | Date: Month 0 4 Day 0 5 Year 9 0

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE PASCIUTO | Signature: Joe Pascuto | Date: Month 0 6 Day 0 4 Year 9 0

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: PETER LOO | Signature: Peter Loo | Date: Month 6 Day 5 Year 9 0

GENERATOR

TRANSPORTER

FACILITY

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

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ESL 055

STATE OF ILLINOIS

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. ILD005094230 | 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

Location If Different:
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL 3015821 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee

6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (708) 450-3900 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

Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7

H. Facility's Phone: (708) 450-3900

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 Trichloroethylene Mixture ORM-A UN1710 (F001)	0 0 4	DM	PL OK 0 0 2 2 0	1	EPA HW Number: XX 1 0 0 1; Authorization Number: 0 0 0 0 0 0 1
b.					EPA HW Number: XX; Authorization Number
c.					EPA HW Number: XX; Authorization Number
d.					EPA HW Number: XX; Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item # 14
1 = Gallons 2 = Cubic Yards

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

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joe Pascuita | Signature: Joe Pascuita | Date: Month Day Year: 09 12 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 in item 19.

Printed/Typed Name: Peter Loo | Signature: Peter Loo | Date: Month Day Year: 9 13 90

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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE JAN 10 1992

State Form LPC 62 8/81 IL532-0610

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. ILD005094230 | 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
Location If Different:
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL-3015822 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
C. Illinois Transporter ID: 0 1 3 9
D. 708 450-3900 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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, IL 60160
10. US EPA ID Number: ILD051937068
G. Illinois Facility's ID: 0 3 1 6 0 6 0 0 0 3
H. Facility's Phone: 708 450-3900

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
a. Waste RQ (100 LBS) Trichloroethylene Mixture ORM-A UN1710 (F001)	0 0 6	D M	0 0 3 3 0	1	X X
b.					X X
c.					X X
d.					X X

J. Additional Descriptions for Materials Listed Above: D040

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: Bill Amann | Signature: Bill Amann | Date Month Day Year: 0 1 1 0 9 1

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOE PASCUTO | Signature: Joe Pascuto | Date Month Day Year: 0 1 1 4 9 1

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: PETER LOO | Signature: Peter Loo | Date Month Day Year: 1 1 5 9 1

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

COPY 1. TSD MAIL TO GENERATOR

FSL 057

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

APR 1 5 1991 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.: ILD005094230 — 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 — Location If Different:
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL 3015823 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee — 6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (708)450-3900 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 — 10. US EPA ID Number
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, IL 60160
ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7

H. Facility's Phone: (708) 450-3900

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ (100LBS) Waste Trichloroethylene Mixture ORM-A UN1710 (F001)	0 0 4	D M	0 0 ~~2 2 0~~ 215	1
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above: (D040)

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: Bill Amann — Signature: Bill Amann — Date: Month 0 3 Day 2 2 Year 91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joe Pasciuto — Signature: Joe Pasciuto — Date: Month 0 4 Day 0 4 Year 91

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

CORRECTION(S) MADE

PLEASE CORRECT GENERATOR COPY

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

Printed/Typed Name: Peter Loo — Signature: [signature] — Date: Month 4 Day 0 4 Year 91

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.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

AUG 0 5 1991

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. ILD005094230 — 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 — Location If Different:
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL 3015824 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee — 6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (708) 450-3900 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: Genesolv/Baron Blakeslee, 2001 N. Janice Avenue, Melrose Park, IL 60160 — 10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7

H. Facility's Phone: (708) 450-3900

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 (100) Waste Trichloroethylene Mixture ORM-A UN1710 (F001)	0 0 6	D M	PL 320 0 0 ~~3 3 0~~	1	EPA HW Number: XX 0 0 0 0 Authorization Number: 0 0 0 0 0 0 1
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: L/T D040

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: Bill Amann — Signature: Bill Amann — Date: Month Day Year 0 6 1 2 9 1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BUD INCANDELLA — Signature: Bud Incandella — Date: Month Day Year 0 7 0 9 9 1

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

Section I F001
Section A RQ 100#
Section J D040

CORRECTION(S) MADE

PLEASE CORRECT GENERATOR COPY

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

Printed/Typed Name: PETER LOO — Signature: Peter Loo — Date: Month Day Year 7 0 9 9 1

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.

COPY 1. TSD MAIL TO GENERATOR

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.: ILD005094230 — 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: Flexible Steel Lacing Company, 2525 Wisconsin Avenue, Downers Grove, Illinois 60515

Location If Different: OCT 14 1991

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL 3015825 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee

6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (708) 450-3900 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: Genesolv/Baron Blakeslee, 2001 N. Janice Avenue, Melrose Park, Illinois 60160

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 D 3 7

H. Facility's Phone: (708) 450-3900

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 Trichloroethylene Mixture ORM-A UN1710 (F001) RQ(100)	0 0 4	D M	OK 0 0 2 2 0	1	EPA HW Number: XX 1 0 0 1; Authorization Number: 0 0 0 0 0 1
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: D040

K. Handling Codes for Wastes Listed Above in Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

Emergency response phone No
708-450-7784 Fred Nelson 7:00-3:30pm

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Bill Amann — Signature: Bill Amann — Date (Month Day Year): 0 9 0 3 9 1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joe Pascuito — Signature: Joe Pascuito — Date (Month Day Year): 0 9 0 6 9 1

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

Section 15. Generator should supply emergency response phone No.

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

Printed/Typed Name: Peter Loo — Signature: Peter Loo — Date (Month Day Year): 9 6 9 1

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COPY 1. TSD MAIL TO GENERATOR

CORRECTION(S) MAD

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 1-800-424-8802

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

DEC 2 8 19[illegible] P.O. BOX 19276 , SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS AND SPECIAL WASTE.

State Form LPC 62 8/81 IL532-0610

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 9-30-9[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005094230 | 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
Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

Location If Different:

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL-3015826 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 3 9

D. (708) 450-3900 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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 7 0 0 0 0 3 1 7

H. Facility's Phone: (708) 450-3900

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
a. Waste Trichloroethylene Mixture ORM-A UN1710 (F001) RQ(100)	0 0 6	D M	0 0 3 3 0 (OK)	1	XX 0 1 1 / 0 0 0 0 0 1
b.					XX /
c.					XX /
d.					XX /

J. Additional Descriptions for Materials Listed Above
E/T
D040

K. Handling Codes for Wastes Listed Above
In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
Emergency Response Phone Number
708-450-7784 Fred Nelson 7:00 - 3:30 PM
ERG #74

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
Bill Amann	Bill Amann	1 2 0 3 9 1

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BUD FRACCADELLA	Bud Fraccadella	1 2 8 3 9 1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
15. Added ERG #74 for

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)
PETER LOO	Peter Loo	1 2 0 3 9 1

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COPY 1 TSD MAIL TO GENERATOR

TSL 061

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 [illegible]

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

JUN 05 1992

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.: ILD005094230

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: Flexible Steel Lacing Company, 2525 Wisconsin Avenue, Downers Grove, Illinois 60515

Location If Different:

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL 3015827 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee

6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (708-~~450-3900~~ 222-3550 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: Genesolv/Baron Blakeslee, 2001 N. Janice Avenue, Melrose Park, Illinois 60160

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7

H. Facility's Phone: 708-~~450-3900~~ 222-3550

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 Trichloroethylene Mixture ORM-A UN1710 (F001) RQ(100)	0 0 6	D M	0 0 3 3 0	1	EPA HW Number: XX 0 0 1; Authorization Number: 0 0 0 0 0 1
b.					EPA HW Number: XX; Authorization Number:
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

CORRECTION(S) MADE

PLEASE CORRECT GENERATOR COPY

J. Additional Descriptions for Materials Listed Above: D040

K. Handling Codes for Wastes Listed Above In Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

Emergency Response Phone Number

708-~~450-7784~~ 222-3892 Fred Nelson 7:00 - 3:30 PM

ERG #74

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

Signature: Bill Amann

Date: Month Day Year: 0 5 1 8 9 2

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joe Pascuito

Signature: Joe Pascuito

Date: Month Day Year: 0 5 2 0 9 2

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:

Signature:

Date: Month Day Year:

19. Discrepancy Indication Space

D+H- New facility phone number.

15. Added "ERG #74" and corrected phone number

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

Printed/Typed Name: STEVEN A. BANASIAK

Signature: St C B A

Date: Month Day Year: 0 5 2 0 9 2

GENERATOR

TRANSPORTER

FACILITY

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

COPY 1. TSD MAIL TO GENERATOR

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.: ILD005094230 | 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: Flexible Steel Lacing Company, 2525 Wisconsin Avenue, Downers Grove, Illinois 60515 | Location If Different:

4. Generator's Phone (708-971-0150

A. Illinois Manifest Document Number: IL-3015828 MANIFEST FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee | 6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. (708) 222-3530 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: Genesolv/Baron Blakeslee, 2001 N. Janice Avenue, Melrose Park, Illinois 60160 | 10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 3 7

H. Facility's Phone: (708) 222-3530 3892

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 Trichloroethylene Mixture ORM-A UN1710 (F001) RQ(100)	0.0.6	D.M	SAB 00325 ~~0.0.3.3.0~~	1	EPA HW Number: XX F0 0 1 Authorization Number: 0 0 4 0 0 0 1
b.					EPA HW Number: XX Authorization Number:
c.					EPA HW Number: XX Authorization Number:
d.					EPA HW Number: XX Authorization Number:

CORRECTION(S) MADE

PLEASE CORRECT GENERATOR COPY

J. Additional Descriptions for Materials Listed Above: D040

K. Handling Codes for Wastes Listed Above in Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

Emergency Response Phone Number

708-222-3892 Fred Nelson 7:00 - 3:30 PM ERG#74

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

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

Printed/Typed Name: Bill Amann | Signature: Bill Amann | Date: Month Day Year: 0 8 2 4 9 2

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BUD INCANDELLA | Signature: Bud Incandella | Date: Month Day Year: 0 9 0 3 9 2

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

D&H. ~~[illegible]~~ New Phone #.

13a. Corrected Quantity

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

Printed/Typed Name: STEVEN A. BANASIAK | Signature: St C. B | Date: Month Day Year: 0 9 0 3 9 2

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center

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.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS
DEC 07 1992

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.: ILD005094230
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
Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60515
Location If Different:
4. Generator's Phone ( ) #708-971-0150

A. Illinois Manifest Document Number: IL 3015829 MANIFEST FEE EXEMPT
B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3
C. Illinois Transporter's ID: 0 1 3 9
D. 708 222-3891 Transporter's Phone
E. Illinois Transporter's ID:
F. ( ) Transporter's Phone
G. Illinois Facility's ID: 0 3 1 5 0 0 0 0 3 7
H. Facility's Phone: 708 222-3891

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee
6. US EPA ID Number: ILD051937068
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160
10. US EPA ID Number: ILD051937068

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 Trichloroethylene Mixture ORM-A UN1710 (F001) RQ(100)	0 0 5	DM	0 0 2 7 5	1	XX 0 0 1 / 0 0 0 0 0 1
b.					XX
c.					XX
d.					XX

J. Additional Descriptions for Materials Listed Above: D040
K. Handling Codes for Wastes Listed Above in Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
Emergency Response Phone Number
708-222-3892 Fred Nelson 7:00 - 3:30 PM ERG#74

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

Printed/Typed Name: Bill Amann
Signature: Bill Amann
Date: Month Day Year: 11 17 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DUD INCANDELLA
Signature: Bud Incandella
Date: Month Day Year: 11 19 92

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: STEVEN A. BANASIAK
Signature: [signature]
Date: Month Day Year: 11 19 92

GENERATOR · TRANSPORTER · FACILITY

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.

COPY 1. TSD MAIL TO GENERATOR

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: ILD005094230 | 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
Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

Location If Different: SEP 10 1993

4. Generator's Phone #708-971-0150

A. Illinois Manifest Document Number: IL 3015830 MANIFEST-FEE EXEMPT

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: Genesolv/Baron Blakeslee

6. US EPA ID Number: ILD051937068

C. Illinois Transporter's ID: 0 1 3 9

D. Transporter's Phone: 708 222-3891

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
Genesolv/Baron Blakeslee
2001 N. Janice Avenue
Melrose Park, Illinois 60160

10. US EPA ID Number: ILD051937068

G. Illinois Facility's ID: 0 3 1 1 6 0 0 0 0 0 3 7

H. Facility's Phone: 708 222-3891

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 Trichloroethylene Mixture ORM-A UN1710 (F001) RQ(100)	009 ~~0010~~	DM	SAB 00450 ~~00468~~	1	EPA HW Number XX Authorization Number 0 0 0 0 0 0 1
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: D040

K. Handling Codes for Wastes Listed Above in Item #14: 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

Emergency Response Phone Number
708-222-3892 Fred Nelson 7:00 - 3:30 PM ERG#74

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

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

Printed/Typed Name: Bill Amann | Signature: Bill Amann | Date: Month Day Year 0 8 1 7 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BUD INCANDELLA | Signature: Bud Incandella | Date: Month Day Year 0 8 2 0 9 3

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space
11a. Correct # of containers. Empty drum should not be manifested.

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

Printed/Typed Name: STEVEN A. BANASIAK | Signature: [signature] | Date: Month Day Year 0 8 2 0 9 3

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.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-8802 or 202/426-2675.

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

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 0 9 4 2 3 0 | 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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515
4. Generator's Phone (312) 971-0150

Illinois Manifest Document Number: IL 1720318

Illinois Generator's ID: 0 4 3 8 1 0 3 0 0 0 5

5. Transporter 1 Company Name: LENZ OIL
6. US EPA ID Number: I L D 0 0 5 4 5 0 0 7 1
Illinois Tranporter's ID: 0 2 1 6 1 6
(312) 323-4898 Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
Illinois Transporter's ID
Transporter's Phone

9. Designated Facility Name and Site Address: LENZ OIL
RT 2 LEMONT IL 60439
10. US EPA ID Number: I L D 0 0 5 4 5 0 0 7 1
Illinois Facility's ID: 0 4 3 8 0 2 0 0 0 3
Facility's Phone: (312) 323-4898

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 OIL			TT	1000	1	EPA HW Number / Authorization Number
b.						EPA HW Number / Authorization Number
c.						EPA HW Number / Authorization Number
d.						EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DON JULEN GEN FOREMAN | Signature: Don Julen | Date: Month 03 Day 25 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIM THIBEAULT | Signature: Jim Thibeault | Date: Month 03 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

20-001

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

Printed/Typed Name: DEANNA | Signature | Date: Month 3 Day 25 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

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.

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

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 0 9 4 2 3 0 | Manifest Document No. 0 0 0 0 2

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
FLEXIBLE STEEL LACING CO
2525 WISCONSIN DOWNERS GROVE IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number IL 1120320

B. Illinois Generator's ID 1 0 7 3 8 1 0 3 1 0 0 0 3

5. Transporter 1 Company Name LENZ OIL

6. US EPA ID Number

C. Illinois Tranporter's ID 1 0 2 1 6 1 6

D. (312) 923-4199 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Tranporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
LENZ OIL
RT 2 LEMONT IL. 60439

10. US EPA ID Number

G. Illinois Facility's ID 1 5 3 8 0 1 2 0 0 0 3

H. Facility's Phone (312) 323-4898

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 OIL		T.T.		1620	L	
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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)
DON JULEN GEN FOREMAN	Don Julen	12 14 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
ERIC SARNA	Eric Sarna	12 14 8

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20-002

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)
D. MOY	D. Moy	12 14 8

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

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

REV # 5

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

TO BE COMPLETED BY WASTE GENERATOR

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

U88095

Authorization Number 992918

Flexible Steel (Company Name) | 2535 Wisconsin (Address) | 3129710150 (Phone Number) | 04303000053 (Generator Number)

Downers Grove (City) | IL (State) | 60515 (Zip) | ILD005094230 (EPA Number)

WASTE HAULER(S)

Lenz Oil (Hauler Name) | RT2 Lemont (Hauler Address) | S.W.H. Registration Number 0266004

3123234898 (Phone Number) | ILD005450071 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Lenz Oil (Facility Name) | RT2 (Address) | 04330203 (Site Number)

Lemont (City) | IL (State) | 60439 (Zip) | 3123234898 (Phone Number) | ILD005450071 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME Waste 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

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

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

QUANTITY OF WASTE DELIVERED: 880 | (1 GALLONS / 2 CU. YDS.) (Circle One) 1

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Fulen (Authorized Signature) | DATE: 5/31/84

WASTE HAULER

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

(1) Rick Lama (Authorized Signature) | DATE: 5/31/84

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES_____ NO_____

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

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

COMMENTS OR SPECIAL INSTRUCTIONS _____

20-003

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

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

REV # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty 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.

TO BE COMPLETED BY WASTE GENERATOR

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

088099

Authorization Number 99291

FLEXIBLE STEEL (Company Name) | 2525 WISC. (Address) | 3129710150 (Phone Number) | 0430300003 (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD00509423 (EPA Number)

WASTE HAULER(S)

LENZ OIL (Hauler Name) | RT2 LEMONT IL (Hauler Address) | S.W.H. Registration Number 026600

3123234898 (Phone Number) | ILD00545007 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL (Facility Name) | RT2 (Address) | 0438020 (Site Number)

LEMONT (City) | IL (State) | 60439 (Zip) | 3123234898 (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 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

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: 000950 (47–52) 1 GALLONS (Circle One) 2 CU. YDS. 1 (53)

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Julen (Authorized Signature) DATE: 1/10/84

WASTE HAULER

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

(1) [signature] (Authorized Signature) DATE: 1/10/84 (54)

(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:

M. O'Brien (Authorized Signature) DATE: 1/10/84 (60)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

20-004

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

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty 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.

U32056

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

Authorization Number: 992918

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 312-971-0150

DOWNERS GROVE (City) | IL (State) | 60515 (Zip)

043030000 3 (Generator Number) | ILD005094230

WASTE HAULER(S)

LENZ OIL (Hauler Name) | RT 2 LEMONT IL (Hauler Address) | S.W.H. Registration Number 0266004

312-323-4898 | ILD005450071

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL (Facility Name) | RT 2 LEMONT (Address) | 043802033 (Site Number)

City | IL (State) | 60439 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE 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:

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

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

QUANTITY OF WASTE DELIVERED: 001500

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

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 9/6/83 | Don Luben (Authorized Signature)

WASTE HAULER

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

(1) _____ (Authorized Signature) DATE: 9/6/83

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO____

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

M O'Brien (Authorized Signature) DATE: 091083

COMMENTS OR SPECIAL INSTRUCTIONS: _____

20-005

IN ILLINOIS: 217 / 782-3637 | *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* | OUTSIDE ILLINOIS: 800 / 424-880

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

TO BE COMPLETED BY WASTE GENERATOR

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

Ub59327

Authorization Number: 992918

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | 3129710150 (Phone Number) | 0430300003 G (Generator Number)

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | ILD005094230 (EPA Number)

WASTE HAULER(S)

LENZ OIL (Hauler Name) | RT 1 LEMONT IL (Hauler Address) | S.W.H. Registration Number: 0266003

3123234898 (Phone Number) | ILD005450071 (EPA Number)

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

(Phone Number) | (EPA Number)

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL (Facility Name) | RT-1 (Address) | 04380203 (Site Number)

LEMONT (City) | IL (State) | 60439 (Zip) | 3123234898 (Phone Number) | ILD005450071 (EPA Number)

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

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE 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

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: 900 (1 GALLONS / 2 CU. YDS. (Circle One)) 1

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Don Lenz (Authorized Signature) DATE: 11/29/82

WASTE HAULER

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

(1) [signature] (Authorized Signature) DATE: 11/29/82

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

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

M O'Brien (Authorized Signature) DATE: 11/29/82

COMMENTS OR SPECIAL INSTRUCTIONS: ____

20-006

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

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

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty 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.

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

0350333

Authorization Number 9929 1

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address) | ILD 006094230

DOWNERS GROVE (City) | IL (State) | 60515 (Zip) | 043030000 3 Generator Number

WASTE HAULER(S)

LENZ OIL (Hauler Name) | RT 1 LEMONT IL (Hauler Address) | S.W.H. Registration Number 0266001 ILD 005450071

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL (Facility Name) | RT 1 LEMONT IL (Address) | 043802 Site Number

(City) | (State) | (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE OIL | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

MACHINE OIL & WATER

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

SHIPPING DESCRIPTION: | HAZARD CLASS: | WEIGHT FOR D.O.T. USE | LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 1100 | (1) GALLONS (Circle One) (2) CU. YDS.

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5-17-82 | Don Lenz (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 17 82

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

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

(Authorized Signature) DATE: 6/17/82

COMMENTS OR SPECIAL INSTRUCTIONS:

20-007

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

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

TO BE COMPLETED BY WASTE ~~GENERATOR~~

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

U350332

Authorization Number 992918

FLEXIBLE STEEL (Company Name) | 2525 WISCONSIN (Address)
DOWNERS GROVE (City) | IL (State) | 60515 (Zip)

ILD 005094230
043030000 03 G (14 Generator Number 24)

WASTE HAULER(S)

LENZ OIL (Hauler Name) | RT 1 LEMONT IL (Hauler Address) | S.W.H. Registration Number 0366001 (25 31)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL (Facility Name) | RT 1 LEMONT IL (Address) | 043802 03 (39 Site Number 46)

(City) | (State) | (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE OIL | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

MACHINE OIL & WATER

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

SHIPPING DESCRIPTION: | HAZARD CLASS: | WEIGHT FOR D.O.T. USE ____ LBS / TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 1300 (47 52) | (1) GALLONS (Circle One) / 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: 2-10-82 | Don Luben (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) Ed Galuski Jr (Authorized Signature) | DATE: 2 10 82 (54 59)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

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

C W Russell (Authorized Signature) | DATE: 2 10 82 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

20-008

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

U350331

Authorization Number 992915

FLEXIBLE STEEL LACING 2525 WISCONSIN
(Company Name) Address

ILD 005094230

DOWNERS GROVE IL 60515
City State Zip

043020003
Generator Number

WASTE HAULER(S)

LENZ OIL SVC RT 1 LEMONT
Hauler Name Hauler Address

S.W.H. Registration Number 0266003

Hauler Name Hauler Address

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL SVC RT 1
(Facility Name) Address

0311620
Site Number

LEMONT IL 60439
City State Zip

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: WASTE 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:

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: 1500

1 GALLONS (Circle One)
2 CU. YDS.

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 8/3/81 Don Julen
(Authorized Signature)

WASTE HAULER

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

(1) [signature] DATE: 8 3 81
(Authorized Signature)

(2) DATE: / /
(Authorized Signature)

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:

M. O'Brien DATE: 8 3 81
(Authorized Signature)

COMMENTS OR SPECIAL INSTRUCTIONS:

20-009

IN ILLINOIS: 217 / 782-3637 ***24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*** OUTSIDE ILLINOIS: 800 / 424-880

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

U35032

TO BE COMPLETED BY WASTE GENERATOR

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

SPECIAL WASTE HAULING MANIFEST

Authorization Number 99897

FLEXIBLE STEEL LACING (Company Name) | 2525 WISCONSIN (Address)
DOWNER GROVE (City) | IL (State) | 60515 (Zip)
04303000003 (14) Generator Number

WASTE HAULER(S)

LENZ OIL SVC. (Hauler Name) | RT. 1 LEMONT (Hauler Address) | S.W.H. Registration Number 0266CC (25)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

LENZ OIL SVC (Facility Name) | RT. 1 (Address) | 0311626C (39) Site Number
LEMONT. (City) | ILL (State) | 60439 (Zip)

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: MACHINE OIL & WATER | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: | HAZARD CLASS: | WEIGHT FOR D.O.T. USE ____ LBS / TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 600 (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: 11-21-80 | Donald Aulen (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) W Gabriel (Authorized Signature) DATE: 11 21 8 (54)

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES____ NO____

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

_____ (Authorized Signature) DATE: 11 21 8 (60)

COMMENTS OR SPECIAL INSTRUCTIONS: _____

20-010

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

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

BEAVER OIL CO. INC.

3-12

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER

50921 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 02/10/95

NO. 4469

FEB 15 1995

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
02/07/95	BEAVER	50583	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
1980	GALLONS REMOVED USED PETROLEUM/WATER	0.16	316.8
1	TRANSPORT FEE	275.00	275.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #6380852 TKT #68451		

PS - CLOSE ALL LINES

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $606.8

20-011

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Ter

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/91 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

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 | Location If Different

A. Illinois Manifest Document Number: IL 6380852 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Illinois Transporter's ID

D. ( ) Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois Facility's ID

H. Facility's Phone

GENERATOR

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

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14.

G = Gallons Y = 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.

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)

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

20-012

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)

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 708/971-0150 FAX: 708/971-8102

RESALE NO 0718-2430

PURCHASE ORDER	50583	PAGE	1
ORDER DATE	02-02-95	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

ATTN: SHERRY
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-013

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2000.0000	EA		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY - UNIT OF MEASURE - GALLONS	02-07-95	6024-399	0.1600
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	02-07-95	6024-399	275.0000
3	1.0000	EA		DUMURRAGE CHARGE FOR EXTRA TIME IF NEEDED	02-07-95	6024-399	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	02-07-95	6024-399	15.0000

PAID FOR LINES 1, 2 & 4

CLOSED START LINE 3

SM 2/15/95

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 2-7-95. CONFIRMING MY PHONE ORDER OF 2-2-95 TO SHERRY.

BILL AMANN

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

5092/

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

7-12

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

JUN 15 1995

INVOICE

DATE 06/12/95

NO. 4672

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
06/08/95	BEAVER	~~5201~~ 5217	FOB	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
4125	GALLONS REMOVED USED PETROLEUM/WATER	0.16	660.0
1	TRANSPORT FEE	335.00	335.0
0.75	HOUR(S) DEMURRAGE FEE	60.00	45.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #6629662 TKT #70946		

PS

20-014

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $1,055.0

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-94

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 — Location If Different

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

A. Illinois Manifest Document Number: IL6629662 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 5 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC. | 6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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: BEAVER OIL CO., INC. 6037 LEWIS AVENUE HODGKINS, IL 60525 | 10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 1 3 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL WATER	001	TT	0 5 5 0	G	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 Description for Materials Listed Above

ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

APV #CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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

Printed/Typed Name: RONALD COLLETT | Signature: [signature] | Date: Month Day Year 0[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [signature] | Date: Month Day Year 0[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20-015

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

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

RESALE NO 0718-2450

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 708/971-0150 FAX: 708/971-8102

PURCHASE ORDER	52017	PAGE	1
ORDER DATE	06-06-95	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-016

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	3960.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, ILLINOIS FACTORY UNIT OF MEASURE IS GAL.	06-07-95	6024-399	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	06-07-95	6024-399	335.00 275.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED	06-07-95	6024-399	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	06-07-95	6024-399	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 6-8-95. CONFIRMING MY PHONE ORDER OF 6-6-95 TO DEBBIE.

BILL AMANN V.P. MATERIALS

by: _____

PURCHASING COPY

SEP 13 1995

BEAVER OIL CO. INC.

5092/

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

10-1

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 09/07/95

NO. 4821

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
08/31/95	BEAVER	53173	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
3850	GALLONS REMOVED USED PETROLEUM/WATER	0.16	616.0
1	TRANSPORT FEE	335.00	335.0
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #6665463 TKT #73074		

PS
CLOSE

20-017

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $996.0

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-94

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 — Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL6665463 FEE PAID IF APPLICABL

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

5. Transporter 1 Company Name: BEAVER OIL CO., INC. | 6. US EPA ID Number: ILL064418353

C. Illinois Transporter's ID: 0 0 1

D. 708 354-4040 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: BEAVER OIL CO., INC. 6037 LENZI AVENUE HODGKINS, IL 60525 | 10. US EPA ID Number: ILL064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. DOT D.O.T. REGULATED USED OIL WATER	001	TI	3850	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G = Gallons Y = Cubic Yard

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO APV #CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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

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

19. Discrepancy Indication Space

20-018

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. | Date
Printed/Typed Name | Signature | Month Day Ye

GENERATOR — TRANSPORTER — FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 708/971-0150 FAX: 708/971-8102

RESALE NO 0718-2430

PURCHASE ORDER	53173	PAGE	1
ORDER DATE	08-29-95	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-019

ATTN: PAT

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	3850.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE IL FACTORY. UNIT OF MEASURE IS GALLON	08-31-95	6024-399	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP.	08-31-95	6024-399	~~275.0000~~ 335.00
3	1.0000			DEMURRRAGE CHARGE FOR EXTRA TIME IF NEEDED.	08-31-95	6024-399	~~60.0000~~ 30.00
4	1.0000			MANIFEST PREPARATION CHARGE	08-31-95	6024-399	15.0000
PD	97			PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 8-31-95. CONFIRMING MY PHONE ORDER OF 8-29-95 TO PAT.			

BILL AMANN \ V.P. MATERIALS

by: BA

PURCHASING COPY

BEAVER OIL CO. INC.

DEC 11 1995

5092/ 1-5

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 12/06/95

NO. 49811

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
12/01/95	BEAVER	54451	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2950	GALLONS REMOVED PETROLEUM/WATER	0.16	472.00
1	TRANSPORT FEE	290.00	290.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #6711206 TKT #75474		

PS CLOSE

20-020

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $807.00

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

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 | Location If Different

A. Illinois Manifest Document Number: IL6711206 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Illinois Transporter's ID

D. ( ) Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois 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.					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 Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

G = Gallons Y = 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.

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 | 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

20-021

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)

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

RESALE NO 0718-2430

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 708/971-0150 FAX: 708/971-8102

PURCHASE ORDER	54451	PAGE	1
ORDER DATE	11-30-95	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-022

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2970.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE IL FACTORY. UNIT OF MEASURE IS GALLON	12-01-95	6024-399	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	12-01-95	6024-399	290.00 275.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED	12-01-95	6024-399	60.0000
4	1.0000			MANIFEST PREPARTAION CHARGE	12-01-95	6024-399	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 12-1-95. CONFIRMING MY PHONE ORDER OF 11-30-95 TO DEBBIE.

BILL AMANN V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

5071 9-1

AUG 16 1996

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 08/12/96

NO. 54065

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
08/02/96	BEAVER	62827	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
3740	GALLONS REMOVED PETROLEUM/WATER	0.16	598.40
1	TRANSPORT FEE	335.00	335.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7219799 TKT #81100		

P.S. type
Please Close

20-023

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $978.

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-96

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

A. Illinois Manifest Document Number: IL 7219799 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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
BEAVER OIL CO., INC.
6037 FERN AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	03740	6	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO ATTN: CLERK
24 HR EMERGENCY PHONE NO. (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
KIRK D. BUCHHOLTZ		08 02 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
D. DEIL		08 02 96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
20-024

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)

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 708/971-0150 FAX: 708/971-8102

RESALE NO 0718-2430

PURCHASE ORDER	62827	PAGE	1
ORDER DATE	08-01-96	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-025

ATTN: PAT

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	3850.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	08-02-96	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	08-02-96	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED	08-02-96	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	08-02-96	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 8-2-96. CONFIRMING MY PHONE ORDER OF 8-1-96 TO PAT.			

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

5012/

OCT 25 1996

11-2

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 10/22/96

NO. 55109

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
09/30/96	BEAVER	63447	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2145	GALLONS REMOVED PETROLEUM/WATER	0.16	343.2(
1	TRANSPORT FEE	290.00	290.0(
1	MANIFEST PROCESSING	15.00	15.0(
	MANIFEST #7220345 TKT #81526		

P.S. type -

Please close

20-026

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $648.:

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-96

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 — Location If Different

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7220345 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 6 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

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. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	021,45	G	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 Description for Materials Listed Above

ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

FLEXIBLE STEEL LACING CO CL3F06

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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

Printed/Typed Name: X KIRK D. BUCHHOLTZ | Signature: [signature] | Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20-027

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

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 630/971-0150 FAX: 630/971-8102

PURCHASE ORDER	63447	PAGE	1
ORDER DATE	09-27-96	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship to

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-028

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2200.0000			PICK UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL GACTORY. UNIT OF MEASURE IS GALLON	09-30-96	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	09-30-96	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED PER HR	09-30-96	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	09-30-96	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 9-30-96. CONFIRMING MY PHONE ORDER OF 9-27-96 TO DEBBIE.			

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

5 3640

Invoice

Eco-Clean

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 100485

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F O B	Terms
05/07/01	jvk	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
verbal	05/07/01	Tony Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B O	Item Number	Description	Unit Price	Amount
1	1		FM110S06W2	FM110 service only 6 weeks	150.00	150.00
3	3		FM25S06W2	FM25 service only 6 weeks	95.00	285.00
3	3		FM30S06W2	FM30 service only 6wk	115.00	345.00
1	1		SC-4S06W2	SC-4 service only 6 weeks	69.00	69.00
1	1		TABLES06W2	Table Top service only 6 wks	15.00	15.00
				Invoice subtotal		864.00
				Invoice total		864.00

53698	Ref
T. DEPT	AMOUNT
6024 3990	864.00
Approved	Date 5-25-01

Thank You

53698

Invoice

:Eco-Clean Corporation
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FL[redacted]EXST
Invoice No.: 100[redacted]461

6-7

Flexible Steel Lacing
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-420[redacted]0

Ship Via	F.O.B.	Terms
RG	Origin	Net 30

rder Number	Order Date	Sales Person	State Sa[redacted]les Tax
:BAL	05/08/01	Steve Huizenga	0.[redacted]0

ntity Shipped	B.O.	Item Number	Description	Unit Price	Amount
			Manifest #25024		
2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
2		FSC	Fuel Surcharge 2.5%	16.50	33.00
2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00
			Invoice subtotal		1353.00
			Invoice total		1353.00

53698		Ref
ACCT.	DEPT	AMOUNT
6024	3990	1353.00
Approved SB		Date 5-18-01

Thank You

NON-HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.				
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	YARD

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-511

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CERTIFICATE OF RECYCLING

Eco-Clean

Manifest Number: 25024

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-512

Manifest Date: 08-May-01

Destruction Date: 23-May-01

Eco-Clean Corporation has processed waste from the above generator as indicated on Nonhazardous Manifest number **25024**. Eco-Clean Corporation hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

Vendor 53698
Changed Name
to ECO-Clean Corp.
P.O. Box 674
Oaklawn, IL. 60453
OK to Pay per Leslie - 1-19-01
(Note: See attached Memo)

DEC 27 2000

INVOICE

1-2

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST.
Invoice No.: 7080 A

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Attn: Steve Doss
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
12/21/00	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	12/20/00	Brian Patterson	0.00

Quantity Ordered	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #24640		
2	2		OF-55G	Disposal of oil filters	195.00	390.00
2	2		DF55	Fiber drum, 55 gal	0.00	0.00
				Invoice subtotal		390.00
				Invoice total		390.00

Vendor # 53698 Ref III ✓

GL	DEPT	AMOUNT
6024	3990	390.00

Approved SS Date 12-27-00

20-513

Thank You

NON-HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
7. Transporter 2 Company Name	**8. US EPA ID Number**	**B. Transporter's Phone**
9. Designated Facility Name and Site Address	**10. US EPA ID Number**	**C. Facility's Phone**

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.				
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-514

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CERTIFICATE OF RECYCLING

Eco-Clean

Manifest Number: 24640

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-515

Manifest Date: 20-Dec-00

Destruction Date: 09-Jan-01

Eco-Clean Corporation has processed waste from the above generator as indicated on Nonhazardous Manifest number **24640**. Eco-Clean Corporation hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

1-5

Eco-Clean

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 100723

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
06/05/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	06/05/01	Steve Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #25092		
2	2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
1	1		OF DFUNW1	Oil filter disp 55DF uncrush	195.00	195.00
1	1		FSC	Fuel Surcharge 2.5%	37.88	37.88
1	1		DF 55G W1	Drum, fiber 55G empty	0.00	0.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00
				Invoice subtotal		1552.88
				Invoice total		1552.88 ✓

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6024	3990	1552.88
Approved		Date 6-18-01

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 25092 | 2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	(219) 977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent by DOt — Not regulated	002	CF	6.0.0.0.2	Y
b. Used oil filters regulated by DOT — Not	001	DF	0.0.0.55	G
c.	. .	.	. . . .	
d.	. .	.	. . . .	

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Y = YARDS
G = GALLONS

15. Special Handling Instructions and Additional Information
Boxs
3551
3552
/
Drums
~~3553~~
3554

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
KIRK Buckholtz		10	05	01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Rick GONZALEZ		10	05	16.1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

19. Discrepancy Indication Space
20-517

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

Printed/Typed Name	Signature	Month	Day	Year
John S. Algeier		10	06	01

GENERATOR — TRANSPORTER — FACILITY

Printed by J. J. KELLER & ASSOCIATES, INC. Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

53698

Invoice

7-1

Eco-Clean

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 100759

Bill To: **Flexible Steel Lacing**
Mr. Mike Crowley
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
06/19/01	jvk	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
10860	06/19/01	Tony Huizenga	0.00

Quantity Required	Quantity Shipped	B.O.	Item Number	Description	Unit Price	Amount
1	1		FM110S06W2	FM110 service only 6 weeks	150.00	150.00
3	3		FM25S06W2	FM25 service only 6 weeks	95.00	285.00
3	3		FM30S06W2	FM30 service only 6wk	115.00	345.00
1	1		SC-4S06W2	SC-4 service only 6 weeks	69.00	69.00
1	1		TABLES06W2	Table Top service only 6 wks	15.00	15.00
				Invoice subtotal		864.00
				Invoice total		864.00

PS-TYPE
6024-3990

Thank You

Eco-Clean Corporation 400 Blaine Street Gary, IN 46406-1252 219-977-2922 800-437-7488 Fax 219-977-29

53698

Invoice

8-17

Eco-Clean

JUL 23 2001

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 100881

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
07/18/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
10860	07/18/01	Steve Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B.O	Item Number	Description	Unit Price	Amount
				Manifest #25184		
2	2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
1	1		FSC	Fuel Surcharge 2.5%	33.00	33.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00
				Invoice subtotal		1353.00
				Invoice total		1353.00

53698	Ref —
DEPT	AMOUNT
6024 3990	1353.00
Approved SB	Date 7-23-01

Thank You

Eco-Clean Corporation 400 Blaine Street Gary, IN 46406-1252 219-977-2922 800-437-7488 Fax 219-977-292

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. 2

Manifest Document No. 5 1 5 4

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
1025 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: 1 M D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name:

8. US EPA ID Number: . . . . . .

B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: 1 M D 9 8 5 0 9 2 6 0 0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOL	[illegible]	[illegible]	[illegible]	
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
YARDS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	07	15	01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	07	18	01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-520

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

5 3698

JUL 30 2001

Invoice

8-2

Eco-Clean ®

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 100898

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
07/24/01	jvk	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
10860	07/24/01	Tony Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B O	Item Number	Description	Unit Price	Amount
1	1		FM110S06W2	FM110 service only 6 weeks	150.00	150.00
3	3		FM25S06W2	FM25 service only 6 weeks	95.00	285.00
3	3		FM30S06W2	FM30 service only 6wk	115.00	345.00
1	1		SC-4S06W2	SC-4 service only 6 weeks	69.00	69.00
1	1		TABLES06W2	Table Top service only 6 wks	15.00	15.00
				Invoice subtotal		864.00
				Invoice total		864.00

PS TYPE 6024-3990

Thank You

Eco-Clean

Invoice

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 101222

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
08/24/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
	08/24/01	Steve Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #25292		
2	2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
1	1		OF DFUNW1	Oil filter disp 55DF uncrush	195.00	195.00
1	1		FSCW1	Fuel Surcharge 2.5%	37.88	37.88
1	1		DF 55GW1	Drum, fiber 55G empty	0.00	0.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00
				Invoice subtotal		1552.88
				Invoice total		1552.88

Vendor # 53698		Ref 111
ACCT.	DEPT.	AMOUNT
6024	3990	1552.88
Approved SB		Date 9-5-01

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. [illegible] | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630)971-0150

5. Transporter 1 Company Name: CES Recovery Systems
6. US EPA ID Number: I N D 0 8 5 0 9 2 6 0 0
A. Transporter's Phone: (877)900-0376

7. Transporter 2 Company Name:
8. US EPA ID Number: . . . . . .
B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I N D 0 8 5 0 9 2 6 0 0
C. Facility's Phone: (800)437-7486

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	00.2	0.1	00.000	Y
b. Used oil filters Not regulated by DOT	001	1	00055	B
c.	. .	.	. . . .	
d.	. .	.	. . . .	

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
YARDS/GALLONS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	0.8	2.4	0.1

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	0.8	2.4	0.1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

FACILITY

19. Discrepancy Indication Space

20-523

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

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

GENERATOR'S COPY

53698

Eco-Clean

Invoice

10-6

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 101404

SEP 14 2001

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
09/06/01	jvk	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
verbal	09/06/01	Tony Huizenga	0.00

Quantity Required	Shipped	B.O.	Item Number	Description	Unit Price	Amount
1	1		FM110S06W2	FM110 service only 6 weeks	150.00	150.00
3	3		FM25S06W2	FM25 service only 6 weeks	95.00	285.00
3	3		FM30S06W2	FM30 service only 6wk	115.00	345.00

Invoice subtotal	780.00
Invoice total	780.00

Vendor # 53698		Ref
ACCT.	DEPT.	AMOUNT
6024	3940	780.00
Approved K.K.		Date 9-14-01

Thank You

BFI

5050 W. Lake Street
Melrose Park, IL 60160

CONTACT US AT:

ATTN: CUSTOMER SERVICE DEPT.
CALL:(708) 345-7050

INVOICE NO	INVOICE DATE	ACCOUNT NO.
551-000736271	11/30/00	551-3001108

NOTES:

ADDRESSEE:

011674

FLEXIBLE STEEL LACING CO
1025 WISCONSIN AVE
DOWNERS GROVE, IL 60515

Probe

DESCRIPTION	QUANTITY		UNT
00101 FLEXIBLE STEEL<<DR>>			
2525 WISCONSIN AVE CSA S DIVESR02			
SERVICE GROUP 01 QTY 001 ROLL OFF 30 YARD COMPACTED			
11/08/00 BASIC SERVICE	1.0000	590.00	590.00
11/08/00 PO/REFERENCE # JOHN			
TCK# 15634			
11/22/00 BASIC SERVICE	1.0000	590.00	590.00
11/22/00 PO/REFERENCE # JOHN			
TCK# 14706			
11/30/00 RENTAL 11/01 TO 11/30		82.50	82.50

	Ref 111	
5720		
ACCT.	DEPT	AMOUNT
6304	1990	1262.50
Approved	Date 12-12-00	

PAYMENT DUE BY	INVOICE AMOUNT
UPON RECEIPT	1262.5

Representative of Monthly
Trash Removal Invoices

9

BFI®

5050 West Lake Street
Melrose Park, IL 60160
1-800-345-1408

WE RECYCLE!

15634

REL.	DEL.	SWG ☐	DRT ☒	DRM ☐

RUBBISH	OPEN TOP YDS	COMPACTOR 33 YDS	SELF-PACK YDS	X-TRA YDS
SPECIAL WASTE	ASBESTOS YDS	SLUDGE YDS	LIQUID GALS	LINER
SPECIAL SERVICE		GRADED YDS	MATERIAL CODE	REC/REB
	RESPOT	TRUCK TIME HR	WEIGHT ☐ TONS ☐ LBS.	

CUSTOMER #	SITE	DATE 11-07-00
CUSTOMER NAME Flex Steel		
ADDRESS 2525 Wisconsin		
DRIVER	TRK# 643	
CUSTOMER SIGNATURE X [signature]	P.O. #	

012 SEE REVERSE SIDE FOR TERMS & CONDITIONS

OTHER:

☐ BILLING
☐ C.O.D.

AMOUNT $ _____ . ____

BFI®

5050 West Lake Street
Melrose Park, IL 60160
1-800-345-1408

WE RECYCLE!

14706

REL.	DEL.	SWG ☐	DRT ☒	DRM ☐

RUBBISH	OPEN TOP YDS	COMPACTOR 30 YDS	SELF-PACK YDS	X-TRA YDS
SPECIAL WASTE	ASBESTOS YDS	SLUDGE YDS	LIQUID GALS	LINER
SPECIAL SERVICE		GRADED YDS	MATERIAL CODE	REC/REB
	RESPOT	TRUCK TIME HR	WEIGHT ☐ TONS ☐ LBS	

CUSTOMER #	SITE	DATE 11-22-00
CUSTOMER NAME Flexible Steel		
ADDRESS 2525 Wisconsin DG		
DRIVER [signature]	TRK# 175	
CUSTOMER SIGNATURE X [signature]	P.O. #	

012 SEE REVERSE SIDE FOR TERMS & CONDITIONS

OTHER:

☐ BILLING

20-526

52656

INVOICE

V.I.M. RECYCLERS, L.P.
P.O. BOX 755
GLEN ELLYN, IL 60138
Phone: (630)-858-3422
Fax: (630)-858-5666

Invoice Number 7044433 ✓

Invoice Date 8/23/2001

Page 1

9-22

SOLD TO FLEXIBLE STEEL LACING CO.
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

Representative of Monthly Recycling Invoices for Paper, Cardboard & Wood

		TERMS	Net 30	**SHIP DATE**	8/23/2001
ORDER NUMBER		**DUE DATE**	9/22/2001		
PO NUMBER					
CUSTOMER ID	FLEXIBLE	**SALESPERSON1**	9A		

10

ITEM	ORDERED	SHIPPED	DESCRIPTION	PRICE	AMOUNT	TAX
baler	1.00	1.00	TOTAL RECYCLING PROGRAM FOR ONE MONTH. INCLUDES BALER, MAINTENANCE ON THE BALER, AND THE MARKETING OF YOUR RECYCLABLES	219.0000	219.00	N
	2.00	2.00	BALES OF CARDBOARD	3.0000-	-6.00	N
	1.00	1.00	GAYLORDS OF CARDBOARD	.0000	.00	N
	1.00	1.00	CAT # 1 PAPER	7.0000-	-7.00	N
	.56	.56	25/45 FEET OF SCRAP WOOD @ $660 PER TRUCKLOAD VIM # 12402 7/10/01 (LONNIE)	660.0000	369.60	N
	3.00	3.00	BALES OF CARDBOARD	3.0000-	-9.00	N
	1.00	1.00	GAYLORDS OF MIX PAPER	3.0000-	-3.00	N
	.78	.78	35/45 FEET OF SCRAP WOOD @ $660 PER TRUCKLOAD VIM # 13239 TRAILER V-060	660.0000	514.80	N

Vendor # 52656		Ref 111 ✓
ACCT.	DEPT.	AMOUNT
6304	1990	1078.40
Approved		Date 8-27-01

THIS INVOICE COVERS RECYCLING FEES FOR SEPT 2001

TAXABLE	NONTAXABLE	SALES TAX	MISC	TOTAL
.00	1,078.40	.00	.00	1,078.40
	.00		NET DUE	✓ 1,078.40

20-527

PACKING LIST

OF

FLEXIBLE STEEL LACING CO.

2525 WISCONSIN AVE.
DOWNERS GROVE, ILL. 60515

PACKED BY JT

DATE 8-8-01

ORDER NO. N/A

OR ACCT. OF Flexible Steel

SHIPPED TO VIM

QUANTITY		SIZE NUMBER	DESCRIPTION	CONTAINER	GR. WT.	TARE WT.	NO
			CAT #1				
			G - 810				
			T - 77				
			M - 733				
			MISC PAPER				
			G - 538				
			T - 68				
			M - 470				
			CARDBOARD BUNDLES				
			G - 905 G - 847				
			T - 40 T - 60				
			N - 865 N - 787				
			35 FT OF WOOD				
			TOTAL				

Received by Flexible Steel Lacing Co.
Date
Company

2M 2/98

THESE GOODS HAVE BEEN RECHECKED. ANY CLAIM OF ERROR MUST BE MADE IMMEDIATELY ON RECEIPT OF SAME AND ACCOMPANIED WITH THIS LIST.

20-528

PACKING LIST

OF

FLEXIBLE STEEL LACING CO.

2525 WISCONSIN AVE.
DOWNERS GROVE, ILL. 60515

PACKED BY JTJ

DATE 7-10-01

ORDER NO. N/A

OR ACCT. OF Flexible Steel

HIPPED TO VIM

JANTITY		SIZE NUMBER	DESCRIPTION	CONTAINER	GR. WT.	TARE WT.	NO.
			Cardboard Bundles				
			G - 739 G - 770				
			T - 39 T - 60				
			N - 700 N - 710				
			Cardboard Gaylords				
			G - 288				
			T - 140				
			N - 148				
			Cast #1 Paper				
			G - 400				
			T - 82				
			N - 318				
			25 FT OF WOOD				
			Jamie Hill				
			TOTAL				

Received in good order from Flexible Steel Lacing Co.

Date

Company

Signed

2M 2/98

THESE GOODS HAVE BEEN RECHECKED. ANY CLAIM OF ERROR MUST BE MADE IMMEDIATELY ON RECEIPT OF SAME AND ACCOMPANIED WITH THIS LIST.

20-529

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2436 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems | 6. US EPA ID Number: T·N·D·9·8·5·0·9·2·6·0·0 | A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: T·N·D·9·8·5·0·9·2·6·0·0 | C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	BX	00.00	Y
b. Used oil filters Not regulated by DOT	002	DM	00.110	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards/Gal

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: KIRK D. Rochholtz | Signature | Month 09 Day 19 Year 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month 09 Day 19 Year 00

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

FACILITY

19. Discrepancy Indication Space
20-485

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: A.S. Mitchell | Signature | Month 09 Day 19 Year 00

Printed by J. J. KELLER & ASSOCIATES, INC. Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24368

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-486

Manifest Date: 19-Sep-00

Destruction Date: 10-Oct-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number 24368. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Hulzenga, President

53698

Invoice

11-11

NET 15

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6877

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
10/12/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	10/11/00	Brian Patterson	0.00

Quantity Ordered	Quantity Shipped	B/O	Item Number	Description	Unit Price	Amount
				Manifest #24434		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor# 53698		Ref
ACCT.	DEPT	AMOUNT
6024	3990	1320.00
Approved		Date 10-16-00

20-487

Thank You

9449

SERVICE ORDER 4451

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
219-977-2922
FAX 219-977-2927

CUSTOMER NO. FLEXST

BILL TO
Flexible Steel Lacing
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

SHIP TO:
Flexible Steel Lacing
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

DATE	SHIP VIA	F.O.B.	TERMS
10/11/00	JA	Origin	Net 30

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
VERBAL	10/11/00	Brian Patterson	4451

QUANTITY REQUIRED	QUANTITY SHIPPED	B.O.	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
	2		AB-CYD	Disposal of absorbent waste		
			OF-CYD	Disposal of oil filters Cubic Yard Box		
	2		CYD-NH	Cubic yard trivalt box		
	2		LINER-CYD	CYD box liner - 6 mil		

Driver

Truck No.: 6124

Customer Signature

Date 10/11/00

THANK YOU!

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1
	2443 4	

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	(219) 977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	YM	00002	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards /

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
Rick D. Buchholtz		10	7	10

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P. Algozine		10	7	10

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-489

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

Printed/Typed Name	Signature	Month	Day	Year
A.S. Mitchell		10	11	10

Printed by J.J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24434

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-490

Manifest Date: 11-Oct-00

Destruction Date: 24-Oct-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24434**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

NOV - 2000

Invoice

12-3

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6946

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
11/02/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	11/01/00	Brian Patterson	0.00

Quantity Requested	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #24504		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	✓ 1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6024	3990	1320.00
Approved		Date 11-7-00

20-491

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2.4.5.0.4 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	(219) 977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	M	00002	G
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Gal. / Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
J Homerding	John Homerding	11	10	00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P. Alvarino	J.P. Alvarino	11	10	00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-492

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

Printed/Typed Name	Signature	Month	Day	Year
A S Mitchell	A S Mitchell	11	10	00

Printed by JJ KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24504

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-493

Manifest Date: 01-Nov-00

Destruction Date: 22-Nov-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24504**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53610

INVOICE

12-30

2000

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 7030

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
11/30/00	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	12/01/00	Brian Patterson	0.00

Quantity			Item Number	Description	Unit Price	Amount
Ordered	Shipped	B/O				
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Manifest #24583

Invoice subtotal	1320.00
Invoice total	1320.00

Voucher # 53698 Ref 11

ACCT.	DEPT	AMOUNT
6024	3940	1320.00

Approved SB Date 12-6-00

20-494

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2 4 5 8 3 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems | 6. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0 | A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0 | C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00003	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: YARDS

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X W. John | Signature: X W. John | Month 11 Day 21 Year 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Rick Gonzalez | Signature: Rick Gonzalez | Month 11 Day 21 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-495

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

Printed/Typed Name: A.S. Mitchell | Signature: A.S. Mitchell | Month 11 Day 21 Year 00

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24583

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-496

Manifest Date: 01-Dec-00

Destruction Date: 15-Dec-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24583**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

Form designed for use on elite (12-pitch) [illegible]

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2 4 6 4 0

2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name:

8. US EPA ID Number:

B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT				
b. USED OIL FITERS	002	DF	00110	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: GALLONS

15. Special Handling Instructions and Additional Information

1072
1071

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X KIRK D. Buchholtz
Signature: X [signature]
Month Day Year: 12 20 00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Rick Gonzalez
Signature: [signature]
Month Day Year: 12 20 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

20-497

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

Printed/Typed Name: [signature]
Signature: [signature]
Month Day Year: 12 20 00

GENERATOR

TRANSPORTER

FACILITY

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

Eco-Clean

53698

Invoice

2-11

Eco-Clean Corporation
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 10505

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
01/12/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	01/08/01	Steve Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B.O	Item Number	Description	Unit Price	Amount
				Manifest #24689		
2	2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

53698		Ref —
...r.	DEPT	AMOUNT
6024	3990	1320.00 ✓
Approved SS		Date 1-22-01

Thank You

CERTIFICATE OF RECYCLING

Eco-Clean

Manifest Number: 24689

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-499

Manifest Date: 09-Jan-01

Destruction Date: 07-Feb-01

Eco-Clean Corporation has processed waste from the above generator as indicated on Nonhazardous Manifest number **24689**. Eco-Clean Corporation hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

Eco-Clean ®

INVOICE

FEB 23 2001

53698

3-1

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 10724

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
02/16/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	02/13/01	Steve Huizenga	0.00

Quantity Required	Shipped	B O	Item Number	Description	Unit Price	Amount
				Manifest #24792		
2	2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

53698	Ref 111
DEPT	AMOUNT
6024 3990	1320.00
Approved	Date 2-23-01

20-500

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2 4 6 8 9

2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	000.02	Y
b. Used oil ~~Filters~~ Contaminated Absorbent Not regulated by DOT	001	DF	000.55	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Y- YARDS
G-GALLONS

15. Special Handling Instructions and Additional Information

OD 1318
OD 1317
OD 1326

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Kirk D. Buchholtz
Signature: X [signature]
Month 0.1 Day 0.9 Year 0.1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Rick Gonzalez
Signature: [signature]
Month 0.1 Day 0.9 Year 0.1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20-501

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

Printed/Typed Name: John P. Alzozine
Signature: [signature]
Month 01 Day 00 Year 01

GENERATOR

TRANSPORTER

FACILITY

Printed by J. J. KELLER & ASSOCIATES, Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Eco-Clean

Manifest Number: 24792

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-502

Manifest Date: 13-Feb-01

Destruction Date: 22-Feb-01

Eco-Clean Corporation has processed waste from the above generator as indicated on Nonhazardous Manifest number **24792**. Eco-Clean Corporation hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

Eco-Clean ®

53698 INVOICE

4-5

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 60034

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
03/06/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	03/06/01	Steve Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #24849		
1	1		AB CYD W1	Disposal of absorbent waste	660.00	660.00
1	1		OF CYD-W1	Disposal of oil filters cubic yard box	660.00	660.00
1	1		AB 55GW1	Disposal of absorbent waste 55 gallon drum	195.00	195.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00

Invoice subtotal	1515.00
Invoice total	1515.00

Ref 53698	
ACCT.	DEPT	AMOUNT
6024	3990	1515.00
Approved	Date 3-14-01

20-503

Thank You

NON-HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address
4. Generator's Phone ( )

5. Transporter 1 Company Name | 6. US EPA ID Number | A. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number | C. Facility's Phone

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.				
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-504

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CERTIFICATE OF RECYCLING

Eco-Clean

Manifest Number: 24849

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-505

Manifest Date: 06-Mar-01

Destruction Date: 08-Mar-01

Eco-Clean Corporation has processed waste from the above generator as indicated on Nonhazardous Manifest number **24849**. Eco-Clean Corporation hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

Eco-Clean

53698

Invoice

5-11

Remit to: **Eco-Clean Corporation**
P.O. Box 674
Oak Lawn, IL 60453

Customer No.: FLEXST
Invoice No.: 100196

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F O B	Terms
04/11/01	RG	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	04/03/01	Steve Huizenga	0.00

Quantity Required	Quantity Shipped	Quantity B O	Item Number	Description	Unit Price	Amount
				Manifest #24931		
2	2		AB CYD W1	Disposal of absorbent waste	660.00	1320.00
2	2		CYD NHW1	Cubic yard triwall box	0.00	0.00
2	2		CYD LINER W1	CYD box liner - 8mil	0.00	0.00
				Invoice subtotal		1320.00
				Invoice total		1320.00

Voucher # 53698 | Ref

ACCT.	DEPT	AMOUNT
6024	3990	1320.00

Approved SS | Date 4-18-01

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

3. Generator's Name and Mailing Address
Flexible Steel Lacing
3525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (800) 971-0154

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: [illegible]

A. Transporter's Phone: [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: [illegible]

C. Facility's Phone: [illegible]

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	0-0-2	CF	0-0-0-0-2	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
YARDS

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	0-4	0-3	0-1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	0-4	0-3	0-1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20-507

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

CERTIFICATE OF RECYCLING

Eco-Clean

Manifest Number: 24931

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-508

Manifest Date: 03-Apr-01

Destruction Date: 06-Apr-01

Eco-Clean Corporation has processed waste from the above generator as indicated on Nonhazardous Manifest number **24931**. Eco-Clean Corporation hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

20-429

Certificate of Recycling

Generator: **Flexible Steel Lacing**
Attn: Steve Doss
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest #23198 dated 7-29-99.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Date received: 08-10-99
Date destroyed: 08-13-99

Steven Huizenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53698

INVOICE

INVOICE DATE 08/31/99 9-3
INVOICE NO. 005582

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

SEP 03 1999

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000	1320.00
Mnft 23284 Disposal of oil cont. absorbent waste cub.yd.bxs.	

Vendor # 53698		Ref III
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SS		Date 9-3-99

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1320.00

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	2328 4		8/30/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	(219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b. Used oil filters Not regulated by DOT		DF		G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	1.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Brian J Dakal	X	08	30	99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P Algozine		08	30	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-431

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

Printed/Typed Name	Signature	Month	Day	Year
A S Mitchell		10	30	99

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

20-432

Generator: **Flexible Steel Lacing**
Attn: Steve Doss
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest #23284 dated 8-30-99.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 09-01-99
Date destroyed: 09-06-99

Steven Huizenga
Steve Huizenga, President

53698

Invoice

10-2

SEP 27 1999

Customer No.: FLEXST
Invoice No.: 5664

Bill To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
09/23/99		Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
Per S.Doss	09/22/99	Brian Patterson	

Quantity Required	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Mnft. 23351		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SB		Date 9-27-99

Thank You

20-433

CES RECOVERY SYSTEMS • 400 Blaine Street • Gary, IN 46406 • 219-977-2922 • 800-437-7488 • Fax 219-977-2927

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
. . . . .	23351		9/22/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	(219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b. Used oil filters Not regulated by DOT	. .	DF	. . . .	G
c.	. .	.	. . . .	
d.	. .	.	. . . .	

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
J HOMERDING	John Homerding	09	22	99

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 Indicaton Space
20-434

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

Printed/Typed Name	Signature	Month	Day	Year
AS Mitchell	A Mitchell	10	12	99

ORIGINAL - RETURN TO GENERATOR

20-435

Certificate of Recycling

Manifest Number:	23351
Manifest Date:	09/22/1999
Date of Destruction:	09/22/1999
Generator:	Flexible Steel Lacing
	Downers Grove IL

CES Recovery Systems has processed waste from the above generator as indicated on Non-Hazardous Manifest number 23351 .
CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steve Huizenga

Steve Huizenga, President

53693

Invoice

11-19

OCT 25 1999

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 5727

Bill To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
10/20/99	JVK	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	10/15/99	Brian Patterson	

Quantity Required	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #23417		
1	1		AB-CYD	Disposal of absorbent waste	660.00	660.00
2	2		OF-55G	Disposal of oil filters	195.00	390.00
2	2		DF55	Fiber drum, 55 gal	0.00	0.00
1	1		CYD-NH	Cubic yard triwall box	0.00	0.00

Invoice subtotal	1050.00
Invoice total	1050.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1050.00
Approved SB		Date 10-25-99

20-436

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	10/15/99
	2341		

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	(219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	CF	00001	Y
b. Used oil filters requlated by DOT Not	002	DF	00010	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yeeds

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Kirk Buchholtz	X	10	15	99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
J Van Lente		10	15	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
20-437

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

Printed/Typed Name	Signature	Month	Day	Year
AS Mitchell		10	15	99

ORIGINAL - RETURN TO GENERATOR

20-438

Certificate of Recycling

Manifest Number:	23417
Manifest Date:	10/15/1999
Date of Destruction:	10/29/1999
Generator:	Flexible Steel Lacing
	Downers Grove IL

CES Recovery Systems has processed waste from the above generator as indicated on Non-Hazardous Manifest number 23417 .
CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga

Steve Huizenga, President

53698

Invoice

12-4

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: ~~5736~~

Bill To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B	Terms
11/04/99	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	11/02/99	Brian Patterson	

Quantity Required	Shipped	B.O	Item Number	Description	Unit Price	Amount
				Manifest #23463		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cut[illegible]ard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698	Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved	Date 11/8

Thank You

20-439

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No. 3	2. Page 1 of	11/2/99

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b. Used oil filters Not regulated by DOT		DF		G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Gal.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
JOHN HOMERDING	John Homerding	11	02	99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P. Higgins	John P. Higgins	11	02	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20-440

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

Printed/Typed Name	Signature	Month	Day	Year
A S Mitchell	A S Mitchell	11	02	99

GENERATOR
TRANSPORTER
FACILITY

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

20-441

Manifest Number:	23463
Manifest Date:	11/02/1999
Date of Destruction:	11/12/1999
Generator:	Flexible Steel Lacing
	Downers Grove IL

CES Recovery Systems has processed waste from the above generator as indicated on Non-Hazardous Manifest number 23463 . CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steve Huizenga

Steve Huizenga, President

53698

Invoice

1-9

DEC 1 4 1999

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 5884

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
12/10/99	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	12/08/99	Brian Patterson	

Quantity Required	Quantity Shipped	Quantity B.O	Item Number	Description	Unit Price	Amount
				Manifest #23567		
1	1		AB-CYD	Disposal of absorbent waste	660.00	660.00
1	1		AB-55G	Disposal of absorbent waste	195.00	195.00
1	1		CYD-NH	Cubic yard triwall box	0.00	0.00
1	1		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	855.00
Invoice total	855.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	855.00
Approved SB		Date 12-14-99

20-442

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 23567

2. Page 1 of

12/8/99

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CRS Recovery Systems

6. US EPA ID Number: IND985092600

A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CRS Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: IND985092600

C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	00.1	C F	00:00.1	Y
b. ~~Used oil filters~~ Non Hazardous oil Absorbend Not regulated by DOT	00.1	D F	00055	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gal.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Hassell Hogan | Signature: X Hassell Hogan | Month 12 Day 08 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Algozine | Signature: John P. Algozine | Month 12 Day 08 Year 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

20-443

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

Printed/Typed Name: A S Mitchell | Signature: A S Mitchell | Month 12 Day 08 Year 99

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

20-444

Manifest Number: 23567
Manifest Date: 12/08/1999
Date of Destruction: 12/14/1999
Generator: Flexible Steel Lacing

Downers Grove IL

CES Recovery Systems has processed waste from the above generator as indicated on Non-Hazardous Manifest number 23567 .
CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga

Steve Huizenga, President

53698

Invoice

2-4

JAN 07 2000

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 5972

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
01/05/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	01/04/99	Brian Patterson	

Quantity Required	Quantity Shipped	Quantity B.O	Item Number	Description	Unit Price	Amount
				Manifest #23645		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00
				Invoice subtotal		1320.00
				Invoice total		1320.00

Ref 53698		
ACCT.	DEPT	AMOUNT
6325	2990	1320.00
Approved SS		Date 1-7-00

Thank You

20-445

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2364 5

2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems
6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0
A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name
8. US EPA ID Number
B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0
C. Facility's Phone: (800) 437-7488

GENERATOR

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vo
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	T
b. Used oil filters Not regulated by DOT		DF		G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards /

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X KIRK D. Buchholtz
Signature: Kirk D. Buchholtz
Month 10 Day 10 Year 4 10C

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John P. Alguzian
Signature: John P. Alguzian
Month 10 Day 10 Year 4 10C

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

FACILITY

19. Discrepancy Indication Space
20-446

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

Printed/Typed Name: AS Mitchell
Signature: A S Mitchell
Month 10 Day 10 Year 4 10C

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

20-447

Manifest Number: 23645

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

Manifest Date: 04-Jan-00

Destruction Date: 19-Jan-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23645**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53678 **Invoice**

2-25

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

JAN 2000

Customer No.: FLEXST
Invoice No.: 6047

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
01/26/00	JVK	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	01/25/00	Brian Patterson	

Quantity Required	Quantity Shipped	Quantity B.O	Item Number	Description	Unit Price	Amount
				Manifest #23714		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		OF-55G	Disposal of oil filters	195.00	390.00
3	3		DF55	Fiber drum, 55 gal	0.00	0.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1710.00
Invoice total	1710.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	$1710.00
Approved SB		Date 1-28-00

20-448

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2 3 7 1 4 | 2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems | 6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0 | A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0 | C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C	00002	Y
b. Nonhazardous oil contaminated absorbent Not regulated by DOT		D		G
c. Used oil filters Not regulated by DOT		C		Y
d. Used oil filters Not regulated by DOT	002	D	00110	G

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: X J HOMERDING | Signature | Month 10 | Day 25 | Year 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J Van Curen | Signature | Month 10 | Day 25 | Year 00

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

19. Discrepancy Indication Space
20-449

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: AS Mitchell | Signature | Month 10 | Day 25 | Year 00

GENERATOR — TRANSPORTER — FACILITY

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 23714

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-450

Manifest Date: 25-Jan-00

Destruction Date: 31-Jan-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23714**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

3-2

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 6119

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
02/21/00	JVK	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	02/18/00	Brian Patterson	

Quantity Required	Shipped	B.O.	Item Number	Description	Unit Price	Amount
				Manifest #23784		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved		Date 2-25-00

Thank You

20-451

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2.3.7.8.4 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I. N. D. 9. 8. 5. 0. 9. 2. 6. 0. 0	(219) 977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I. N. D. 9. 8. 5. 0. 9. 2. 6. 0. 0	(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent by DOT — Not regulated	002	C. F	00002	Y
b. Used oil filters — Not regulated by DOT	. .	C. F	. . . . .	Y
c.	. .	.	. . . . .	
d.	. .	.	. . . . .	

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Y codes

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
K.D. BOCHHOLTZ		10	18	00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		10	18	00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

FACILITY

19. Discrepancy Indication Space

20-452

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

Printed/Typed Name	Signature	Month	Day	Year
A S Mitchell		10	18	00

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

20-453

Manifest Number: 23784

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

Manifest Date: 18-Feb-00

Destruction Date: 28-Feb-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23784**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

4-8

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 6183

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
03/09/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	03/08/00	Brian Patterson	

Quantity Required	Quantity Shipped	Quantity B/O	Item Number	Description	Unit Price	Amount
				Manifest #23834		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3940	$1320.00
Approved SB		Date 3-15-00

20-454

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2·3·8·3·4

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name:

8. US EPA ID Number:

B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent by DOT — Not regulated	002	BX	00002	Y
b. Used oil filters — Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: [redacted]. Yards.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X KIRK D. BUCHHOLTZ — Signature: X Kirk D. Buchholtz — Month 03 Day 08 Year 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Algorine — Signature: John P. Algorine — Month 03 Day 08 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-455

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

Printed/Typed Name: A.S. Mitchell — Signature: A.S. Mitchell — Month 03 Day 08 Year 0

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

20-456

Manifest Number: 23834

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

Manifest Date: 08-Mar-00

Destruction Date: 28-Mar-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23834**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

APR 03 2000

4-28

400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 6253

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

	Ship Via	F.O.B.	Terms
03/29/00	JVK	Origin	Net 30

	Order No.	Sales Person	Customer Order #
PerSDoss	03/28/00	Brian Patterson	

				Unit Price	Amount

Manifest #23893

2	2	AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2	CYD-NH	Cubic yard triwall box	0.00	0.00
2	2	LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Voucher # 53698		Ref 111
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SB		Date 4-3-00

20-457

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2 3 9 0 3 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems | 6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0 | A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0 | C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	DF	00052	P
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yaeks.

15. Special Handling Instructions and Additional Information

TRANSPORTER

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: X J HOMERAING | Signature: X | Month 05 Day 28 Year 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Terry Van Kuke | Signature | Month 05 Day 28 Year 00

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

FACILITY

19. Discrepancy Indication Space

20-458

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: H S Mitchell | Signature | Month 05 Day 28 Year 00

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 23893

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-459

Manifest Date: 28-Mar-00

Destruction Date: 12-Apr-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23893**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

INVOICE

53698

5-1

APR 18 2000

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 6316

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
04/17/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	04/14/00	Brian Patterson	

			Item Number	Description	Unit Price	Amount
				Manifest #23946		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

53698	Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved	Date 4-19-00

20-460

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2 3 9 4 6

2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name:

8. US EPA ID Number:

B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

C. Facility's Phone: (800) 437-7498

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	BX	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X HOMERDING | Signature: X John Homerding | Month 04 Day 14 Year 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Alpstin | Signature: John P. Alpstin | Month 04 Day 14 Year 0

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-461

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

Printed/Typed Name: A S Mitchell | Signature: A S Mitchell | Month 04 Day 14 Year 0

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 23946

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-462

Manifest Date: 14-Apr-00

Destruction Date: 27-Apr-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23946**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

6-9

Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 6395

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ships Via	F.O.B.	Terms
05/10/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
PerSDoss	05/10/00	Brian Patterson	

Quantity			Item Number	Description	Unit Price	Amount
Back Ord.	Shipped	B/O				

Manifest #24008

2	2	AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2	CYD-NH	Cubic yard triwall box	0.00	0.00
2	2	LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved		Date 5-17-00

20-463

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2-4-0-0-8

2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I-N-D-9-8-5-0-9-2-6-0-0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I-N-D-9-8-5-0-9-2-6-0-0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	BX	00.002	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION**: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X KIRK BUCHHOLTZ | Signature: X Kirk A Buchholtz | Month 05 Day 10 Year 00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Algozin | Signature: John P. Alg. | Month 05 Day 10 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

20-464

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

Printed/Typed Name: AS Mitchell | Signature: A S Mitchell | Month 05 Day 10 Year 00

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24008

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-465

Manifest Date: 10-May-00

Destruction Date: 22-May-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24008**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

CES Recovery Systems
400 Blaine Street
Gary, IN 46406

Customer No.: FLEXST
Invoice No.: 6448

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B	Terms
05/25/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
VERBAL	05/24/00	Brian Patterson	

Ordered	Shipped	B/O	Item Number	Description	Unit Price	Amount
				Manifest #24058		
1	1		AB-CYD	Disposal of absorbent waste	660.00	660.00
1	1		CYD-NH	Cubic yard triwall box	0.00	0.00
1	1		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	660.00
Invoice total	660.00

Number 53698 Ref Y

ACCT.	DEPT	AMOUNT
6325	3990	660.00

Approved [signature] Date 5-31-00

20-466

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

GENERATOR

3. Generator's Name and Mailing Address
[illegible]
[illegible] Wisconsin Avenue
[illegible]

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

5. Transporter 1 Company Name: [illegible] Recovery Systems

6. US EPA ID Number: [illegible]

A. Transporter's Phone: [illegible]

7. Transporter 2 Company Name:

8. US EPA ID Number:

B. Transporter's Phone:

9. Designated Facility Name and Site Address
[illegible] Recovery Systems
[illegible] Elaine Street
[illegible]

10. US EPA ID Number: [illegible]

C. Facility's Phone: [illegible]

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	00.1	BX	00.00.1	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

Yard

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: KIRK D. BUCHHOLTZ

Signature: [signature]

Month 05 Day 24 Year 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Algozine

Signature: [signature]

Month 05 Day 24 Year 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:

Signature:

Month Day Year

FACILITY

19. Discrepancy Indication Space

20-467

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

Printed/Typed Name: AS Mitchell

Signature: [signature]

Month 05 Day 24 Year 00

ORIGINAL - RETURN TO GENERATOR

M5

CERTIFICATE OF RECYCLING

Manifest Number: 24058

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-468

Manifest Date: 24-May-00

Destruction Date: 06-Jun-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24058**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

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

NON-HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name | 6. US EPA ID Number | A. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number | C. Facility's Phone

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.				
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-470

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

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

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

GENERATOR'S COPY

12-BLC-M

CERTIFICATE OF RECYCLING

Manifest Number: 24086

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-471

Manifest Date: 07-Jun-00

Destruction Date: 26-Jun-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24086**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

7-2

JUN 3 0 2000

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6543

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
06/28/00	JA	Origin	Net 30

P.O. No. / Work Order No.	Order Date	Sales Person	Our Order Number
VERBAL	06/27/00	Brian Patterson	

Quantity Ordered	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #24131		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		AB-55G	Disposal of absorbent waste 55 gallon drum	195.00	390.00
2	2		DF55	Fiber drum, 55 gal	0.00	0.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1710.00
Invoice total	1710.00

53698		Ref
JT.	DEPT	AMOUNT
6325	3990	1710.00
Approved SS		Date 6-30-00

20-472

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2 4 1 3 1

2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	BX	00002	Y
b. ~~Used oil filters~~ Non-hazardous oil Absorbants Not regulated by DOT	002	DM	00110	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gal / Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: Kirk D. Buchholtz | Signature: Kirk D. Buchholtz | Month Day Year: 06 27 00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Alguzine | Signature: John P. Alguzine | Month Day Year: 06 27 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

Box 12b = 002

20-473

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

Printed/Typed Name: A S Mitchell | Signature: A S Mitchell | Month Day Year: 06 27 00

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24131

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-474

Manifest Date: 27-Jun-00

Destruction Date: 10-Jul-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24131**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

INVOICE

8-3

400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6634

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
07/27/00	JA	Origin	Net 30
Purchase Order Number	Order Date	Sales Person	Our Order Number
VERBAL	07/26/00	Brian Patterson	

Quantity			Item Number	Description	Unit Price	Amount
Ordered	Shipped	B/O				
				Manifest #24214		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
63325	3990	1320.00
Approved		Date 8-1-00

20-475

Thank You.

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2421.4 | 2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems | 6. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0 | A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name | 8. US EPA ID Number: . . . . . | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0 | C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	BX	00002	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name | Signature | Month Day Year: 10 7 25 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John P. Algozine | Signature | Month Day Year: 10 7 25 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kirk Buchholtz | Signature | Month Day Year: 10 7 26 00

19. Discrepancy Indication Space

20-476

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: R S Mitchell | Signature | Month Day Year: 10 7 26 00

GENERATOR — TRANSPORTER — FACILITY

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24214

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-477

Manifest Date: 26-Jul-00

Destruction Date: 31-Jul-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24214**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698 Invoice

9-1

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6695

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
08/16/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
VERBAL	08/15/00	Brian Patterson	

Quantity			Item Number	Description	Unit Price	Amount
Ord.	Ship.	B.O.				

Manifest #24270

2	2	AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2	CYD-NH	Cubic yard triwall box	0.00	0.00
2	2	LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Encumbrance 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SS		Date 8-28-00

20-478

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2·4·2·7·0

2. Page 1 of 1

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0

C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF BX	00002	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gal. YARDS

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X W Jones | Signature: X W Jones | Month | Day | Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jay P. Alpine | Signature: J P Alpine | Month | Day | Year

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20-479

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

Printed/Typed Name: AS Mitchell | Signature: AS Mitchell | Month 10 | Day 8 | Year 15 | 0

GENERATOR

TRANSPORTER

FACILITY

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24270

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-480

Manifest Date: 15-Aug-00

Destruction Date: 29-Aug-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24270**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53670

SEP 14 2000

Invoice

10-1

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6769

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
09/11/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
VERBAL	09/06/00	Brian Patterson	

Quantity Ordered	Quantity Shipped	Quantity B.O.	Item Number	Description	Unit Price	Amount
				Manifest #24335		
2	2		AB-CYD	Disposal of absorbent waste	660.00	1320.00
2	2		CYD-NH	Cubic yard triwall box	0.00	0.00
2	2		LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1320.00
Invoice total	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SB		Date 9-14-00

20-481

Thank You

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1
	2433 5	

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I N D 9 8 5 0 9 2 6 0 0	(219) 977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I N D 9 8 5 0 9 2 6 0 0	(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	B	00002	Y
b. Used oil filters Not regulated by DOT				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
J. Eric Buchholtz		10	9	06

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John F. Alonzo		10	9	06

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-482

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

Printed/Typed Name	Signature	Month	Day	Year
A.S. Mitchell		10	9	06

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

CERTIFICATE OF RECYCLING

Manifest Number: 24335

Flexible Steel Lacing

2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
(630)971-0150

20-483

Manifest Date: 06-Sep-00

Destruction Date: 14-Sep-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **24335**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

53698

Invoice

10-2

CES Recovery Systems
400 Blaine Street
Gary, IN 46406-1252

Customer No.: FLEXST
Invoice No.: 6803

Bill To: **Flexible Steel Lacing**
Mr. Steve Doss
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Ship To: **Flexible Steel Lacing**
2525 Wisconsin Ave.
Downers Grove, IL 60515-4200

Date	Ship Via	F.O.B.	Terms
09/21/00	JA	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	State Sales Tax
VERBAL	09/19/00	Brian Patterson	0.00

Quantity			Item Number	Description	Unit Price	Amount
Received	Shipped	B.O.				

Manifest #24368

1	1	AB-CYD	Disposal of absorbent waste	660.00	660.00
2	2	OF-55G	Disposal of oil filters	195.00	390.00
2	2	DF55	Fiber drum, 55 gal	0.00	0.00
1	1	CYD-NH	Cubic yard triwall box	0.00	0.00
1	1	LINER-CYD	CYD box liner - 8 mil	0.00	0.00

Invoice subtotal	1050.00
Invoice total	1050.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1050.00
Approved SB		Date 9-25-00

20-484

Thank You

20-374

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 21917 dated April 6,1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 04/20/98
Date destroyed: 04/22/98

Steven Huizenga

Steve Huizenga, President

s1M

CES RECOVERY SYSTEMS, INC.
CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

52010

INVOICE

MAY 13 1998

INVOICE DATE 05/07/98
INVOICE NO. 004006

CUSTOMER NO. FLEXST
TERMS NET 30
SALESPERSON PERKIN

6-1

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.
DISPOSAL Used oil filters	Units:	2.00	Rate:	195.000	390.

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1710.00
Approved BAHR		Date 5/12/98

Thank you for the opportunity to serve you

Trade Discount 0.
Sales Taxes 0.

TOTAL 1710.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	5/6/98
	2·1·9·9·6		

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I·N·D·9·8·5·0·9·2·6·0·0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I·N·D·9·8·5·0·9·2·6·0·0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C·F	00002	Y
b. Used oil filters	002	D·F	00110	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Gallons / Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X KIRK D Buchholtz	X	05	06	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
J Van Laker		05	06	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-376

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	05	06	98

ORIGINAL - RETURN TO GENERATOR

20-377

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 21996 dated May 6,1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 05/18/98
Date destroyed: 05/20/98

Steve Huizenga

Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC

53698

INVOICE

JUN 04 1998

INVOICE DATE 06/02/98
INVOICE NO. 004099

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER STEVE D
SALESPERSON PERKIN

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL Oil contaminated absorbent, cyd box	Units: 1.00	Rate: 660.000		660.

Vendor # 53698		Ref	
ACCT.	DEPT		AMOUNT
6325	3990		660.00
Approved		Date 6/4/98	

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	660.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	6/1/98
	2.2.0.5.1		

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vo:
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	C.F	00001	Y
b. [illegible]		[illegible]		
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Y code

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X. KIRK Buchholtz	X [signature]	06	01	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	06	01	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-379

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	06	01	98

ORIGINAL - RETURN TO GENERATOR

20-380

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22051 dated June 1, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 6/9/98
Date destroyed: 6/12/98

Steven Huizenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

5367

INVOICE

INVOICE DATE 07/06/98
INVOICE NO. 004182

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

JUL 15 [redacted]

8/

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Oil contaminated absorbent, cyd boxes	1320.

Vendor # 53968		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1,320.00
Approved BMcK		Date 7/15/98

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1320.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	7/6/98
	2.2.1.2.0		

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vo
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C F	00002	Y
b. Waste oil Filters Not Regulated by DOT	—		—	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards / Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	07	06	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Dan Kucker		07	06	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20-382

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	07	06	98

GENERATOR — TRANSPORTER — FACILITY

Neenah, WI 54957-0388

ORIGINAL - RETURN TO GENERATOR

20-383

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22120 dated July 6, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 7/6/98
Date destroyed: 7/20/98

Steven Huizenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53640

INVOICE

INVOICE DATE 08/14/98
INVOICE NO. 004286

AUG 20 1998

CUSTOMER NO. FLEXST
NET 30
SALESPERSON PERKIN 9-1
TERMS

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units: 2.00	Rate: 660.000		1320.

Vendor # 53698		Ref	III
ACCT.	DEPT		AMOUNT
6325	3990		1320 -
Approved BAH		Date	8/20/98

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1320.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 2·2·2·1·1 | 2. Page 1 of 1 | 8/11/98

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems
6. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0
A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name
8. US EPA ID Number: . . . . . .
B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0
C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C·P	00002	T
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
TONY KUNKEL	Tony Kunkel	08	11	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
J VanKuiken	J VanKuiken	08	11	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

19. Discrepancy Indication Space: 20-385

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	08	11	98

GENERATOR — TRANSPORTER — FACILITY

ORIGINAL - RETURN TO GENERATOR

20-386

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22211 dated August 11, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 8/11/98
Date destroyed: 8/31/98

Steven Huizenga

Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231
CES RECOVERY SYSTEMS, INC.

53698 10-8

SEP 10 [illegible]

INVOICE

INVOICE DATE 09/08/98
INVOICE NO. 004364

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.0
DISPOSAL Used oil filters	Units:	1.00	Rate:	195.000	195.0

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1,515.00
Approved BAH		Date 9/9/98

Thank you for the opportunity to serve you!

Trade Discount	0.0
Sales Taxes	0.0
TOTAL	1515.0

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	2.2.2.8.3		9/4/98

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CBS Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CBS Recovery Systems **400 Blaine Street** **Gary, IN 46406**	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. **Nonhazardous oil contaminated absorbent Not regulated by DOT**	002	C.P	00002	T
b. **Used oil filters Not regulated by DOT**	001	D.P	00055	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards/Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	10	04	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P. Agosino		10	04	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20-388

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	09	04	98

GENERATOR — TRANSPORTER — FACILITY

Neenah WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

20-389

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22283 dated September 4, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 9/4/98
Date destroyed: 9/25/98

Steve Huizenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

INVOICE

INVOICE DATE 09/29/98
INVOICE NO. 004422
CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

OCT 05

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

10-2

DESCRIPTION				AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units: 2.00	Rate: 660.000		1320.

Vendor # 53698		Ref	
ACCT.	DEPT	AMOUNT	
16535	3990	1,320-	
Approved BAH		Date	

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1320.

NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.	Manifest Document No. 2·2·3·3·3	2. Page 1 of 1	9/28/98

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I·N·D·9·8·5·0·9·2·6·0·0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I·N·D·9·8·5·0·9·2·6·0·0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C·F	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	09	28	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
S Van Kuiken	[signature]	09	28	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20-391

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	09	28	98

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

20-392

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22333 dated September 28, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 9/28/98
Date destroyed: 10/9/98

Steven Huijenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231
CES RECOVERY SYSTEMS, INC.

53698

INVOICE

INVOICE DATE 10/22/98
INVOICE NO. 004481

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

OCT 26 1998

11-21

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Oil contaminated absorbent, cyd boxes	1320.0

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320 00
Approved BAKER		Date 10/26

Thank you for the opportunity to serve you!

Trade Discount	0.0
Sales Taxes	0.0
TOTAL	1320.0

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	2.2.3.6.4		10/21/98

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C.F	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	10	21	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John A Iozzo	John P. Iozzo	10	21	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-394

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	10	21	98

ORIGINAL - RETURN TO GENERATOR

20-395

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22384 dated October 21, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 10-30-98
Date destroyed: 11-02-98

Steven Huizenga

Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC

INVOICE

INVOICE DATE 11/18/98
INVOICE NO. 004563

NOV 23 1998

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

BILL TO:
Flexible Steel Lacing
2525 Wisconsan Ave

Downers Grove IL 60515-4200

12-18

PAGE 1

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000	1320.
Order #2532 - Oil contaminated absorbent, cyd boxes	

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved BAT SM		Date 11/24

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1320

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	2.2.1.5.9		11/16/98

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CRS Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CRS Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT.	002	C.F	00002	T
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X BRIAN J. Dolezal	X Brian J. Dolezal	11	16	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P. Algozin	John P. Algozin	11	16	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-397

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	11	16	98

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardo Manifest # 22459 dated November 16, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 11/25/98
Date destroyed: 11/27/98

Steve Huizenga, President

20-398

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53698

INVOICE

INVOICE DATE 12/08/98
INVOICE NO. 004613

DEC 11 1998

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent	Units:	1.00	Rate:	660.000	660.0
DISPOSAL Used oil filters	Units:	1.00	Rate:	195.000	195.0

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	855.00
Approved		Date 12/11

Thank you for the opportunity to serve you!

Trade Discount	0.0
Sales Taxes	0.0
TOTAL	855.0

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	2.2.5.0.8		12/7/98

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CRS Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	8. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CRS Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180098740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	C.P	00001	Y
b. Used oil filters Not regulated by DOT	001	D.P	00055	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards/Gallons

15. Special Handling Instructions and Additional Information

TRANSPORTER

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	12	08	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John P. Alozian	John P. Alozian	12	08	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-400

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	12	08	98

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardo
Manifest # 22508 dated December 8, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 12/28/98
Date destroyed: 12/30/98

Steve Huizenga, President

20-401

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53698

INVOICE

2-6

INVOICE DATE 01/07/99
INVOICE NO. 004724

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

JAN 13 19

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Oil contaminated absorbent, cyd boxes				1320.00

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved BA/SS		Date 1-13-99

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1320.00

s1M

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53698

INVOICE

INVOICE DATE 02/04/99
INVOICE NO. 004820

FEB 11 '99

CUSTOMER NO. FLEXST
NET 30
SALESPERSON PERKIN
TERMS

3-6

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 1

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Disposal of oil contaminated absorbent waste cyd. box	1320.00

Vendor # 53698	Ref 111
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved BH/SS	Date 2-11-99

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1320.00

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	22592		1/7/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	U Lead

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X	01	07	99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		01	07	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
20-404

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	01	07	99

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

2-BLG-M5

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 22592 dated January 7, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 1/13/99
Date destroyed: 1/15/99

Steve Huizenga, President

20-405

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. .....

Manifest Document No. 22675

2. Page 1 of 1

FEB 3 1999

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
Downers Grove, IL

4. Generator's Phone ( )

5. Transporter 1 Company Name
CES Recovery

6. US EPA ID Number
IND985.09.2600

A. Transporter's Phone
(219) 977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery
400 Blaine St
Gary IN 46406

10. US EPA ID Number
IND985.09.2600

C. Facility's Phone
(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.
a. Nonhazardous oil contaminated absorbent Not Regulated by DOT	002	CF	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: x Scott Muncaster
Signature: X Scott Muncaster
Month 02 Day 03 Year 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: J Van Kuiken
Signature: [signature]
Month 02 Day 03 Year 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20-406

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

Printed/Typed Name: M. Bowater
Signature: M. Bowater
Month 02 Day 03 Year 99

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

Generator: Flexible Steel Lacing
Downers Grove, IL

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 22675 dated February 3, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 02-24-99
Date destroyed: 03-01-99

Steve Huizenga, President

20-407

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53690

INVOICE DATE 02/26/99
INVOICE NO. 004924

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER S.DOSS
SALESPERSON PERKIN

MAR 0 1 1999

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

3-28

PAGE 1

DESCRIPTION				AMOUNT
DISPOSAL	Units: 2.00	Rate: 660.000		1320.00
Mnft 22750-Disposal of oil cont. absorbent waste cub yd bx				
CONTAINER	Units: 2.00	Rate: 45.000		90.00
Delivery of two cubic yard boxes				

Vendor # 5369		Ref 1.11
ACCT.	DEPT	AMOUNT
6325	3990	1410.00
Approved BAJ SM		Date 3/1

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1410.00

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	202750		2/24/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I N D 9 8 5 0 9 2 6 0 0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I N D 9 8 5 0 9 2 6 0 0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14 Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C F	00003	Y
b. Used oil filters Not regulated by DOT	000	D F	000 00	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	yards/gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
Scott Muncaster	Scott Muncaster	02	24	99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
John F. Nagire	John F. Nagire	02	24	99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
20-409

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

Printed/Typed Name	Signature	Month	Day	Year
Maria L. Bowater	Maria L. Bowater	02	24	99

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

20-410

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 22750 dated February 24, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 03/17/99
Date destroyed: 03/19/99

Steve Huizenga

Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

INVOICE

MAR 2 3 1999

INVOICE DATE 03/18/99
INVOICE NO. 004978

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

20-411

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL	Units:	2.00	Rate:	660.000	1320.00
Mnft 22812-Disposal of oil cont. absorbent waste cub yd bx					
CONTAINER	Units:	2.00	Rate:	45.000	90.00
Delivery of new cubic yard boxes					
DISPOSAL	Units:	1.00	Rate:	195.000	195.00
Mnft 22812-Disposal of used oil filter waste 55G drums					

TOTAL

CONTINUED

GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC. (800) 437-7488 FAX (800) 390-3231

5361

INVOICE

MAR 2 3 19

INVOICE DATE 03/18/99
INVOICE NO. 004978

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

20-412

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 2

DESCRIPTION			AMOUNT
ONTAINER Units: 1.00 Rate: 15.000			15.00
Delivery of fiber 55 gallon drums			

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1620.00
Approved SS		Date 3-26-99

ank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1620.00

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: . . . . . | Manifest Document No.: 2·2·8·1·2 | 2. Page 1 of 1 | 3/17/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems
6. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0
A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name:
8. US EPA ID Number: . . . . . .
B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: I·N·D·9·8·5·0·9·2·6·0·0
C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C F	00002	Y
b. Used oil filters Not regulated by DOT	001	D F	00055	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: yards/gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: Scott Muncaster | Signature: Scott Muncaster | Month 3 | Day 17 | Year 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jerry Van Kuiken | Signature: | Month 03 | Day 17 | Year 99

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

FACILITY

19. Discrepancy Indication Space
20-413

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Maria L. Bowater | Signature: Maria L. Bowater | Month 03 | Day 17 | Year 99

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

20-414

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 22812 dated March 17, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 04/02/99
Date destroyed: 04/07/99

Steven Huizenga

Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC (800) 437-7488 FAX (800) 390-3231

53698

INVOICE

INVOICE DATE 04/20/99
INVOICE NO. 005087

APR 22 1999

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Mnft 22893-Disposal of oil cont. absorbent waste Cub Yd Bx	1320.00
CONTAINER Units: 2.00 Rate: 30.000 Delivery of new cubic yard boxes with liner	60.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1380
Approved SS		Date 4-22-99

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1380.00

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . Manifest Document No. 2 2 8 9 3

2. Page 1 of 4/19/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0 0

A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number . . . . . .

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0 0

C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b. Used oil filters Not regulated by DOT	. .	DF	. . . . .	G
c.	. .	.	. . . . .	
d.	. .	.	. . . . .	

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: yards/gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Scott Muncaster | Signature: X Scott Muncaster | Month 04 | Day 19 | Year 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P. Higgins | Signature: John P. Higgins | Month 04 | Day 19 | Year 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month . | Day . | Year .

FACILITY

19. Discrepancy Indication Space

20-416

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

Printed/Typed Name: Maria L. Bowater | Signature: Maria L. Bowater | Month 04 | Day 19 | Year 99

Printed by J. J. KELLER & ASSOCIATES, INC. Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

20-417

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 22893 dated April 19, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 04/30/99
Date destroyed: 05/04/99

Steven Huizenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

INVOICE

INVOICE DATE 05/20/99
INVOICE NO. 005192

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S.DOSS
SALESPERSON PERKIN

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	895.00
Approved SS		Data 6-9-99

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515

MAY 26 1999

DESCRIPTION					AMOUNT
DISPOSAL	Units:	1.00	Rate:	660.000	660.00
Mnft 23000-Disposal of oil cont. absorbent waste Cub. Yd Bx					
DISPOSAL	Units:	1.00	Rate:	220.000	220.00
Mnft 23000-Disposal of oil cont. absorbent waste 55G Drums					
CONTAINER	Units:	1.00	Rate:	15.000	15.00
Delivery of fiber 55 gallon drums					

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	895.00

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND 985092600 | Manifest Document No.: 23000 | 2. Page 1 of: 5/19/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
Downers Grove Ill. 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery | 6. US EPA ID Number: IND 985092600 | A. Transporter's Phone:

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery
400 Plaine St Gary IN 46406
10. US EPA ID Number: IND 985092600 | C. Facility's Phone:

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non Hazardous oil Absorbants	001		00001	Y
b. Non Hazardous oil Absorbants	001		00055	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yard / Gall.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: *I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.*
Printed/Typed Name: S Muncaster | Signature: S Muncaster | Month 05 Day 19 Year 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John R. Algozine | Signature: John R. Algozine | Month 05 Day 19 Year 99

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

FACILITY

19. Discrepancy Indication Space

20-419

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Maria L. Bowater | Signature: Maria L. Bowater | Month 05 Day 19 Year 99

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

20-420

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest #23000 dated May 19, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Steven Huizenga

Date received: 06/07/99
Date destroyed: 06/10/99

Steve Huizenga, President

CES RECOVERY SYSTEMS, INC.
CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

53698

INVOICE

INVOICE DATE 06/17/99
INVOICE NO. 005291
CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

JUN 28

PAGE 1

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Mnft. 23064 Disposal of oil cont. absorbent waste cub yd bx	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SS		Date 6-29-99

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1320.00

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 23064

2. Page 1 of

6/16/99

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: IND985092600

A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: IND985092600

C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b. Used oil filters Not regulated by DOT		DF		G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gal

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Scott Muncaster
Signature: X [signature]
Month Day Year: 06 16 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John P. Algozice
Signature: [signature]
Month Day Year: 06 16 99

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

FACILITY

19. Discrepancy Indication Space

20-422

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

Printed/Typed Name: A.S. MITCHELL
Signature: [signature]
Month Day Year: 06 16 99

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

12-BLC-M!

Certificate of Recycling

Generator: Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest #23064 dated June 16, 1999.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Date received: 06/18/99
Date destroyed: 06/22/99

Steven Huizenga
Steve Huizenga, President

20-423

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

INVOICE DATE 07/09/99
INVOICE NO. 005368

JUL 12 1999

CUSTOMER NO. FLEXST
NET 30
SALESPERSON PERKIN
TERMS

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL Units: 1.00 Rate: 660.000 Mnft 23122 Disposal of oil cont. absorbent waste cub.yd.box				660.00
DISPOSAL Units: 1.00 Rate: 195.000 Disposal of used filter waste 55G drum				195.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	855.00
Approved SM		Date 7/12

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	855.0

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. 2312.2 | 2. Page 1 of | 7/8/99

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems
6. US EPA ID Number: IND985092600
A. Transporter's Phone: (219)977-2922

7. Transporter 2 Company Name
8. US EPA ID Number
B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406
10. US EPA ID Number: IND985092600
C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Used oil filters requlated by DOT Not	001	DF	00055	G
b. Non hazardous oil contaminated absorbents Not Regulated by DOT	001	CA	00001	Y
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Y code / Ca Nee

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: Scott Muncaster | Signature: Scott Muncaster | Month 07 Day 08 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month 07 Day 08 Year 99

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

19. Discrepancy Indication Space
20-425

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: A.S. Mitchell | Signature: A.S. Mitchell | Month 07 Day 08 Year 99

GENERATOR — TRANSPORTER — FACILITY

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

20-426

Certificate of Recycling

Generator: **Flexible Steel Lacing**
Attn: Steve Doss
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest #23122 dated 07/08/99.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 07-23-99
Date destroyed: 07-26-99

Steven Huizenga
Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

53698

INVOICE

8-2

INVOICE DATE 07/30/99
INVOICE NO. 005448
CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER S. DOSS
SALESPERSON PERKIN

AUG 03 1999

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Mnft 23198 Disposal of oil cont. absorbent waste cub.yd.bxs.	1320.00

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved SB		Date 8-3-99

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	1320.00

Please print or type
(Form designed for use on elite [illegible])

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2 3 1 5 8

2. Page 1 of 1

7/29/99

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name
CES Recovery Systems

6. US EPA ID Number
I N D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone
IND985092600
(219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number
I N D 9 8 5 0 9 2 6 0 0

C. Facility's Phone
9180898740
(800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	C F	00002	Y
b. Used oil filters Not regulated by DOT		D F		G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Terry J. Svoboda
Signature: X [signature]
Month 07 Day 29 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jerry Van Rucker
Signature: [signature]
Month 07 Day 29 Year 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20-428

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

Printed/Typed Name: AS Mitchell
Signature: [signature]
Month 07 Day 29 Year 99

GENERATOR

TRANSPORTER

FACILITY

Printed by J. J. KELLER & ASSOCIATES, INC.
Neenah, WI 54957-0368

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
. . . . .	21917		4/6/98

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14 Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C	00002	Y
b. Used oil filters	001	D	00055	G
c.	. .	.	. . . .	
d.	. .	.	. . . .	

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards / Gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X	04	06	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Van Eaton		04	06	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Scott Muncaster		.	.	.

FACILITY

19. Discrepancy Indication Space

20-373

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	04	06	98

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	
. . . . .	1 5 5 8		11/10/97

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I N D 9 8 5 0 9 2 6 0 0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I N D 9 8 5 0 9 2 6 0 0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vo.
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	C F	00001	T
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Y

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X	X	11	12	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		11	12	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

FACILITY

19. Discrepancy Indication Space

20-359

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

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

GENERATOR'S COPY

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

SERVICE ORDER

Order No. 1607
Service Date 10/31/97
Service Time:
Purch. Ord. No.

Service Name, Address	Contact Name, Telephone No.	
Flexible Steel Lacing	Service Curt Albrecht	(630)971-0150
2525 Wisconsin Avenue	Manifest Curt Albrecht	(630)971-0150
Downers Grove IL 60515-4200		

DESCRIPTION			AMOUNT
	Quantity	Unit	Waste Description
Waste Removed:	0	2	Used oil filters
Containers Replaced:	2	DF	
Special Instructions:			

20-360

Driver: [signature] Truck: 01 Inventory:

CUSTOMER SIGNATURE X [signature] 10-31-97

TOTAL

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	10/30/97
	2 1 5 4 2		

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I N D 9 8 5 0 9 2 6 0 0	IND98[illegible]0926 (219)977-29[illegible]
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I N D 9 3 5 0 9 2 6 0 0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Used oil filters	002	D F	00110	
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	10	31	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Kirk D. Bailey	[signature]	10	31	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-361

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No. 21638	2. Page 1 of 1	12/8/97

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems	6. US EPA ID Number: IND985092600	A. Transporter's Phone: IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address: CES Recovery Systems, 400 Blaine Street, Gary, IN 46406	10. US EPA ID Number: IND985092600	C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	C	00002	▼
b. Waste oil filters Not R-	001	DF	00055	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards/Gallons.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	12	09	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
J Van Kuiken	[signature]	12	09	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-362

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	12	10	97

ORIGINAL - RETURN TO GENERATOR

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC. ☎ (800) 437-7488

5 3968

INVOICE

INVOICE DATE 12/11/97
INVOICE NO. 003482

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER STEVE D
SALESPERSON PERKIN

DEC 15 199

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 1

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.00
DISPOSAL Used oil filters	Units:	1.00	Rate:	195.000	195.00

Vendor # 53968		Ref —
ACCT.	DEPT	AMOUNT
16325	3990	1515.00
Approved [illegible]		Date 12/16/97

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0
TOTAL	1515

NON-HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone

7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a.				
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

GENERATOR

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-364

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

20-365

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515

CES Recovery Systems has processed waste from Flexible Steel Lacing as indicated on NonHazardous Manifest # 21638 dated December 9,1997.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 12/15/97
Date destroyed: 12/18/97

Steve Huizenga, President

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231
CES RECOVERY SYSTEMS, INC.

53698

INVOICE

INVOICE DATE 01/22/98
INVOICE NO. 003589

JAN 27 1998

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER STEVE D
SALESPERSON PERKIN

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION	AMOUNT
DISPOSAL Units: 2.00 Rate: 660.000 Oil contaminated absorbent, cyd boxes	1320

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1,320
Approved BAHR		Date 1/28/98

Thank you for the opportunity to serve you!

Trade Discount	0
Sales Taxes	0
TOTAL	1320

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
. . . . .	21736		1/21/98

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CM	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** *I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.*

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X	9	29	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Terry Van Lenten		9	29	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

FACILITY

19. Discrepancy Indication Space

20-367

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	10	22	98

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 21736 dated January 22,1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 01/28/98
Date destroyed: 01/30/98

Steve Huizenga, President

20-368

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC (800) 437-7488 FAX (800) 390-3231

53698

INVOICE

INVOICE DATE 02/24/98
INVOICE NO. 003713

CUSTOMER NO. FLEXST
NET 30 ✓
SALESPERSON PERKIN
TERMS

MAR 02 1998

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

3-

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.
DISPOSAL Used oil filters, 55-gallon drum	Units:	1.00	Rate:	195.000	195.

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1515.00
Approved BAHR		Date 3/2/98

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1515.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	
	21816		2/24/98

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	IND985092600	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	IND985092600	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b. Waste oil Filters Not Regulated by DOT	001	DF	00001	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yards / Garbage

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Scott Muncaster	X Scott Muncaster	02	24	98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Dan Kruka		02	24	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
20-370

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

Printed/Typed Name	Signature	Month	Day	Year
L. Schreiber	L. Schreiber	02	24	98

ORIGINAL - RETURN TO GENERATOR

Certificate of Recycling

Generator: Flexible Steel Lacing
Address: 2525 Wisconsin Avenue
Downers Grove, IL 60515

CES Recovery Systems has processed waste from the above generator as indicated on NonHazardous Manifest # 21816 dated February 24,1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 03/03/98
Date destroyed: 03/06/98

Steve Huizenga

Steve Huizenga, President

20-371

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC. (800) 437-7488 FAX (800) 390-3231

53678

INVOICE

APR 13 1998

INVOICE DATE 04/08/98
INVOICE NO. 003879

CUSTOMER NO. FLEXST
TERMS NET 30
CUSTOMER ORD NO PER STEVE DO
SALESPERSON PERKIN

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.
DISPOSAL Used oil filters	Units:	1.00	Rate:	195.000	195.

Thank you for the opportunity to serve you!

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1515.00
Approved BAH		Date 4/14/98

Trade Discount	0.
Sales Taxes	0.
TOTAL	1515.

CES RECOVERY SYSTEMS, INC.
CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
☎ (800) 437-7488

53 698

INVOICE

INVOICE DATE 11/13/97
INVOICE NO. 003401

CUSTOMER NO. FLEXST
NET 30 ✓
SALESPERSON PERKIN
TERMS

NOV 17 1997

BILL TO:
Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 1

DESCRIPTION				AMOUNT
DISPOSAL	Units: 1.00	Rate: 660.000		660.00
Oil contaminated absorbent, cyd box				

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	660.00
Approved [illegible]		Date 11/19/97

Thank you for the opportunity to serve you!

Trade Discount	0.0
Sales Taxes	0.(
TOTAL	660.

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

5753 3-21

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		03/06/2000	0011707560
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-296

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 03/03/2000 *Service Doc Number:* 0001833242 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 14 WITH 150 SOLVENT 000014150-060065306-0000000	111.5000 EA	0.00	111.50
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $624.75

Voucher # 5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	$624.75
Approved QS		Date 3-13-00

COMMENTS:

CUSTOMER NO

6	4	0	-	2	0	9	2	-	4	3

CUSTOMER GENERATOR

FIBLE STEEL LACING CO
15 WISCONSIN AVE
NERS GROVE IL 60515-0717

BILL TO

20-297

847 468-6520 ED GUGLIELMI 04/29/00 50-03 27

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	1677.32	1675.32

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C
09	NO	30	695	352

LOCATION	TAX EXEMPTION NO.
539401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-(00)			630-971-0150	14-210-2052		PW				2.75

ID	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
	54150	30044220		1	231.00	0.00	231.00	0.00			3	717		4			00-13				☐
	56150	30033857		1	297.25	0.00	297.25	0.00			4	717		8			00-17				☐
	14150	60065306	150 2 MAIN		111.50		111.50				1	717		16			00-25				☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
	TOTAL-SERVICE/PRODUCTS				642.75	0.00	642.75	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984900220		ILD980539417	0719720003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#128) 6.7 LBS/GAL (D001)

Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (ERG#128) 6.7 #/gal (D001)

3X30

12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER				
3	DM	90	G	717			3	
1	BF	4	G	717	1			

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS TO 2,200 LBS /MONTH — INITIALS

GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC 2500 E WILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD980539417

STATE ID NO. 0719720003

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
55000
LDR MESSAGE
LDR RCVD
MANIFEST CODE: PP	SEQ #: 001

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Elaine M. Jungblut
Print Customer Name

By Elaine M. Jungblut
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	642.75

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

5753

MAR 2 2 2000

4-2

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		03/18/2000	0001776623
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-298

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 03/10/2000 *Service Doc Number:* 0001987526 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	16 GAL CYCLONIC W/150 PREM 000023150-023063170-0000000	200.0000 EA	0.00	200.00
1.0000	WASTE MIN. CREDIT 000010082-000000000-0000000	30.0000- EA	0.00	30.00-

INVOICE TOTAL: $170.00

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	1990	170.00
Approved JB		Date 3-22-00

COMMENTS:

CUSTOMER NO.

0	0	[illegible]	-	2	0	1	P	-	4	3

847 468-6560 | ED GUGLIELMI | 05/13/09 | 11-11 | 23

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	3375.57	2670.32

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C
[illegible]	NO	NO	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
993403	

SHIP TO

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-3752

BILL TO

20-299

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-11-09			630-971-3159	14-219-2057		PW				.00

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIALS)	CHANGE SCH DATE (M MM)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
23150	1106372	TOOL ROOM	1	200.00	0.00	200.00	10.00	0	0	1	713		1.1							

TOTAL-SERVICE/PRODUCTS		200.00	0.00	200.00	10.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD980992762		ILD005270279	0220307

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA), NA1993 PGIII (ERG#128) 6.7LBS/GAL (D018)

12 CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
1	DM	1	G	713

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD[illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR R1 D18

MANIFEST CODE	SEQ #
PP	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	200.00
WASTE MIN. (FROM ABOVE)	10.00
TOTAL DUE	210.00

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393
DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

5753

APR 13 2000

4-23

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		04/08/2000	00012042256
FACILITY PHONE NUMBER:	**VENDOR NUMBER:**	**TERMS:**	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-300

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 03/31/2000 *Service Doc Number:* 0002138963 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE	PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000	EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000	EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000	EA	0.00	216.00

COMMENTS:

safety-kleen®

Invoice Date 04/08/2000 **ORIGINAL INVOICE**
Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43
Invoice Number 00012042256

Department: *Department Name:*
Service Date: 03/31/2000 *Service Doc Number:* 0002138963 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $1,405.25

Vendor #5753		Ref 111
ACCT.	DEPT	AMOUNT
6304	1990	1,405.25
Approved		Date 4-13-00

CUSTOMER NO.

0	0	8	0	-	2	0	9	2	-	4	3

847 468-1520 | ED GUGLIELMI | 05/27/00 | 00-32 | 27 | 0000178963

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	1542.32	142.27

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NA	NO	575	00

LOCATION	TAX EXEMPTION NO.
509431	

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-3717
9850

BILL TO
20-302

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-31-00			630-971-0150	14-210-2752		PW				.3625

PI	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)		CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
	50150	00044219	150R TOOL	1	60.50	0.00	60.50	0.00			1	213		A							
	52150	00098971	3383	1	126.50	0.00	126.50	0.00			1	213		A							
	53150	00046231	150 R4342	1	176.25	0.00	176.25	0.00			2	213		A							
	53150	00046259	150 R4343	1	176.25	0.00	176.25	0.00			2	213		A							
	53150	00046274	150 R4344	1	176.25	0.00	176.25	0.00			2	213		A							
	53150	00051370	3447	1	176.25	0.00	176.25	0.00			2	213		A							
	54150	00044225	3926	1	216.00	0.00	216.00	0.00			2	213		4							
	56150	00046277	150R TOOL	1	297.25	0.00	297.25	0.00			4	213		A							

TOTAL-SERVICE/PRODUCTS			1405.25	0.00	1405.25	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984900207		ILD055994370	0430300007

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA), 3 PGIII (ERG#128) 6.7LBS/GAL (D035)	01	DF	0200	G	213
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA), 3 PGIII (ERG#128) 6.7LBS/GAL (D035)	02	DF	00017	G	213

15, 25, 25, 26, 26, 26, 28

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS TO 2 200 LBS /MONTH — INITIALS

GREATER THAN 2 200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1900 E VILLA ST
ELGIN IL 60123

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD[illegible]
STATE ID NO. IL[illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR R 0 0 D

MANIFEST CODE	SEQ #
PP	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

John Wiley
Print Customer Name

By: John Wiley
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	1405 25
WASTE MIN (FROM ABOVE)	—
TOTAL DUE	1405 25

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

5753

5-18

MAY 0 5 2000

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		05/03/2000	0001234723 7
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-303

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 04/28/2000 *Service Doc Number:* 0002454136 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000	297.2500 EA	0.00	297.25
1.0000	TEMPORARY FUEL SURCHARGE 000100001-000000000-0000000	2.9000 EA	0.00	2.90

INVOICE TOTAL: $516.15

Sheet # 5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	516.15
Approved SB		Date 5-5-00

COMMENTS:

GENERATOR

CUSTOMER NO.

FLEXIBLE STEEL LACING CO
2570 WISCONSIN AVE
DOWNERS GROVE IL 60515-2212

BILL TO

20-304

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/20/00	DALES		630-971-0191	14-[illegible]		PP				

LPT	SERVICE/ PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIALS)	CHANGE SCH. DATE (YY MM)	INV CODE	PROMO NO.		MSDS GIVEN
	944.50	10044225		1	216.00	0.00	216.00	0.00			2	7[illegible]		4							
	583.50	10033817		1	297.25	0.00	297.25	0.00			2	7[illegible]		4							
	1-30051		2.30[illegible]																		

TOTAL-SERVICE/PRODUCTS		513.25	0.00	513.25	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]		[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)(MIXTURE) (F003,F005) 6.7LBS/GAL (DOT) 30,30,30	3	DM	90	G	[illegible]			3	0 TO 220 LBS./MONTH ☐ INITIALS
									220 LBS(TO 2,200 LBS./MONTH ☐ INITIALS
									GREATER THAN 2,200 LBS./MONTH ☐ INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
3500 E VILLA ST [illegible] IL

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. [illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
CHECK NUMBER		

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXXX
LDR MESSAGE
[illegible]

MANIFEST CODE	SEQ #
PP	[illegible]

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

Ronnie Nelson
Print Customer Name

By: [illegible]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	513.25
WASTE MIN (FROM ABOVE)	2.90
TOTAL DUE	516.15

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

243

5753

JUN - 5 2000

6-15

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		05/31/2000	00012671574
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

LEXIBLE STEEL LACING CO
525 WISCONSIN AVE
OWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NU ER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 05/26/2000 *Service Doc Number:* 0002777760 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000 EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000 EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00

20-305

COMMENTS:

Safety-Kleen®

Invoice Date 05/31/2000 **ORIGINAL INVOICE**

Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43

Invoice Number 00012671574

JUN - 5 20

Department: *Department Name:*
Service Date: 05/26/2000 *Service Doc Number:* 0002777760 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500 EA	0.00	297.25
1.0000	TEMPORARY FUEL SURCHARGE 000100001-000000000-0000000	2.9000 EA	0.00	2.90

INVOICE TOTAL: $1,408.15

Voucher # 5758		Ref 141
ACCT.	DEPT	AMOUNT
6304	1990	1408.15
Approved		Date 6-5-00

20-306

GENERATOR

B S P 0 - 2 5 7 2 - 4 1

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-2717

BILL TO

20-307

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5/26/00	0165		630-971-9150	14-217-2052		PW				.1675

REPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT.	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSI GIVI
	50150	00044219	150P TOOL	1	57.50	0.00	57.50	0.00			1	717		A						
	52150	00099971		1	126.50	0.00	126.50	0.00			1	717		A						
	53150	00046231	150 R4343	1	176.25	0.00	176.25	0.00			2	717		A						
	53150	00046269	150 R4343	1	176.25	0.00	176.25	0.00			2	717		A						
	53150	00046274	150 R4984	1	176.25	0.00	176.25	0.00			2	717		A						
	53150	00051370		1	176.25	0.00	176.25	0.00			2	717		A						
	54150	00044220		1	214.00	0.00	214.00	0.00			2	717		A						
	56150	00046277	150P TOOL	1	287.25	0.00	287.25	0.00			4	717		A						
	1000021		2.9900																	
	TOTAL-SERVICE/PRODUCTS				1405.25	0.00	1405.25	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984900222		ILD005294230	9433030099

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONT. NO.	CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#128) 6.7LBS/GAL (D039)	1 DF	5	G	717
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#128) 6.7LBS/GAL (D039) 30,30,20,25,25	5 DM	130	G	717

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH	INITIALS
220 LBS. TO 2,200 LBS./MONTH	INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1520 E VILLA ST, ELGIN, IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000222216
STATE ID NO. IL0000000

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO. XXXXX

LDR MESSAGE LDR NEED

MANIFEST CODE	SEQ #
PP	872

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

FLEXIBLE STEEL
Print Customer Name

By: [signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	1405.25
WASTE MIN. (FROM ABOVE)	2.90
TOTAL DUE	1408.15

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

PAGE: 1 OF 1
ORIGINAL INVOICE

2320

5753
JUN 29 2000

4-12

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		06/27/2000	0001296368 2
FACILITY PHONE NUMBER:	**VENDOR NUMBER:**	**TERMS:**	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-308

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 06/23/2000 *Service Doc Number:* 0003094146 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER		SALES TAX	ITEM TOTAL
1.0000	MDL 14 WITH 150 SOLVENT 000014150-060065306-0000000	111.5000	EA	0.00	111.50
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000	EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-0000338 17-0000000	297.2500	EA	0.00	297.25
1.0000	TEMPORARY FUEL SURCHARGE 000100001-000000000-0000000	2.9000	EA	0.00	2.90

INVOICE TOTAL: **$627.65**

5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	627.65
Approved		Date 6-29-00

COMMENTS:

CUSTOMER NO.

C	C	S	S	-	F	T	S	3	-	H	3

FLEXIBLE STEEL FACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-5217

BILL TO

20-309

847 468-6510	PO GUGLIELMI	10/19/00	00-25	27	0003094146		
CREDIT CODE	PREVIOUS BALANCE		BAL OVER 60 DAYS				
A	698.22		142.77				
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C			
59	NC	NO	295	001			
LOCATION	TAX EXEMPTION NO.						
03401							

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
23oct	2174		630-971-0195	14-210-2052		PW				.07%

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
	64150	00065306	55G 8 MAIN	1	121.50	0.00	121.50	0.00			1	717		14							
	64150	00044227		1	216.00	0.00	216.00	0.00			2	717		4							
	56150	00033917		1	287.25	0.00	287.25	0.00			4	717		6							
	100001		2.9000											6							

TOTAL-SERVICE/PRODUCTS				624.75	0.00	624.75	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000225159		ILD005454838	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
G III (COC)(ERG#128) 6.7LBS/GAL
ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
G III (COC)(ERG#128) 6.7LBS/GAL

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
			G	717				
1	DF	3	G	717	1			
4	DM	84	G	717			4	

1e19 1e20
(1e3(DF) 1e30 1e15

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST
ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD005454838
STATE ID NO. IL7143800001

RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR RCVD
MANIFEST CODE: PP	SEQ #: 824

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Ronnie Nelson
Print Customer Name

By: Ronnie Nelson
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	627.61
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	627.61

DO NOT WRITE IN THE AREA BELOW

0003094146
0000-2093-47-7

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev 12/99)

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

SEP 13 2000

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		07/22/2000	00013242591
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 07/20/2000 *Service Doc Number:* 0003401999 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE	PER	SALES TAX	ITEM TOTAL
1.0000	16 GAL CYCLONIC W/150 PREM 000023150-023063170-0000000	200.0000	EA	0.00	200.00
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000	EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000	EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500	EA	0.00	176.25

COMMENTS:

CUSTOMER NO

0	0	1	0	-	P	[illegible]	[illegible]	-	9	3

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4214

BILL TO

20-311

847 468-1510	ED GUGLIELMI	09/11/00	08-29	27

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	142.07	142.07

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	655	001

LOCATION	TAX EXEMPTION NO.
307401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9-20-00	[illegible]		630-971-0550	14-21F-2092		PW				.0675

SERVICE/ PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
23150	30057179	[illegible]	1	200.00	0.00	200.00	30.00	2	0	1	717		12							
50150	00044179	[illegible]	1	60.50	0.00	60.50	0.00			1	717		5							
50150	00198871		1	146.50	0.00	146.50	0.00			1	717		6							
53150	00046771	[illegible]	1	176.25	0.00	176.25	0.00			2	717		9							
51150	00046274	[illegible]	1	176.25	0.00	176.25	0.00			2	717		7							
53150	00046274	[illegible]	1	176.25	0.00	176.25	0.00			2	717		8							
53150	00051170		1	176.25	0.00	176.25	0.00			2	717		4							
54150	00044220		1	216.00	0.00	216.00	0.00			2	717		4							
46150	00046277	[illegible]	1	293.75	0.00	293.75	0.00			4	717		4							
000001		2.7000	1	2.70									0							
TOTAL-SERVICE/PRODUCTS				1605.25	0.00	1605.25	30.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]		[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	12 CONTAINERS TYPE	13. TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER			
8	DF	203	G	717			8
4	DF	00	G	717			

ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
G III (60°F)(ERG#128) 5.7LBS/GAL

ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
G III (60°F)(ERG#128) 5.7LBS/GAL

2nd 23 24 25 26 27 28 29 30

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST — ELGIN — IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. IL[illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXXX
LDR MESSAGE
[illegible]

MANIFEST CODE	SEQ #
PP	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	1608.45
WASTE MIN. (FROM ABOVE)	(30.00)
TOTAL DUE	1578.45

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT
PART 1 OF 3 (Rev. 12/00)

safety-kleen®

Invoice Date 07/22/2000 ORIGINAL INVOICE
Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43
Invoice Number 00013242591

5753

8-6

Department: *Department Name:*
Service Date: 07/20/2000 *Service Doc Number:* 0003401999 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500 EA	0.00	297.25
1.0000	WASTE MIN. CREDIT 000010082-000000000-0000000	30.0000- EA	0.00	30.00-
1.0000	TEMPORARY FUEL SURCHARGE 000100001-000000000-0000000	2.9000 EA	0.00	2.90
		INVOICE TOTAL:		**$1,578.15**

✓

Vendor # 5753		Ref 111
ACCT.	DEPT	AMOUNT
6304	1990	1578.15
Approved		Date 8-3-00

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

3149

5753 AUG 23 2000 9-1

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		08/17/2000	0001353183 2
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
847 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 08/16/2000 *Service Doc Number:* 0003706750 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE	PER	SALES TAX	ITEM TOTAL
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000	EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000	297.2500	EA	0.00	297.25
0.0000	TEMPORARY FUEL SURCHARGE 000100001-000000000-0000000	0.0000	EA	0.00	0.00

INVOICE TOTAL: $513.25

Order # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	1990	513.25
Approved SS		Date 8-23-00

COMMENTS:

CUSTOMER NO.

BILL TO

20-314

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
1		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
	NO	NO		

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
						DW				

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
TOTAL-SERVICE/PRODUCTS																				

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONT NO.	CONTAINERS TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO. →

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXX

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

5753

SEP 21 2000

IC

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		09/18/2000	00013851919
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 09/15/2000 *Service Doc Number:* 0004012434 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000 EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000 EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00

COMMENTS:

safety-kleen ®

Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43

Invoice Number 00013851919

Department: Department Name:
Service Date: 09/15/2000 Service Doc Number: 0004012434 PO Number:
Release Number: Transporter: Manifest Number:

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $1,405.25

Vendor # 5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	1,405.25
Approved SB		Date 9-21-00

20-316

CUSTOMER NO.

BILL TO

20-317

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	MSDS GIVEN

TOTAL-SERVICE/PRODUCTS					

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☒	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
G III (D018)(F005)(F039) 6.7LBS/GAL

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
G III (D018)(F005)(F039) 6.7LBS/GAL

30-30,28,28,28,26,26

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
2	DM	0	G	710
6	DM	160	G	710

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH	INITIALS
220 LBS. TO 2,200 LBS./MONTH	INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS INC
1500 E VILLA ST — PLANT — IL

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO.
STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name:

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	1405.25
WASTE MIN (FROM ABOVE)	
TOTAL DUE	1405.25

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev 12/99)

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen ®

ORIGINAL INVOICE

5753

2806

OCT 13

10-

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		10/10/2000	00014101528
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 10/09/2000 *Service Doc Number:* 0004314041 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 14 WITH 150 SOLVENT 000014150-060065306-0000000	111.5000 EA	0.00	111.50
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $624.75

Voucher # 5753		Ref
ACCT.	DEPT	AMOUNT
6024	3990	624.75
Approved		Date 10-13-00

COMMENTS:

GENERATOR

0 0 0 0 - 2 0 9 2 - 4 3

847 468-6600 ED GUGLIELMI 12/09/00 00-43 22 000431404

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO

20-319

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/
09	0001	NO	0695	000

LOCATION	TAX EXEMPTION NO.
503451	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10-9-00	4742		630-971-0150	14-210-2052		PW				.0625

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHARGE SCH. DATE (YY MM)	INV. CODE	PROMO NO.	RELEASE NO.
03	4150	60065306	150 R MAIN	1	111.50	0.00	111.50	0.00			1	717		16					
00	4150	00044220		1	216.00	0.00	216.00	0.00			2	717		4					
09	6150	00033817		1	297.25	0.00	297.25	0.00			4	717		A					
00	~~4150~~		~~2-8021~~											0					
TOTAL-SERVICE/PRODUCTS					624.75	0.00	624.75	0.00											

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150		IL0005094230	0438030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
1	DF	4	G	717
3	DM	77	G	717

WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
PG III D039 ERG#128 6.7LBS/GAL

WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
PG III D039 ERG#128 6.7LBS/GAL 30, 25, 22

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

	5	1	3	5
0 TO 220 LBS./MONTH — INITIALS		1		
220 LBS. TO 2,200 LBS./MONTH — INITIALS			3	
GREATER THAN 2,200 LBS./MONTH — INITIALS				

DESIGNATED FACILITY NAME AND ADDRESS

1500 E VILLA ST
SAFETY KLEEN SYSTEMS INC
ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000805911
STATE ID NO. 0314380001

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	– INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION:

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REV 2
MANIFEST CODE: PP — SEQ #: 350

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Ronnie Nelson
Print Customer Name

By: Ronnie Nelson
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	624.75

DO NOT WRITE IN THE AREA BELOW

0004314041
0000-2092-43 -7

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

SERVICE AND SALES ACKNOWLEDGMENT

5753

11-3

Safety-Kleen Systems, Inc.
P.O. BOX 11393
Columbia, SC 29211-1393
FED ID No. 396090019
DUNS No. 05-397-6551

Duplicate Invoice

SK Service Facility:	Tax Status/Number:	Invoice Date:	[redacted]
SK Elgin01, IL		10/19/00	
Facility Phone Number:	Vendor Number:	Terms:	
847 468-6510		N30	

Bill to:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE

DOWNERS GROVE IL 60515 - 4200

Service Location:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE

DOWNERS GROVE IL 60515 - 4200

Account Number:	Service Number:	Location Number:	Special Billing Code:
209243	209243	503401	Faxed

Quantity	Desc/Reference Number	Price Per	Sales Tax	Item Total
Department:				
	PO Number:		Release Number:	
	Transporter:		Manifest Number:	
	Service Doc Number: M000326941		Service Date: 10/18/00	
	Group: Materials			
4.00	SORBENT 150NP	91.00 EA	24.57	388.57
	000007215-000000000 000000			
	Group: Materials		Subtotal:	388.57
	Service Doc Number: M000326941		Subtotal:	388.57
	Department :		Subtotal:	388.57
			Invoice Total:	388.57

Vendor # 5753	Ref 111
ACCT. DEPT	AMOUNT
6024 3990	388.57
Approved	Date 2-2-01

20-320

CUSTOMER NO

209243

847 468-6510 ED GUGLIELMI

00

CREDIT CODE | PREVIOUS BALANCE | BAL. OVER 90 DAYS

BUSINESS TYPE | CHAIN | OUTER COUNTY | SVC. P/C | PROD. P/

LOCATION 503401 | TAX EXEMPTION NO.

FLEXIBLE STEEL LACING
2525 WINDSOR CT.
DOWNERS GROVE, IL 60515

BILL TO

20-321

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10-8-00	4742		630-852-5600			PW				.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	OC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE BOX (MTH BY BM)	INV. CODE	PROMO NO.
	7215	4741	FLEX STEEL	4	220.00	14.57	234.57											
		7961	150' FL.		144.00	9.72	153.72											

TOTAL-SERVICE/PRODUCTS 388.29

CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150			

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#128) 6.7#/GAL (D001, D018, D039, D040)
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII RQ (D018) ERG#128 (6.7#/GL) (D001, D039, D040)
COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USEPA HAZARDOUS WASTE) (ERG#128)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
				704
				801
				557

$163055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN SYSTEMS, INC.

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO.

STATE ID NO

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO | AMEX VISA MC | EXP. DATE

IN THE EVENT OF AN EMERGENCY CALL

MANIFEST NO.

LDR MESSAGE

MANIFEST CODE	SEQ #
	8 D

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: 10-R-W
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	3885
TOTAL DUE	402.42

DO NOT WRITE IN THE AREA BELOW

M000326941
004098

FEB 02 2001 8:54 AM FR TO 9163097181102 P.02/02

safety-kleen ®
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

5753 NOV 11 2000

11-23

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		11/08/2000	00014412308
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 11/07/2000 *Service Doc Number:* 0004611787 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000 EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000 EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

safety-kleen ®

Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43

Invoice Number 00014412308

Department: Department Name:
Service Date: 11/07/2000 Service Doc Number: 0004611787 PO Number:
Release Number: Transporter: Manifest Number:

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $1,405.25

5753		Ref
L.	DEPT	AMOUNT
6024	3990	1,405.25
Approved		Date 11-15-00

20-323

CUSTOMER NO

0	0	0	0	-	3	0	9	2	-	4	1

FLEXIBLE STEEL LACING CO (JC)
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-1717

BILL TO
20-324

847 468-6600	ED GUGLIELMI	01/05/01	01-45	22	000461787

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
0	634.75	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
05	0000	10	0695	0201

LOCATION	TAX EXEMPTION NO.
500401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
1/2/01	7688		630-971-0150	14-210-2052		TW				.0675

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT DATA	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
	50150	00044219	150 TOOL	1	60.57	0.00	60.57	0.00			1	777		2							
	52150	00098971		1	176.55	0.00	176.55	0.00			1	777		2							
	53150	00046236	150 54342	1	176.29	0.00	176.29	0.00			1	777		2							
	53150	00046269	150 54343	1	176.29	0.00	176.29	0.00			1	777		2							
	53150	00046274	150 54364	1	176.29	0.00	176.29	0.00			1	777		2							
	53150	00051370		1	176.29	0.00	176.29	0.00			1	777		2							
	54150	00044230		1	216.00	0.00	216.00	0.00			1	777		6							
	56150	00041277	150F TOOL	1	297.29	0.00	297.29	0.00			1	777		6							
	100001		2.9000																		

TOTAL-SERVICE/PRODUCTS		1405.29	0.00	1405.29	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
FUSIBLE LINK INSTALLED		
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000224150		IL000[illegible]230	0[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
1	DF	5	G	777		1	4	55
1	DM	55	G	777			7	

WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
G III 0039 ERG#128 6.2LBS/GAL

WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
G III 0039 ERG#128 6.2LBS/GAL

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

2,322.23.1K

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E WILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. IL000[illegible]
STATE ID NO. IL[illegible]

PAYMENT RECEIVED

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ ?

MANIFEST CODE	SEQ #
22	4[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

STEVE DOLL
Print Customer Name

By: _____
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	[illegible]
WASTE MIN. (FROM ABOVE)	[illegible]
TOTAL DUE	1[illegible]

DO NOT WRITE IN THE AREA BELOW

000461787
[illegible]

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev 12/99)

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

5753

NOV 2 : 2000

12-

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		11/22/2000	00014560998
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: Department Name:
Service Date: 11/21/2000 Service Doc Number: 0004758164 PO Number:
Release Number: Transporter: Manifest Number:

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	16 GAL CYCLONIC W/150 PREM 000023150-023063170-0000000	200.0000 EA	0.00	200.00

INVOICE TOTAL: $200.00

Vendor # 5753		Ref III ✓
ACCT.	DEPT	AMOUNT
6024	3990	200.00
Approved		Date 11-29-00

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

CUSTOMER NO.

GENERATOR: 0 0 0 0 - 2 0 9 2 - 4 3

647 416-6600 ED GUGLIELMI

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO: 20-326

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	1013.32	

BUSINESS TYPE	CHAIN	OLVER COUNTY	SVC. P/C	PROD.
09	00000	00	0695	000

LOCATION	TAX EXEMPTION NO.
562401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
7/1/	7		630-971-0150	14-210-2052		PW				.0625

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPEAR	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SERV. DATE (MY ONLY)	INV CODE	PROMO NO.	RELEASE NO.
10	23150	30631720	TOOL FOOT	1	200.00	0.00	200.00	30.00			1	717		28					
10	100001		7.9000											0					

TOTAL-SERVICE/PRODUCTS		200.00	0.00	200.00	30.00

CHECK APPROPRIATE BOXES → MACHINE CONDITION & CLEANLINESS (GOOD / POOR); LAMP ASSEMBLY CONDITION; DECALS IN PLACE AND LEGIBLE (YES / NO); FUSIBLE LINK INSTALLED; EMERGENCY CLOSING OF LID UNOBSTRUCTED; MACHINE PROPERLY GROUNDED (YES / NO); LOCAL PHONE NO. STICKER AFFIXED TO MACHINE; SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150		ILD005044230	0430030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

WASTE COMBUSTIABLE LIQUID, N.O.S. PETROLEUM NAPHTHA (NA1993 III 0039 ERG#128 6.7LBS/GAL

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT./VOL.	SK DOT NUMBER	5063065
1	DM	12	G	717	1

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS /MONTH — INITIALS
220 LBS TO 2,200 LBS /MONTH — JLL — INITIALS
GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC — 1500 E VILLA ST — ELGIN — IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO: ILD000605922
STATE ID NO: 0314360001

PAYMENT RECEIVED SECTION

CASH ☐ / CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO. — CREDIT CARD NO. — AMEX VISA MC — EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.: XXXXX

LDR MESSAGE: LDR REQ D

MANIFEST CODE	SEQ #
PP	619

IN THE EVENT OF AN EMERGENCY CALL 1-800-169-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

E Thomas R. Lee
Print Customer Name

By: E Thomas R. Lee
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	760 06

DO NOT WRITE IN THE AREA BELOW

0004758164
0000-2092-43 -7

** TOTAL PAGE.02 **

Safety-Kleen Systems, Inc
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen ®

ORIGINAL INVOICE

575 ? 4083

DEC 1 4 2000

12-2

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		12/08/2000	00014729594
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 12/07/2000 *Service Doc Number:* 0004909905 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $513.25

5753		Ref
T.	DEPT	AMOUNT
6024	3990	513.25
Approved SS		Date 12-15-00

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

PLEASE RETURN THIS PORTION WITH PAYMENT. MAKE ANY ADDRESS CORRECTIONS BELOW

20-327

CUSTOMER NO

0	0	0	0	-	2	0	9	2	-	4	3

847 468-6600 | ED GUGLIELMI | 02/03/01 | 00-49 | 27 | 0004909905

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	1793.82	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
04	0000	NO	0695	0001

LOCATION	TAX EXEMPTION NO.
503401	

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

2-7-00 (MW)

BILL TO

20-328

** TOTAL PAGE.02 **

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
2-8-00	2019		630-971-0150	14-210-2052		PW				.0675

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS 55 GAL	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SERVICE MACH (W WIN)	INV. CODE	PROMO NO.	RELEASE NO.	MSD GME
54150	00044220		1	216.00	0.00	216.00	0.00			2	717		4						
56150	00033817		1	297.25	0.00	297.25	0.00			4	717		8						
100001		2.9000											0						
TOTAL-SERVICE/PRODUCTS				513.25	0.00	513.25	0.00												

CHECK APPROPRIATE BOXES → MACHINE CONDITION & CLEANLINESS: GOOD / POOR; DECALS IN PLACE AND LEGIBLE: YES / NO; MACHINE PROPERLY GROUNDED: YES / NO; FUSIBLE LINK INSTALLED; LOCAL PHONE NO. STICKER AFFIXED TO MACHINE; LAMP ASSEMBLY CONDITION; EMERGENCY CLOSING OF LID UNOBSTRUCTED; SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

EPA TRANSPORTER 1 NO.	EPA TRANSPORTER 2 NO.	GENERATOR EPA NO.	GENERATOR STATE NO.
SCR0000751SG		ILD005044230	0436030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
, III DOT: ERG#128 6.7LBS/GAL

(Chilled Cust. OK. TO INITIAL.

27, 17, 6

12. CONTAINERS NO.	CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5	6	31.55
3	DM	50	G	717			3

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS/MONTH — INITIALS
220 LBS TO 2,200 LBS/MONTH — J.K. — INITIALS
GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. IL0000059211
STATE ID NO. 0314980001

RECEIVED SECTION

CASH ☐ CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO. | # CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

MANIFEST CONSIGNMENT NO.
XXXXX
LDR MESSAGE
LDR REG D

MANIFEST CODE	SEQ #
PP	845

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	513.25

DO NOT WRITE IN THE AREA BELOW

0004909905
0000-2092-43 -7

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-8551
FED. ID NO. 39-6090018

ORIGINAL INVOICE

5753

1-19

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		01/04/2001	00014971103
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 01/03/2001 *Service Doc Number:* 0005202587 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE	PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000	EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000	EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500	EA	0.00	176.25
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000	EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500	EA	0.00	297.25

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

safety-kleen ®

Invoice Date 01/04/2001 ORIGINAL INVOICE

Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43

Invoice Number 00014971103

Service Date: 01/03/2001 *Service Doc Number:* 0005202587 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
		INVOICE TOTAL:		$1,405.25

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6024	3990	1405.25
Approved		Date 1-9-01

20-330

CUSTOMER NO

0000-2092-43

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO

20-331

847 468-6600	ED GUGLIELMI	03/03/01	01-01	27	0005202587

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	588.57	388.57

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	0000	NO	0695	0001

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
1/30/01	76198		630-971-0150	14-210-2052		PW				.0675

API	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
00	50150	0004421	150R TOOL	1	60.50	0.00	60.50	0.00			1	717		8						☐
00	52150	0009897		1	126.50	0.00	126.50	0.00			1	717		8						☐
00	53150	0004623	150 R4342	1	176.25	0.00	176.25	0.00			2	717		8						☐
00	53150	0004626	150 R4343	1	176.25	0.00	176.25	0.00			2	717		8						☐
00	53150	0004627	150 R4984	1	176.25	0.00	176.25	0.00			2	717		8						☐
00	53150	0005137		1	176.25	0.00	176.25	0.00			2	717		8						☐
00	54150	0004422		1	216.00	0.00	216.00	0.00			2	717		4						☐
00	56150	0004627	150R TOOL	1	297.25	0.00	297.25	0.00			4	717		8						☐
00	100001		2.9000											0						☐
																				☐
																				☐
																				☐
																				☐
TOTAL-SERVICE/PRODUCTS					1405.25	0.00	1405.25	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150		ILD005094230	043A030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993 PG III D039 ERG#128 6.7LBS/GAL	1	DF	5	G	717
WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993 PG III D039 ERG#128 6.7LBS/GAL	2	DM	54	G	717

2 @ 27

5 16 36 55

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS /MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD000805911

STATE ID NO. 0314360001

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO:
XXXXX
LDR MESSAGE
LDR REQ D

MANIFEST CODE	SEQ #
PP	643

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	405.25

DO NOT WRITE IN THE AREA BELOW

0005202587
0000-2092-43 -7

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

5753

2-16

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		02/01/2001	0001526162 2
FACILITY PHONE NUMBER: 847 468-6510	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 01/30/2001 *Service Doc Number:* 0005492995 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER		SALES TAX	ITEM TOTAL
1.0000	MDL 14 WITH 150 SOLVENT 000014150-060065306-0000000 000014150-16	111.5000	EA	0.00	111.50
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000 000054150-04	216.0000	EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000 000056150-08	297.2500	EA	0.00	297.25

INVOICE TOTAL: $624.75

FEB 05 2001

Vendor # 5753		Ref 111
ACCT.	DEPT	AMOUNT
6024	3990	624.75

Approved [illegible] Date 2-6-01

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

CUSTOMER NO: 0 8 0 2 - 2 3 7 2 - 4 3

847 466-6600	ED GUGLIELMI	03/31/01	01-05	27	0005492995	
CREDIT CODE: A	PREVIOUS BALANCE: 1793.92	BAL OVER 60 DAYS: 366.57				
BUSINESS TYPE: 09	CHAIN: 0000	OUTER COUNTY: 00	SVC. P/C: 0695	PROD. P/C: 0002		
LOCATION: 503401	TAX EXEMPTION NO.					

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO: 20-333

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3/30/01	2658		630-971-0150	14-210-2052		PU				.0625

OPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
	0014150	600L530	15U R MAIN	1	111.50	0.00	111.50	0.00			1	717		15							
	0054150	00044220		1	216.00	0.00	216.00	0.00			2	717		4							
	0056150	00033817		1	297.25	0.00	297.25	0.00			4	717		8							
	0100001		2.9900											0							
	TOTAL-SERVICE/PRODUCTS				624.75	0.00	624.75	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☐	☑
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000875450		ILD005094230	0436030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	SHP	SPT	SAL
0	DF	79	G	717		3	
3	DM		G	717			

~~WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993~~
~~PG III D039 ERG#128 6.7LBS/GAL~~
WASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
PG III D039 ERG#128 6.7LBS/GAL

30 Lbs 23

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000805911
STATE ID NO. 0314530001

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $
PREVIOUS CREDIT CARD →			

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.: XXXX
LDR MESSAGE: LDR PER D

MANIFEST CODE	SEQ #
PP	565

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	624.75
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

0005492995
0502-2092-43 -7

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-8551
FED. ID NO. 39-5090019

safety-kleen ®

ORIGINAL INVOICE

5753 303

3-17

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		03/02/2001	00015565214
FACILITY PHONE NUMBER: 847/468-6600	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 02/28/2001 *Service Doc Number:* 0005779117 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE	PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000 000050150-08	60.5000	EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000 000052150-08	126.5000	EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000 000053150-08	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000 000053150-08	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000 000053150-08	176.2500	EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000 000053150-08	176.2500	EA	0.00	176.25

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

safety-kleen ®

Invoice Date 03/02/2001
Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43
Invoice Number 00015565214

ORIGINAL INVOICE

304

Service Date: 02/28/2001 *Service Doc Number:* 0005779117 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000 000054150-04	216.0000 EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000 000056150-08	297.2500 EA	0.00	297.25

INVOICE TOTAL: $1,405.25

Vendor # 5753		Ref
ACCT.	DEPT	AMOUNT
6024	3990	1,405.25
Approved		Date 3-6-01

20-335

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen ®

ORIGINAL INVOICE

9992

5753 4-1

APR 02 2001

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		03/28/2001	0006067907
FACILITY PHONE NUMBER: 847/468-6600	VENDOR NUMBER:	TERMS: N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
C000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 03/26/2001 *Service Doc Number:* 0006067907 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE	PER	SALES TAX	ITEM TOTAL
1.0000	16 GAL CYCLONIC W/150 PREM 000023150-023063170-0000000 000023150-18	200.0000	EA	0.00	200.00
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000 000054150-04	216.0000	EA	0.00	216.00
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000 000056150-08	297.2500	EA	0.00	297.25

INVOICE TOTAL: $713.25

Voucher# 5753		Ref
ACCT.	DEPT	AMOUNT
6024	3990	713.25
Approved		Date 4-4-01

COMMENTS: BE SURE TO LOG ONTO WWW.SAFETY-KLEENCUSTOMERS.COM TO SEE THE NEW SAFETY-KLEEN CUSTOMER MAGAZINE, "CUSTOMER CENTRAL".

Columbia, South Carolina 29201

CUSTOMER NO.

0	0	0	0	-	2	0	9	2	-	4	3

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0757

BILL TO

20-337

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
847 468-6600	CO RUN	05/26/01	01-13	27	000606790?

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	0000	NO	0695	0001

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5/24/01	06598		630-971-0150	14-240-2052		PW				.0675

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
023150	23063170	TOOL ROOM	1	200.00	0.00	200.00	30.00			1	717		18							
054150	00044220		1	216.00	0.00	216.00	0.00			2	717		4							
056150	00033617		1	297.25	0.00	297.25	0.00			4	717		8							
0100001		2.9000											0							
TOTAL-SERVICE/PRODUCTS				713.25	0.00	713.25	30.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☑
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

SEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150		ILD005094230	0438030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

ASTE COMBUSTIBLE LIQUID, N.O.S. PETROLEUM NAPHTHA NA1993
6 III D039 ERG#128 6.7LBS/GAL

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
4	DM	88	G	717			4	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

30,26,20,12

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC. — 1500 E VILLA ST — ELGIN — IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS Ooccurred EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD000759?

STATE ID NO. 03?4?60001

RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT APPLIED NO.

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ D

MANIFEST CODE	SEQ #
PP	769

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Steve Doss
Print Customer Name

By: _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	713.21

DO NOT WRITE IN THE AREA BELOW

000606790?
0000-2092-4? -?

SERVICE AND SALES ACKNOWLEDGMENT

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC. ☎ (800) 437-7488

53690

INVOICE

INVOICE DATE 04/07/97
INVOICE NO. 002779 5

CUSTOMER NO. FLEXST
TERMS NET 30

APR 10 1997

CUSTOMER ORD NO PER C. ALBRE
SALESPERSON CSH

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 1

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved		Date 4.11.97

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1320.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. . . . . | Manifest Document No. 21005 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE, DOWNERS GROVE, IL

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES RECOVERY SYSTEMS | 6. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0 | A. Transporter's Phone: 219/977-2922

7. Transporter 2 Company Name | 8. US EPA ID Number . . . . . | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, IN 46406
| 10. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0 | C. Facility's Phone: 800/437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NONHAZARDOUS OIL CONTAMINATED ABSORBENT NOT REGULATED BY DOT	002	CF	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Y=Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Scott Muncaster | Signature: X Scott Muncaster | Month 10 Day 9 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month 10 Day 11 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month . Day . Year .

FACILITY

19. Discrepancy Indication Space
20-339

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

Printed/Typed Name | Signature | Month . Day . Year .

GENERATOR'S COPY

5

53698

Heather Please ✓ status
5-19-97

CES RECOVERY SYSTEMS
10446 W. 163RD PLACE
ORLAND PARK, IL 60462
(708) 460-9500 FAX (708) 460-0880
CES RECOVERY SYSTEMS, INC.

INVOICE

INVOICE DATE 04/03/97
INVOICE NO. 002768

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER C. ALBRECHT
SALESPERSON PERKIN

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 1

DESCRIPTION	AMOUNT
DISPOSAL Units 1.00 Rate 660.000	660.00
Oil contaminated absorbent, cyd Box	

Thank you for the opportunity to serve you!

Trade Discount	0.00
Sales Taxes	0.00
TOTAL	660.00

5.21.97 VENDOR # 53698

CAJA 6335-3990

20-340

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	3/31/97
	2.0.9.9.8		

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092[illegible] (219)977-22[illegible]
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	C.F	10001	
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards

15. Special Handling Instructions and Additional Information
OM

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X	X	04	01	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	04	01	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
20-341

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CES RECOVERY SYSTEMS, INC.
CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
☎ (800) 437-7488

53698

INVOICE

INVOICE DATE 05/14/97
INVOICE NO 002866

MAY 20 1997

CUSTOMER NO. FLEXST
NET 30
SALESPERSON PERKIN
TERMS

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL	Units: 2.00	Rate:	660.000	1320.00
Oil contaminated absorbent, cyd box				

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1320.
Approved		Date 5.21.97

Thank you for the opportunity to serve you!

Trade Discount	0.0
Sales Taxes	0.0
TOTAL	1320.0

NON-HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue Downers Grove, IL 60515

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I·N·D·9·8·5·0·9·2·6·0·0	(219) 977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I·N·D·9·8·5·0·9·2·6·0·0	(800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT		C F		Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	5	1	

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
20-343

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
☎ (800) 437-7488

CES RECOVERY SYSTEMS, INC

INVOICE

6-18

INVOICE DATE 05/19/97
INVOICE NO. 002889

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER C. ALBRE
SALESPERSON PERKIN

MAY 23 1997

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL Oil contaminated absorbent, cyd box	Units: 1.00	Rate:	660.000	660.

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	660
Approved VRA		Date 3.28-97

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	660.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: . . . . . | Manifest Document No.: 2.1.1.0.5 | 2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Ave., Downers Grove, IL 60515

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES RECOVERY SYSTEMS	I.N.D.9.8.5.0.9.2.6.0.0	219/977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
	. . . . .	.
9. Designated Facility Name and Site Address CES RECOVERY SYSTEMS 400 BLAINE STREET GARY, IN 46406	10. US EPA ID Number I.N.D.9.8.5.0.9.2.6.0.0	C. Facility's Phone 800/437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. NONHAZARDOUS OIL CONTAMINATED ABSORBENT NOT REGULATED BY DOT	0.0.1	CF	0.0.0.0.1	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	YARDS

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
GARY SCHREIBER		0.5	16	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
	Robert Dave 5-16-97	.	.	.

FACILITY

19. Discrepancy Indication Space

20-345

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

Printed/Typed Name	Signature	Month	Day	Year
		.	.	.

ORIGINAL - RETURN TO GENERATOR

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC. ☎ (800) 437-7488

53698

INVOICE

INVOICE DATE 06/30/97
INVOICE NO. 000013

7-

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER M. CROWL
SALESPERSON PERKIN

JUL 07 1997

BILL TO

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

PAGE 1

DESCRIPTION	AMOUNT
DISPOSAL Units: 3.00 Rate: 660.000 Oil contaminated absorbent, cyd boxes	1980.

ok
m.e. 7-7-97

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	1980.00
Approved BAHP		Date 8/18/97

Thank you for the opportunity to serve you!

REC'D From MC 8/15/97
Rec'd A/p- 8-18-97

Trade Discount	0.
Sales Taxes	0.
TOTAL	1980.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	6/27/97
	2122.1		

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I.N.D.9.8.5.0.9.2.6.0.0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I.N.D.9.8.5.0.9.2.6.0.0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vc
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	003	C.F	00001	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Ga Ha

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X [illegible]	X [signature]	06	30	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[signature]	06	30	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-347

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CES RECOVERY SYSTEMS, INC.
CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
☎ (800) 437-7488

53698

INVOICE

9-

INVOICE DATE 08/11/97
INVOICE NO. 003124

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER C ALBREC
SALESPERSON PERKIN

AUG 18 1997

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION				AMOUNT
DISPOSAL Oil contaminated absorbent, cyd box	Units: 3.00	Rate:	660.000	1980.

Vendor # 53698		Ref
ACCT.	DEPT	AMOUNT
6325	3990	Total
Approved CAS		Date 8-18-97

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1980.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

2. Manifest Document No. 4

2. Page 1 of 1

8/6/97

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: IND985092600

A. Transporter's Phone: IN0985092600 (219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: IND985092600

C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	003	CF	00003	Y
b.				
c.				
d. 6315 3990 Total				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

8-18/97 [illegible]

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: X Scott Muncaster

Signature: X [signature]

Month 08 Day 07 Year 97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [signature]

Signature: [signature]

Month 08 Day 07 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20-349

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
☎ (800) 437-7488

53698

INVOICE

INVOICE DATE 09/05/97
INVOICE NO. 003194

CUSTOMER NO. FLEXST ✓
NET 30
CUSTOMER ORD NO PER C ALBRE
SALESPERSON CSH

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

SEP 12 1997

IC

PAGE 1

DESCRIPTION				AMOUNT
DISPOSAL	Units: 2.00	Rate: 660.000		1320.
Oil contaminated absorbent, cyd boxes				

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1320.00
Approved BAKER		Date 9/15/97

Thank you for the opportunity to serve you!

Trade Discount	0.
Sales Taxes	0.
TOTAL	1320.

3678

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No. 21379	2. Page 1 of 1	9/1/97

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200

4. Generator's Phone (630 971-0150

5. Transporter 1 Company Name: CES Recovery Systems	6. US EPA ID Number: IND985092600	A. Transporter's Phone: IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone
9. Designated Facility Name and Site Address: CES Recovery Systems, 400 Blaine Street, Gary, IN 46406	10. US EPA ID Number: IND985092600	C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	0.6	CF	00.0.0	
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Yards

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Kirk D. Buchholtz	X [signature]	09	05	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[signature]	[signature]	09	05	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-351

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
☎ (800) 437-7488

CES RECOVERY SYSTEMS, INC.

INVOICE

OCT 06 1997

INVOICE DATE 09/30/97
INVOICE NO. 003275

CUSTOMER NO. FLEXST
NET 30
CUSTOMER ORD NO PER C ALBRECH
SALESPERSON CSH

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.0
DISPOSAL Used oil filters, 55-gallon drum	Units:	1.00	Rate:	195.000	195.0

Thank you for the opportunity to serve you!

Trade Discount	0.0
Sales Taxes	0.0
TOTAL	1515.0

NON-HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Ave 5 Downers Grove, IL
4. Generator's Phone ( )

5. Transporter 1 Company Name: CES Recovery | 6. US EPA ID Number: IND980509260D | A. Transporter's Phone: (219) 977-745215.00

7. Transporter 2 Company Name | 8. US EPA ID Number | B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery
400 Blaine St.
Gary IN 46406 375-5490
10. US EPA ID Number: IND980509260D | C. Facility's Phone: (800) 437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not Regulated by DOT	002	CF	00002	Y
b. Waste oil Filters Not Regulated by DOT	001	D	00055	G
c. BAFTP				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Cubic Yards / Gallons

15. Special Handling Instructions and Additional Information

TRANSPORTER

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Printed/Typed Name: X Scott Muncaster | Signature: X Scott Muncaster | Month 09 Day 30 Year 97

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month 09 Day 30 Year 97

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

FACILITY

19. Discrepancy Indication Space
20-353

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

GENERATOR'S COPY

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
CES RECOVERY SYSTEMS, INC. ☎ (800) 437-7488

53698

INVOICE

INVOICE DATE 10/31/97
INVOICE NO. 003363

NOV 03 1997

CUSTOMER NO. FLEXST
NET 30
SALESPERSON PERKIN
TERMS

BILL TO:

Flexible Steel Lacing
2525 Wisconson Ave

Downers Grove IL 60515-4200

DESCRIPTION					AMOUNT
DISPOSAL Oil contaminated absorbent, cyd boxes	Units:	2.00	Rate:	660.000	1320.00
DISPOSAL Used oil filters, 55-gallon drums	Units:	2.00	Rate:	195.000	390.00

Vendor # 53698		Ref —
ACCT.	DEPT	AMOUNT
6325	3990	1710.00
Approved BHP		Date 10/4/97

Thank you for the opportunity to serve you!

Trade Discount 0.0
Sales Taxes 0.0

TOTAL 1710.0

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	
	2151		10/24/97

GENERATOR

3. Generator's Name and Mailing Address
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, IL 60515-4200
4. Generator's Phone (630) 971-0150

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
CES Recovery Systems	I N D 9 8 5 0 9 2 6 0 0	IND985092600 (219)977-2922
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
CES Recovery Systems 400 Blaine Street Gary, IN 46406	I N D 9 8 5 0 9 2 6 0 0	9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	002	CF	00002	Y
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above	E. Handling Codes for Wastes Listed Above
	Yard 5

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** *I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.*

Printed/Typed Name	Signature	Month	Day	Year
Scott Muncaster	X Scott Muncaster	10	30	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Dan Lutes		10	30	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space
20-355

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

CES RECOVERY SYSTEMS, INC.

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

53698

NOV 03 1997

SERVICE ORDER

11-

Order No. 1582
Service Date 10/29/97
Service Time:
Purch. Ord. No.

Service Name, Address

Flexible Steel Lacing
2525 Wisconsin Avenue

Downers Grove IL 60515-4200

Contact Name, Telephone No.

Service Curt Albrecht (630)971-0150
Manifest Curt Albrecht (630)971-0150

DESCRIPTION			AMOUNT
	Quantity	Unit	Waste Description
Waste Removed:	0 2		Oil contaminated absorbent
Containers Replaced:	2	CF	
Special Instructions:			
			53698 —
			6325 3990 1710.00
Driver:		Truck:	Inventory: B4AP
			10/1/97

CUSTOMER SIGNATURE X

TOTAL

CES RECOVERY SYSTEMS
400 BLAINE STREET
GARY, INDIANA 46406
(800) 437-7488 FAX (800) 390-3231

CES RECOVERY SYSTEMS, INC.

SERVICE ORDER

NOV 05 1997

Order No. 1607
Service Date 10/31/97
Service Time:
Purch. Ord. No.

Service Name, Address	Contact Name, Telephone No.	
Flexible Steel Lacing	Service Curt Albrecht	(630)971-0150
2525 Wisconsin Avenue	Manifest Curt Albrecht	(630)971-0150
Downers Grove IL 60515-4200		

DESCRIPTION			AMOUNT
	Quantity	Unit	Waste Description
Waste Removed:	0	2	Used oil filters
Containers Replaced:	2	DF	

Special Instructions:

Driver: _____ Truck: 1 Inventory: _____

CUSTOMER SIGNATURE _____ 10-31-97 TOTAL

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

5 10 -

JUN 01 1998

ORIGINAL INVOICE

6-6

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		998128

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		05-21-98	05-22-98	06-06-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
230-63170	MACHINE SERVICE	23150	1	EA	185.00	.00	185.00
520-98971	MACHINE SERVICE	52150	1	EA	114.75	.00	114.75
530-51370	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL						**717.25**

Vendor #	5753	Ref	III
ACCT.	DEPT		AMOUNT
6304	3990		717.25

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Approved BAHP Date 6/1/98

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

safety-kleen.

CUSTOMER NO. 3-334-2L-S033

947 463-6520 ED GUGLIELMI

CUSTOMER (GENERATOR)

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-1717

BILL TO

20-221

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DA
A	1352.75	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
33	217	NO	195	1

LOCATION	TAX EXEMPTION NO
507482	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
6/1/99	036689		630-771-3150	14-231-2050						3.75

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	RETURNS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	PO/LEASE NO.
1	05	14150	50086308	150 P MAIN	1	62.75	0.00	62.75	0.00			1	772		4						
2	05	23150	25015517	POOL RENT	1	185.00	0.00	185.00	37.75			1	807		14						
3	05	52153	03078172		1	114.75	0.00	114.75	0.00			1	807		8						
4	05	53153	03051173		1	258.75	0.00	258.75	0.00			3	807		5						
5	05	54153	03044320		1	176.00	0.00	176.00	0.00			2	807		4						
6																					
7																					
8																					
9																					
10																					
11																					
12																					
	TOTAL-SERVICE/PRODUCTS					717.25	0.00	717.25	37.75												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☒	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☒	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☒	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984728707	ILD055094320	0436360013

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA, NAPTH	01	DM	0055	G	807
	PGIII (COC, D008, D018, D043)(ERG#128)6.7#/GAL					
B.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NAPTH	04	DM	0040	G	807
	PGIII (COC, D008, D018, D043)(ERG#128)6.7#/GAL					
C.	28,28,21,12					
D.						

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH	INITIALS
220 LBS. TO 2,200 LBS./MONTH	4 INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
1500 VILLA STREET ELGIN, IL 60120

USA EPA ID NO. ILD000433511
STATE ID NO. 0436360013

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #
P2	551

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	721.25

DO NOT WRITE IN THE AREA BELOW

K54214-R5732 SAFETY-KLEEN CORP. 05/11/98 PAGE:
LOCATION: 50340. LAND DISPOSAL RESTRICTION NOTICE 17:57:22

TO: SAFETY-KLEEN CORP. EPA ID NO. ILD000805911
1500 VILLA STREET (DESIGNATED FACILITY)
ELGIN, IL 60120

5/21/98

UNDER MANIFEST/SALES SERVICE NUMBER (998128) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7 THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
D008	LEAD (PB)	5.0	MG/L EP OR TCLP
D018	BENZENE	10	MG/KG ****
D039	TETRACHLOROETHYLENE	6.0	MG/KG ****
D040	TRICHLOROETHYLENE	6.0	MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
D008	LEAD (PB)	5.0	MG/L EP OR TCLP
D018	BENZENE	10	MG/KG ****
D039	TETRACHLOROETHYLENE	6.0	MG/KG ****
D040	TRICHLOROETHYLENE	6.0	MG/KG ****

20-222

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 698 LOC 502401 CUST 3-034-01-5032 TERR: 27 REF#: 998128 SW: 98

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

2/19/98

UNDER MANIFEST/SALES SERVICE NUMBER 055245 THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 7644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

20-223

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATION NAME: [illegible] STEEL LACING CO EPA ID: ILD005094230

SEQ#: [illegible] 5-034-01-5032 TERR: 27 REF# 55245 SW: 98

TRANSFER

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		746546

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		06-17-98	06-18-98	07-03-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
500-44219	MACHINE SERVICE	50150	1	EA	54.75	.00	54.75
530-46236	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46269	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46274	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
560-46277	MACHINE SERVICE	56150	1	EA	269.50	.00	269.50
	INVOICE TOTAL						1,061.25

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

RETURN THIS PORTION WITH PAYMENT TO: P.O. BOX 1800 ELGIN IL 60121-7857

BOX 1800
ELGIN, IL 60121
safety-kleen®

ACCOUNT NUMBER	INVOICE NUMBER	SERVICE DATE	INVOICE DATE	BILL TO
5-034-01-5032-3	746546	06-17-98	06-18-98	

746546 50340150323010612500000O

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

20-224

AMOUNT DUE 1,061.25

CUSTOMER NO.

5-214-01-5572

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-3717

BILL TO

20-225

					246545
CREDIT CODE	PREVIOUS BALANCE				BAL. OVER 60 DAYS
A	717.25				
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. F	
	60	NO	225	21	
LOCATION		TAX EXEMPTION NO.			

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06-17-17	9850		630-971-0150	14-210-2062						.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	COMPANY/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT.	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE BOX DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
00	64150	00265306	650 & MAT	1	61.75	0.00	61.75	0.00			1	975		4						
00	50150	00244228	550R 100L	1	54.75	2.00	54.75	0.00			1	975		3						
00	52150	00046286	650 M434	1	159.75	0.00	159.75	0.00			1	975		2						
00	53150	00046269	650 M434	1	159.75	2.00	159.75	0.00			1	975		1						
00	53150	00046274	650 M434	1	159.75	0.00	159.75	0.00			1	975		2						
00	54150	00044288		1	191.00	0.00	191.00	0.00			2	975		4						
00	56150	00046277	550R 100L	1	263.50	0.00	263.50	0.00			4	975		3						

TOTAL-SERVICE/PRODUCTS		1061.25	0.00	1061.25	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984738532	ILD055284339	7429173001

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039,D006,D018,D043)(FP61.23)6.7#/GAL	01	DF	0004	G	975
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039,D006,D018,D043)(FP61.23)6.7#/GAL	01	DF	000150	G	975

13, 14, 17

~~25~~, 26, 27, 26, 27

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — PN — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 1500 VILLA STREET ELGIN, IL 60123

USA EPA ID NO. ILD984738532

STATE ID NO. 7429173001

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO:

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

LDR PP 2

MANIFEST CODE	SEQ #
PP	3152

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Ronnie Watson
Print Customer Name

By: _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	1061.25
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1061.25

DO NOT WRITE IN THE AREA BELOW

246545

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

NDER MANIFEST/SALES SERVICE NUMBER (746546) THE GENERATOR NOTED BELOW IS HIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN CCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT HE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT Y THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

ASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
ASTE CODE(S): D039 D008 D018 D040
REATABILITY GROUP: NONWASTEWATERS

PA ASTE ODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
008	LEAD (PB)	5.0	MG/L EP OR TCLP
018	BENZENE	10	MG/KG ****
039	TETRACHLOROETHYLENE	6.0	MG/KG ****
040	TRICHLOROETHYLENE	6.0	MG/KG ****

ASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
ASTE CODE(S): D039 D008 D018 D040
REATABILITY GROUP: NONWASTEWATERS

PA ASTE ODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
008	LEAD (PB)	5.0	MG/L EP OR TCLP
018	BENZENE	10	MG/KG ****
039	TETRACHLOROETHYLENE	6.0	MG/KG ****
040	TRICHLOROETHYLENE	6.0	MG/KG ****

20-226

06-17-98

N O T E S

HE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL AFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED HE WASTE).

OTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

HC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

ENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

EG#: 6408 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 746546 SW: 9825

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

JUL 27 1998

8-1

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		277998

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		07-16-98	07-17-98	08-01-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
520-98971	MACHINE SERVICE	52150	1	EA	114.75	.00	114.75
530-51370	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL						**532.25**

Vendor #	5153	Ref	
ACCT.	DEPT		AMOUNT
6304	3990		532.25

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL Approved BAHP Date 7/27/98

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

20-227

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

UNDER MANIFEST/SALES SERVICE NUMBER (277998) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

7/16/98

20-228

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 8953 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 277998 SW: 982

CUSTOMER NO. 3-134-81-5772

947 461-6510 | ED GUGLIELMI | 08/13/94 | 08-30 | 27 | 377144

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAY
A	1343.25	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
33	NO	NO	285	0

LOCATION	TAX EXEMPTION NO
533422	

GENERATOR

FLEXFIELD STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-2757

BILL TO

20-229

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
7/26/94	5119		630-971-7150	14-210-2052						.0675

	DEPT	SERVICE/PRODUCT	SERIAL NUMBER	MEASURE/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.
1	00	14150	60065304	150 # MAIL	1	61.75	0.00	61.75	0.00			1	373		4						
2	00	52150	00243977		1	214.75	0.00	214.75	0.00			1	373		4						
3	00	53150	37951375		1	158.75	0.00	158.75	0.00			2	373		4						
4	00	54150	00344330		1	196.00	0.00	196.00	0.00			2	373		4						
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
		TOTAL-SERVICE/PRODUCTS				532.25	0.00	532.25	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXX	ILD [illegible]	ILD [illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A.	8	DM	40	G	373
B.	4	DM	18	G	373
C.					
D.					

A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) MAT#3
RCRA (D018,D021,D028,D040)(BROMET)1.79/GAL

B. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) MAT#3
RCRA (D018,D021,D028,D040)(BROMET)5.75/GAL

C. 30-4 22,25,07

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS S.F.

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
1500 VILLA STREET ELGIN, IL 60123

USA EPA ID NO. ILD000695911
STATE ID NO. IL[illegible]

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO:
CHECK NUMBER | ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
22	531

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Steve Pitts
Print Customer Name

By: _____
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	532.25
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	532.25

DO NOT WRITE IN THE AREA BELOW

377144
[illegible]

Elgin, Illinois 60123-7857

CUSTOMER NO.

5	-	0	3	4	-	0	1	-	5	0	3	2

FOR SERVICE CALL	BRANCH MANAGER		SERVICE WEEK		
847 468-6510	ED GUGLIELMI	09/19/98	98-29	27	177865

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAY
A	532.25	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
09	NO	NO	395	00

LOCATION	TAX EXEMPTION NO.
503401	

CUSTOMER GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO

20-230

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9/19/98	KH		630-971-0150	14-210-2052						.0675

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER / REMARKS / UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)		CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.
1	00	54150	00044220	1	196.00	0.00	196.00	0.00			2	975		4						
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
	TOTAL-SERVICE/PRODUCTS				196.00	0.00	196.00	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984908202	ILD005094250	0438030001

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	11. US DOT DESCRIPTION	12 CONTAINERS NO.	12 CONTAINERS TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039, D008, D018, D040)(ERG#128)6.7#/GAL	1	DM	55	G	975
B.	36-28 8					
C.						
D.						

5 6 0 9 9

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS /MONTH — INITIALS
- 220 LBS TO 2,200 LBS /MONTH — INITIALS
- GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET ELGIN, IL 60120

USA EPA ID NO: ILD000305911
STATE ID NO: 0314380001

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE: LDR REQ'D

MANIFEST CODE	SEQ #
PP	1 D

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

177865
5-034-01-5032-3

TO: SAFETY-KLEEN SYSTEMS, INC. EPA ID NO. ILD000505911
1500 VILLA STREET (DESIGNATED FACILITY
ELGIN, IL 60120

DER MANIFEST/SALES SERVICE NUMBER 17865 THE GENERATOR NOTED BELOW IS
IPPING TO YOU ~~WASTE~~ DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN
CORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT
E WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT
THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

STE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
STE CODE(S): D039 D008 D018 D040
EATABILITY GROUP: NONWASTEWATERS

A STE DE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
008	LEAD (PB)	5.0	MG/L EP OR TCLP
018	BENZENE	10	MG/KG ****
039	TETRACHLOROETHYLENE	6.0	MG/KG ****
040	TRICHLOROETHYLENE	6.0	MG/KG ****

7/20/98

20-231

N O T E S

E CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL
AFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED
HE WASTE).
TES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
HC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

ENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230
EQ#: 918874 LOC: 0 TUST: 5-034-01-5002 TERR: REF#: 0 SW:
TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

AUG 27 1998

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		040094

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		08-20-98	08-21-98	09-05-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

20-232

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	64.75	.00	64.75
500-44219	MACHINE SERVICE	50150	1	EA	57.50	.00	57.50
530-46236	MACHINE SERVICE	53150	1	EA	167.75	.00	167.75
530-46269	MACHINE SERVICE	53150	1	EA	167.75	.00	167.75
530-46274	MACHINE SERVICE	53150	1	EA	167.75	.00	167.75
540-44220	MACHINE SERVICE	54150	1	EA	205.75	.00	205.75
560-46277	MACHINE SERVICE	56150	1	EA	283.00	.00	283.00
	INVOICE TOTAL						**1,114.25**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

SERVICE AND SALES ACKNOWLEDGMENT

CUSTOMER NO. [illegible] 1 - 5 2 3 2

BILL TO

847 453-6510 ED GUGLIELMI

20-233

10/27/98	99-77	17	343394

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	533.25	-

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	NO	445	001

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO.	CUSTOMER [illegible]	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
		[illegible]	[illegible]-371-3157	14-[illegible]-3053						.0575

SERVICE/ PRODUCT			QUAN[TITY]		[SA]LES	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
		[illegible]				14.[illegible]	[illegible]			1	977		4							☐
		[illegible]				57.50	[illegible].00			1	977		3							☐
		[illegible]				7.7[illegible]	[illegible].30			[illegible]	977		3							☐
		[illegible]				[illegible]7.[illegible]	1.00			[illegible]	977		[illegible]							☐
						[illegible]	[illegible].00			[illegible]	977									☐
							[illegible].30			[illegible]	977		4							☐
							1.30			4	977		3							☐
																				☐
																				☐
																				☐
																				☐
																				☐

TOTAL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
			EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11 US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
	1		[illegible]		
	(6)		[illegible]		

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH ______ INITIALS

220 LBS TO 2,200 LBS./MONTH ______ INITIALS

GREATER THAN 2,200 LBS./MONTH ______ INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: ______
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

PART 1366 (Rev. 7/98)

TO: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

NDER MANIFEST/SALES SERVICE NUMBER (040094) THE GENERATOR NOTED BELOW IS HIPPING TO YOU A WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN CCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT HE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT Y THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

ASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
ASTE CODE(S): D039 D008 D018 D040
REATABILITY GROUP: NONWASTEWATERS

PA ASTE ODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
008	LEAD (PB)	5.0	MG/L EP OR TCLP
018	BENZENE	10	MG/KG ****
039	TETRACHLOROETHYLENE	6.0	MG/KG ****
040	TRICHLOROETHYLENE	6.0	MG/KG ****

ASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
ASTE CODE(S): D039 D008 D018 D040
REATABILITY GROUP: NONWASTEWATERS

PA ASTE ODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
008	LEAD (PB)	5.0	MG/L EP OR TCLP
018	BENZENE	10	MG/KG ****
039	TETRACHLOROETHYLENE	6.0	MG/KG ****
040	TRICHLOROETHYLENE	6.0	MG/KG ****

8/20/98

20-234

N O T E S

HE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL AFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED HE WASTE).

OTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

JHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

XP NOTICE: THIS LDRN EXPIRES ON 6/30 FOR UT/MN OR ON 12/31 FOR ALL STATES.

ENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

EQ#: 9105 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 40094 SW: 9833

OP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

safety-kleen®

575-

ORIGINAL INVOICE

10-1

SEP 22 1998

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		654239

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		09-15-98	09-16-98	10-01-98

SERVICE ADDRESS

20-235

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	64.75	.00	64.75
520-98971	MACHINE SERVICE 52150	1	EA	120.50	.00	120.50
530-51370	MACHINE SERVICE 53150	1	EA	167.75	.00	167.75
540-44220	MACHINE SERVICE 54150	1	EA	205.75	.00	205.75
	INVOICE TOTAL					**558.75**

Vendor # 5753		Ref	
ACCT.	DEPT	AMOUNT	
6304	3990		558.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Approved BAFP

Date 9/22/98

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

CUSTOMER NO

5	-	[illegible]	-	[illegible]	-	[illegible]	3	3

GENERATOR

FLEXIBLE STEEL LACING CO
[illegible] WISCONSIN AVE
DOWNERS GROVE IL [illegible]

BILL TO

20-236

847 464-5818	ED GUGLIELMI	[illegible]	[illegible]	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09/[illegible]/98	[illegible]		[illegible]	[illegible]						[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]					
TOTAL-SERVICE/PRODUCTS					[illegible]	[illegible]	554.75	[illegible]											

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
WASTE CORROSIVE LIQUID, N.O.S. (CONTAINS PHOSPHORIC ACID) [illegible]	01	0001	[illegible]	[illegible]
PGIII (D002,D007,D011)(ERG#154)6.2#/GAL				
WASTE CORROSIVE LIQUID, N.O.S. (CONTAINS PHOSPHORIC ACID) [illegible]	03	0220	[illegible]	[illegible]
PGIII (D002,D007,D011,D043)(ERG#154)6.2#/GAL				

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS /MONTH — INITIALS
- 220 LBS. TO 2,200 LBS /MONTH — INITIALS [illegible]
- GREATER THAN 2,200 LBS /MONTH — INITIALS

18,26,26

DESIGNATED FACILITY NAME AND ADDRESS [illegible]
1500 VILLA STREET [illegible] IL [illegible]

USA EPA ID NO [illegible]
STATE ID NO [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #
56	[illegible]

IN THE EVENT OF AN EMERGENCY CALL [illegible]

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	[illegible]
WASTE MIN (FROM ABOVE)	
TOTAL DUE	[illegible]

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ORDER

TO: SAFETY-KLEEN SYSTEMS, INC. EPA ID NO ILD000805911
1500 VILLA STREET (DESIGNATED FACILITY)
ELGIN, IL 60120

UNDER MANIFEST (CAID) SERVICE NUMBER 654239, THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D019 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (Pb)	5.0 MG/L EP OR TCLP
D019	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	5.0 MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D019 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (Pb)	5.0 MG/L EP OR TCLP
D019	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	5.0 MG/KG ****

20-237

09-15-98

NOTES

THE CONSTITUENT CONCENTRATION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS) AND THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE.

NOTES: * = ZERO TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** = NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS SELLER/TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDR EXPIRES ON 12/31/98.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ# 0001 876001 D-004-01 DUST 5-004-01-5032 TERR: 37 REF#: 654239 SW: 9837

LOCATION COPY - TRANSFER

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5127

OCT 12 1998

ORIGINAL INVOICE

10-21

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		273005

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		10-02-98	10-06-98	10-21-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
0010082	WASTE MIN. CREDIT	1	EA	28.58-	.00	28.58-
230-63170	MACHINE SERVICE 23150	1	EA	190.50	.00	190.50
	INVOICE TOTAL					**161.92**

Vendor # 5753 | Ref

ACCT.	DEPT	AMOUNT
6304	3990	161.92

Date 10/13

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO. [illegible]

847 468-6817	[illegible] GUGLIELMI	11/24/92	[illegible]	[illegible]	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	1114.25	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
[illegible]	[illegible]		[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

GENERATOR

[illegible] STEEL LAC[illegible] CO
[illegible] WISCONSIN AVE
DOWNERS GROVE IL 60515-[illegible]

BILL TO

20-239

OCT 05 1992

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10-02-92	[illegible]		[illegible]	14-[illegible]					[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]						

TOTAL-SERVICE/PRODUCTS [illegible] 190.50 [illegible]

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
WASTE [illegible] LIQUID, N.O.S. ([illegible]) [illegible]	9	[illegible]	[illegible]		

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH _____ INITIALS

220 LBS TO 2,200 LBS./MONTH _____ INITIALS

GREATER THAN 2,200 LBS./MONTH _____ INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible] SYSTEMS, INC.
1500 VILLA STREET [illegible] IL [illegible]

USA EPA ID NO. [illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO. →

CREDIT CARD NO. _____ AMEX VISA MC EXP. DATE _____

CUSTOMER REFERENCE _____

LDR MESSAGE
[illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

[illegible]
Print Customer Name

By: _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	190.50
WASTE MIN (FROM ABOVE)	(28.10)
TOTAL DUE	162.40

DO NOT WRITE IN THE AREA BELOW

[illegible]

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

OCT 26 1998

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		923142

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		10-16-98	10-19-98	11-03-98

SERVICE ADDRESS

20-240

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	64.75	.00	64.75
500-44219	MACHINE SERVICE	50150	1	EA	57.50	.00	57.50
530-46236	MACHINE SERVICE	53150	1	EA	167.75	.00	167.75
530-46269	MACHINE SERVICE	53150	1	EA	167.75	.00	167.75
530-46274	MACHINE SERVICE	53150	1	EA	167.75	.00	167.75
540-44220	MACHINE SERVICE	54150	1	EA	205.75	.00	205.75
560-46277	MACHINE SERVICE	56150	1	EA	283.00	.00	283.00
	INVOICE TOTAL						**1,114.25**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen and Laidlaw Environmental Services have formed a new organization with a goal of continuing to provide value-added solutions to your business and environmental needs. Any changes occurring will be thoroughly evaluated to ensure they have only a positive impact on our customers. Payments should continue to be made to Safety-Kleen, and our remittance address remains the same.

PLEASE DO NOT USE ANY STAPLES WHEN REMITTING

CUSTOMER NO: 1 3 4 - [illegible] 2 - 5 8 1 [illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
[illegible]	55[illegible].75	[illegible]

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C
[illegible]	[illegible]	N	475	[illegible]

LOCATION	TAX EXEMPTION NO.
50 [illegible]31	

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0217

BILL TO

20-241

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10/16/96	2479		630-971-[illegible]	14-[illegible]						.075

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
00	54450	[illegible]	550 [illegible] RATE	1	64.75	0.00	64.75	0.00			1	97		4						
00	59150	00049[illegible]	LSER TOOL	1	57.50	0.00	57.50	0.00			1	97		3						
00	53150	0004623[illegible]	150 #4342	1	167.75	0.00	167.75	0.00			[illegible]	97		8						
00	53150	00046[illegible]	150 #4343	1	167.75	0.00	167.75	0.0[illegible]			[illegible]	97		[illegible]						
00	53150	0004627[illegible]	150 #4744	1	167.75	0.00	557.75	0.0[illegible]			2	97		8						
00	54150	0004[illegible]		1	2[illegible].75	0.00	205.75	0.00			[illegible]	97		[illegible]						
00	56150	0005[illegible]77	LSOR TOOL	1	[illegible]	0.0[illegible]	[illegible]	.00			4	[illegible]		[illegible]						
TOTAL-SERVICE/PRODUCTS					1114.25	0.00	1114.25	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	ILD98[illegible]	ILD0[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) [illegible] PGIII (D001,D006,D018,D040)(ERG[illegible]) [illegible]GAL	1	[illegible]	5	G	
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) [illegible] PGIII ([illegible]) [illegible]	7	[illegible]	115		

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH

INITIALS

220 LBS TO 2,200 LBS /MONTH

INITIALS

GREATER THAN 2,200 LBS /MONTH

INITIALS

7 Sgal X4 43.26

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET ELGIN, IL 601[illegible]

USA EPA ID NO. ILD[illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO.

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE

[illegible]

MANIFEST CODE	SEQ #
PP	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1114.25

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGEMENT

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TO: SAFETY-KLEEN SYSTEMS, INC.
1000 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

UNDER MANIFEST/SALES SERVICE NUMBER 923142 THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******
D008	LEAD ACID BATTERIES SUBCATEGORY	RLEAD ******
D008	RADIOACTIVE LEAD SOLIDS SUBCATEGORY	MACRO ******
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******
D008	LEAD ACID BATTERIES SUBCATEGORY	RLEAD ******
D008	RADIOACTIVE LEAD SOLIDS SUBCATEGORY	MACRO ******
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

20-242

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE)

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
******NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/98.

RATOR NAME: FLEXIBLE STEEL LACING CO 10/16/98 EPA ID: ILD005094230

8205 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 923142 SW: 98

2Y GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

5100 5750

FAX NO:(630)971-8102
01/25/99

DUPLICATE INVOICE

INVOICE NUMBER: 141602
INVOICE AMOUNT:1605.50
PAGE 1 OF 1

safety-kleen corp.
BOX 1800
Elgin, IL 60121
DUNS No. 05106-0408
FED. ID NO. 39-6090019

LOCATION #	ACCOUNT NUMBER	CUSTOMER ORDER NO	RELEASE NO	INVOICE NO
5-034-01	5-034-01-5032-3			141602

VENDOR #	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PAY INVOICE BY
		11-12-98	11-13-98	11-23-98

BILL TO

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-0717

SERVICE ADDRESS

11-27

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: ELGIN, IL (847)468-6510

CUSTOMER ITEM #	DESCRIPTION	INT WEEK	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
	MDL 14 WITH 150 SOLV 000014150-060065306		1		77.25	.00	77.25
	16 GAL CYCLONIC W/15 000023150-023063170		1		190.50	.00	190.50
	MDL 50 WITH 150 SOLV 000050150-000044219		1		57.50	.00	57.50
	MDL 52 WITH 150 SOLV 000052150-000098971		1		120.50	.00	120.50
	MDL 53 WITH 150 SOLV 000053150-000046236		1		167.75	.00	167.75
	MDL 53 WITH 150 SOLV 000053150-000046269		1		167.75	.00	167.75
	MDL 53 WITH 150 SOLV 000053150-000046274		1		167.75	.00	167.75
	MDL 53 WITH 150 SOLV 000053150-000051370		1		167.75	.00	167.75
	MDL 54 WITH 150 SOLV 000054150-000044220		1		205.75	.00	205.75
	MDL 56 WITH 150 SOLV 000056150-000046277		1		283.00	.00	283.00
	INVOICE TOTAL						1605.50

Vendor # 5753		Ref 111
ACCT.	DEPT	AMOUNT
6304	1990	1605.50
Approved BH/ES		Date 1/26/99

Recv'd A/P 1-26-99
M

20-243

CUSTOMER NO

5	-	0	3	4	-	0	1	-	5	0	3	2

847 468-6510 ED GUGLIELMI 01/02/99 96-44 27 141602

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO

20-244

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	1114.25	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	495	001

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/1/98	4742		630-971-0150	14-210-2052						0675

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	INITIAL	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSI GIV
01	4150	6006530	150 R MAIN	1	64.75	0.00	64.75	0.00			1	975		A							
02	3150	2306317	0OL ROOM	1	190.50	0.00	190.50	28.58			1	975		18							
05	0150	0044219	150R TOOL	1	57.50	0.00	57.50	0.00			1	975		8							
05	2150	00098971		1	120.50	0.00	120.50	0.00			1	975		8							
05	3150	0004623	150 R4342	1	167.75	0.00	167.75	0.00			2	975		8							
05	3150	0004626	150 R4343	1	167.75	0.00	167.75	0.00			2	975		8							
05	3150	0004627	150 R4984	1	167.75	0.00	167.75	0.00			2	975		8							
05	3150	00051370		1	167.75	0.00	167.75	0.00			2	975		8							
05	4150	00044220		1	205.75	0.00	205.75	0.00			2	975		4							
05	6150	0004627	150R TOOL	1	283.00	0.00	283.00	0.00			4	975		8							
TOTAL-SERVICE/PRODUCTS					1593.00	0.00	1593.00	28.58													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☑
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984908202	ILD005094230	0438030003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
1	DF	1	G	975
1	DM	1	G	975

ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
GIII (D039, D008, D018, D040)(ERG#128)6.7#/GAL

ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
GIII (D039, D008, D018, D040)(ERG#128)6.7#/GAL

516055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET ELGIN, IL 60120

USA EPA ID NO. ILD000805911
STATE ID NO. 0314380001

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

CHECK NUMBER

INVOICE # AMOUNT $ INVOICE # AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	2 D

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

X _____
Print Customer Name

By _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	1593.00

DO NOT WRITE IN THE AREA BELOW

141602
5-034-01-5032-3

SERVICE AND SALES ACKNOWLEDGMENT

LOCATION: LAND DISPOSAL RESTRICTION NOTICE 09.30 15

TO: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000808311
(DESIGNATED FACILITY)

(A) UNIWASTE/SALES SERVICE NUMBER (141602) THE GENERATOR NOTED BELOW
SHIPPING IS NON-WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268
APPLICABLE WITH 40 CFR PART 268.7. THE GENERATOR HEREBY PROVIDES NOTICE
THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE
KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

B	USING	7644 SOLVENT (SO			D039	SKDOT# 0000975
C	(CHARGE)	D028	D005	D018	D040	
D	STABILITY GROUP	NONWASTEWATERS				

	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
A	LEAD (TC)	5.0 MG/L EP OR TCLP
B	LEAD (PC)	0.75 MG/L *****
C	BENZENE	10 MG/KG ****
D	TETRACHLOROETHYLENE	6.0 MG/KG ****
E	TRICHLOROETHYLENE	6.0 MG/KG ****

11/12/98

20-245

NOTES

(1) CERTIFICATION INFORMATION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

(2) * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

(3) NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

(4) ** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MUST UNIVERSAL TREATMENT STANDARDS.

(5) *** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

(6) **** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

(7) NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN GENERATOR MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

(8) NOTE: THIS FORM EXPIRES ON 12/31/98.

LOCATION NAME: MALCOLM STEEL CASING CO EPA ID: ILD000804230

GENERATOR: 2 MUST: 8-COA-01-5032 TEPP REF#: 3 BM

WHITE: ORIGINAL MIDDLE COPY: FACILITY BOTTOM COPY: TRANSPOR

5753

ORIGINAL INVOICE

K53158 Z

safety-kleen corp.

BOX 1800
ELGIN, IL 60121-7857
DUNS No. 05106-0408
FED. ID NO. 39-6090019

JAN 18 1999

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			439071

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		01-06-1999	01-07-1999	01-22-1999

BILL TO ADDRESS / SERVICE ADDRESS

1-22

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-0717

DPT	DESCRIPTION / PRODUCT OR SERVICE # / COMMENT	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 14 WITH 150 SOLVENT 000014150-060065306	1.0000	EA	77.2500	.00	77.25
00	MDL 50 WITH 150 SOLVENT 000050150-000044219	1.0000	EA	57.5000	.00	57.50
00	MDL 52 WITH 150 SOLVENT 000052150-000098971	1.0000	EA	120.5000	.00	120.50
00	MDL 53 WITH 150 SOLVENT 000053150-000046236	1.0000	EA	167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT 000053150-000046269	1.0000	EA	167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT 000053150-000046274	1.0000	EA	167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT 000053150-000051370	1.0000	EA	167.7500	.00	167.75
00	MDL 54 WITH 150 SOLVENT 000054150-000044220	1.0000	EA	205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT 000056150-000046277	1.0000	EA	283.0000	.00	283.00
	INVOICE TOTAL					**$1,415.00**

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	1990	1415.00
Approved BA/SS		Date 1-18-99

20-246

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

CUSTOMER NO.

5	-	0	3	4	-	0	1	-	5	0	3	2

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO

20-247

847 468-6510	ED GUGLIELMI	03/06/99	99-01	27	439071

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	1605.50	1605.50

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	495	001

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
1-1-99	6742		630-971-0150	13-210-2052						0675

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)/INITIALS	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSI GIVE
	0014150	60065306	150 R MAIN		77.25	0.00	77.25	0.00			1	717		8						
	0050150	00044219	150R TOOL	1	57.50	0.00	57.50	0.00			1	717		8						
	0052150	00098971			120.59	0.00	120.59	0.00			1	717		8						
	0053150	00046236	150 R4342	1	167.75	0.00	167.75	0.00			2	717		8						
	0053150	00046269	150 R4343		167.75	0.00	167.75	0.00			2	717		8						
	0053150	00046274	150 R4984	1	167.75	0.00	167.75	0.00			2	717		8						
	0053150	00051070			167.75	0.00	167.75	0.00			2	717		8						
	0054150	00044220		1	205.75	0.00	205.75	0.00			2	717		4						
	0056150	00046277	150E TOOL		283.00	0.00	283.00	0.00			4	717		8						

TOTAL-SERVICE/PRODUCTS		1415.00	0.00	1415.00	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984908202	ILD005094230	0438036003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	
1	DF	4	G	717	1
8	DM	226	G	717	2

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (D039)(ERG#128) 6.7LBS/GAL

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (D039)(ERG#128) 6.7LBS/GAL

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS/MONTH — INITIALS
- 220 LBS TO 2,200 LBS/MONTH — INITIALS
- GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET
ELGIN, IL 60120

USA EPA ID NO. ILD000805911
STATE ID NO. 0314380001

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	2 L

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

439071

SERVICE AND SALES ACKNOWLEDGMENT

K54214-R5732 SAFETY-KLEEN 01/05/99 PAGE:
LOCATION: LAND DISPOSAL RESTRICTION NOTICE 13:45:13

TO: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000605811
(DESIGNATED FACILITY

1-6-99

UNDER MANIFEST/SALES SERVICE NUMBER (439071....) THE GENERATOR NOTED BELOW IS SHIPPING TO ~~YOU~~ WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: SOLVENT 150 D039 SKDOT#: 0000717
WASTE CODE(S): D039
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

20-248

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
***** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/99.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 1176543 LOC: 0 CUST: 5-034-01-5032 TERR: REF#: 390710000 SW:

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

safety-kleen®
BOX 1800
ELGIN, IL 60121-7857
DUNS No. 13106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

FEB 17 1999 5753 2-19

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			812448

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY
		02-03-1999	02-08-1999	INVOICE BY 02-19-1999

SERVICE ADDRESS

Vendor# 5753 Ref —

ACCT.	DEPT	AMOUNT
6304	1990	328.00
Approved BA/SS		Date 2/17/99

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DEPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 14 WITH 150 SOLVENT					
	000014150-060065306-0000000	1.0000		64.7500	.00	64.75
00	MDL 50 WITH 150 SOLVENT					
	000050150-000044219-0000000	1.0000		57.5000	.00	57.50
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
	INVOICE TOTAL				$0.00	$328.00

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO.

S - [illegible] - [illegible] - [illegible]

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4212

BILL TO

20-250

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
1	[illegible]	[illegible]

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9/3/99	[illegible]		[illegible]	[illegible]						[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	P.O. NO.
[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	0.00	[illegible]	[illegible]			1	[illegible]		4	6	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	0.00	[illegible]	[illegible]			1	[illegible]		[illegible]		[illegible]			
[illegible]	[illegible]	[illegible]		1	[illegible]	0.00	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]					
TOTAL-SERVICE/PRODUCTS				1	324.00	0.00	324.00 327.80	0.00											

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)(NAPHTHA) PGIII (D035)(RCRA) 6.7LBS/GAL	1	[illegible]	1	[illegible]	[illegible]	1			
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)(NAPHTHA) PGIII (D035)(RCRA) 6.7LBS/GAL	2	[illegible]	54	[illegible]	[illegible]			2	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — JEC INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC. 1500 VILLA STREET ELGIN, IL 60123

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: [signature] Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	[illegible]
WASTE MIN (FROM ABOVE)	[illegible]
TOTAL DUE	[illegible]

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

TO: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

UNDER MANIFEST/SALES SERVICE NUMBER 812448...) THE GENERATOR NOTED BELOW IS SHIPPING TO ~~YOU~~ WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: SOLVENT 150 D039 SKDOT#: 0000717
WASTE CODE(S): D039
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

WASTE NAME: SOLVENT 150 D039 SKDOT#: 0000717
WASTE CODE(S): D039
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

2/1/99

20-251

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.
UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.
EXP NOTICE: THIS LDRN EXPIRES ON 12/31/99.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 7959 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 812448 SW: 990

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

Safety-Kleen®

5752

MAR 19 1999

ORIGINAL INVOICE

5753

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			297665

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		03-15-1999	03-16-1999	03-31-1999

SERVICE ADDRESS

3-31

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 14 WITH 150 SOLVENT					
	000014150-060065306-0000000	1.0000		106.2500	.00	106.25
	INVOICE TOTAL				$0.00	$106.25

Vendor # 5753	Ref
ACCT	DEPT	AMOUNT
6304	1990	106.25
Approved SS	Date 3-19-99

FOR INFORMATION, PLEASE CONTACT SERVICING BRANCH 847 468-6510 ELGIN, IL

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Elgin, Illinois 60123 7857
CUSTOMER NO.

GENERATOR

S - B 3 4 - 2 1 - 5 5 4 2

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-2712

BILL TO

20-253

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3/5/99	4742		630-971-0350							

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	
30	24150	6006300	150 W MAIN	1	24.99	0.00	24.99	0.00			1	713		1	16		927		
					83.33		83.33												
					83.33		83.33												
TOTAL-SERVICE/PRODUCTS					24.99	0.00	24.99	0.00											

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984408702		ILD980996230	9930500104

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONT NO.	CONT TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA), NA1993, PGIII (CONTAINS CHLORIDES) 6.7LBS/GAL	1		1	G	713

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH
INITIALS

220 LBS TO 2,200 LBS /MONTH
B.E.
INITIALS

GREATER THAN 2,200 LBS /MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.
1500 VILLA STREET
ELGIN, IL 60123

USA EPA ID NO. ILD984808582
STATE ID NO. IL 0170 0000 0

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR 98-1

MANIFEST CODE	SEQ #
WP	1

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Bill Edmond
Print Customer Name

By: _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	24.99
WASTE MIN. (FROM ABOVE)	0.00
TOTAL DUE	24.99

DO NOT WRITE IN THE AREA BELOW

SERVICE AND CALIBRATION PERMIT

K54214-R5732 SAFETY-KLEEN 02/22/99 PAGE: 1
LOCATION: 503401 LAND DISPOSAL RESTRICTION NOTICE 18:56:19

TO: SAFETY-KLEEN SYSTEMS, INC. EPA ID NO. ILD000805911
1500 VILLA STREET (DESIGNATED FACILITY)
ELGIN, IL 60120

UNDER MANIFEST/SALES SERVICE NUMBER (297665) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7 THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: SOLVENT 150 D039 SKDOT#: 0000717
WASTE CODE(S): D039
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

3-15-99

20-254

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEET FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE)

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.
UNC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATED MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.
EXP NOTICE: THIS LDRN EXPIRES ON 12/31/99

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 0151 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 297665 SW: 991

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

safety-kleen®

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

APR 05 1999

5153

ORIGINAL INVOICE

4-15

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			P33817

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		03-30-1999	03-31-1999	04-15-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

Vendor # 5753 Ref III

ACCT.	DEPT	AMOUNT
6304	1990	$ 283.00
Approved		Date

OPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	FEE,DEL/SU 55/6 COMS					
	000010025-000000000-0000000	1.0000	EA		.00	.00
00	MDL 56 WITH 150 SOLVENT					
	000056150-000033817-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$283.00

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

847 468-6510 ED GUGLIELMI

P33817

5-034-01-5032

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

NAME	TITLE	SIGN
1.		
2.		

GENERATOR LOCATION

NAME: FLEXIBLE STEEL LACING CO

DELIVERY ADDRESS: 2525 WISCONSIN AVE

INFORMATION/ATTENTION LINE:

CITY & STATE: DOWNERS GROVE IL

ZIP: 60515-0712 TAX CODE:

BILL TO (IF DIFFERENT FROM LOCATION)

NAME:

DELIVERY ADDRESS:

INFORMATION/ATTENTION LINE:

CITY & STATE:

ZIP: TAX CODE:

LOCATION	SIC CODE
5 034 01	

BUSINESS TYPE	CHAIN	ASSOCIATION	SVC P/C	PROD P/C

SALES TAX EXEMPTION NUMBER:

DATE PLACED	SALES REP NO	CUSTOMER'S P.O. NUMBER	☐ BLANKET	☐ TEMPORARY	CUSTOMER PHONE NO.	HANDLING CODE	CREDIT CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3-30-99	4742				(630) 971-0150					

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT/DRUMS CLEAN	SPENT	% CONT	SK DOT	CC	SERVICE TERM	SCHEDULE DATE (YYWW)	*PLCMT CODE SEE BELOW	FREE TRIAL	INV. CODE	PROMO NO.	RELEASE NO.	MSI Giv
	56150	00033817		1	282 75		282.75													

20-256

TOTAL-SERVICE/PRODUCTS				282.75

REFUSED SERVICE EXPLAIN:

* PLACEMENT CODES
(1) NEW APPLICATION
(2) REPLACE DEFECTIVE MACHINE
(3) REPLACE COMPETITIVE MACHINE
(4) REPLACE HOME MADE VAT
(5) ADDITIONAL MACHINE

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
	TLD984908202		

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
					5163055

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS TO 2,200 LBS /MONTH — INITIALS

GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.

LDR MESSAGE

MANIFEST CODE	SEQ #
	3 D

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name: [illegible] 3/30/99

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
TOTAL DUE	282.75

DO NOT WRITE IN AREA BELOW

P33817

7372

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

safety-kleen®
P.O. BOX 12349
COLUMBIA, SC 29211-2349
DUNS No. 05106-0408
FED. ID NO. 39-6090019

5153

APR 05 1999

ORIGINAL INVOICE

4-15

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			592986

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		03-30-1999	03-31-1999	04-15-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75

Vendor # 5753		Ref III
ACCT.	DEPT	AMOUNT
6804	1990	205.75
Approved SB		Date 4-7-99

INVOICE TOTAL	$0.00	$205.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER ID NO.

5	-	0	3	4	-	0	1	-	5	8	3	2

847 464-6510 | ED GUGLIELMI | 05/29/99 | 99-13 | 22 | 53991

CUSTOMER GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO 20-258

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DA
A	1523.25	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PRO
009	000	NO	495	1

LOCATION	TAX EXEMPTION NO.
50431L	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3-30-99	4742		630-971-0150	14-310-2052						.1525

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	
1	05	54459	00044228		1	205.75	0.00	205.75	0.00			2	717		4						
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
		TOTAL-SERVICE/PRODUCTS				205.75	0.00	205.75	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984893277		ILD[illegible]	[illegible]

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (D039)(F003)(F005) 6.7[illegible]/GAL 17.15	2	DM	32	G	717
B.						
C.						
D.						

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH	INITIALS
220 LBS. TO 2,200 LBS./MONTH	INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.
1500 VELLA STREET ELGIN, IL [illegible]

USA EPA ID NO. IL[illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
24000
LDR MESSAGE:
LDR R-[illegible]

MANIFEST CODE	SEQ #
PP	492

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	205.25

DO NOT WRITE IN THE AREA BELOW

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TO: SAFETY-KLEEN SYSTEMS, INC. EPA ID NO. ILD000805911
1500 VILLA STREET (DESIGNATED FACILITY)
ELGIN, IL 60120

UNDER MANIFEST/SALES SERVICE NUMBER (592986) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: SOLVENT 137 D039 SKDOT#: 0000717
HAZARDOUS WASTE CODES: D039

TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

3-30-99

20-259

N O T E S

THE CONSTITUENT CONCENTRATION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
***** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.
UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.
EXP NOTICE: THIS FORM EXPIRES ON 12/31/99.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 6514 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 592986 SW: 991

safety-kleen®

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

ORIGINAL INVOICE

5-10

1999

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			606592

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		04-29-1999	04-30-1999	05-15-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

Vendor # 5753 Ref

ACCT.	DEPT	AMOUNT
6304	1990	1,337.75
Approved SS		Date 5-14-99

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 50 WITH 150 SOLVENT					
	000050150-000044219-0000000	1.0000		57.5000	.00	57.50
00	MDL 52 WITH 150 SOLVENT					
	000052150-000098971-0000000	1.0000		120.5000	.00	120.50
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046236-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046269-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046274-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000051370-0000000	1.0000		167.7500	.00	167.75
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000046277-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$1,337.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO.

5	-	0	3	4	-	6	4	-	5	7	3	2

CUSTOMER GENERATOR

FLEXSEAL STEEL LACING CO
4500 WISCONSIN AVE
[illegible] GROVE IL 60554-0737

BILL TO

20-261

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DA
1	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PRO
[illegible]	[illegible]	[illegible]	[illegible]	

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
[illegible]	[illegible]		[illegible]	[illegible]						[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REASON/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	[illegible]
1	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						[illegible]
2	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
6	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
7	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
8	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]						
9																				

TOTAL-SERVICE/PRODUCTS		[illegible]	[illegible]	[illegible]	[illegible]

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		

	YES	NO
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]		[illegible]	[illegible]

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) [illegible]	[illegible]	[illegible]	[illegible]	G	[illegible]
B.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) [illegible]	[illegible]	[illegible]	241	G	[illegible]
C.	17,242; 21,420					
D.						

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC. [illegible]

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO. [illegible]

LDR MESSAGE [illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL [illegible]

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	[illegible]

DO NOT WRITE IN THE AREA BELOW

TO: SAFETY-KLEEN SYSTEMS, INC. EPA ID NO. ILD000805911
1500 VILLA STREET (DESIGNATED FACILITY)
ELGIN, IL 60120

UNDER MANIFEST/SALES SERVICE NUMBER (4026592) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

LDR FORM LINE NO.: 1 SK PROFILE NO.: 000

WASTE NAME: SOLVENT 150 D039 SKDOT#: 0000717
HAZARDOUS WASTE CODES: D039

TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

LDR FORM LINE NO.: 2 SK PROFILE NO.: 000

WASTE NAME: SOLVENT 150 D039 SKDOT#: 0000717
HAZARDOUS WASTE CODES: D039

TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

4-29-99

20-262

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.
UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.
EXP NOTICE: THIS LDRN EXPIRES ON 12/31/99.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ# 504 LOC: 50340 CUST 5-034-01-5032 TERR: 37 REF#: 606592 SW: 991

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

safety-kleen®

5753

ORIGINAL INVOICE

6-1

JUN 07 1999

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			809457

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		05-27-1999	05-28-1999	Ref 06-12-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

Vendor # 5753

ACCT.	DEPT	AMOUNT
6304	1990	488.75
Approved SS		Date 6-9-99

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000033817-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$488.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

CUSTOMER NO

S	-	L	3	4	-	0	6	-	L	2

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-3719

BILL TO

20-264

847 46-6110	ED GUGLIELMI	12/29/95	95-11	57

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAY
A	786.00	652.25

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
04	000	000	995	07

LOCATION	TAX EXEMPTION NO.
50	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12/29/95	57		630-971-0150	14-015-2053						0.00

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	REPLACE NO.
1	05	54137	2844220		1	208.75	0.00	208.75	0.00			2	717		4						
2	05	66150	00033317		1	243.00	0.00	243.00	0.00			4	717		4						
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
	TOTAL-SERVICE/PRODUCTS					451.75	0.00	451.75	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984		ILD005	IL

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA), 9, PGIII (D039) (ERG 128) 6.7LBS/GAL	2	DM	56	G	717
B.					
C.					
D.					

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — SEH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.
1520 VILLA STREET
ELGIN, IL 60123

USA EPA ID NO. ILD000808311
STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX

LDR MESSAGE
LDR REQ'S

MANIFEST CODE	SEQ #
PP	514

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Scott Heinen
Print Customer Name

By: Scott Heinen
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	451.75

DO NOT WRITE IN THE AREA BELOW

57

K54474-R5732 SAFETY-KLEEN 05/03/99 PAGE
LOCATION: 503401 LDR NOTIFICATION FORM 19:30:52

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO. 809457

GENERATOR FED EPA ID: ILD005094230 CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 263.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR)

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: [illegible]
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#:
NONE

5-27-99

20-265

N O T E S

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED SIGNATURE NAME & TITLE (PRINTED OR TYPED) DATE

SEQ#: 6612 LOC: 503401 TERR. 27 REF#: 809457 [illegible]

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSPORTER

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

JUN 25 99

ORIGINAL INVOICE

7-9

Safety-Kleen®

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			373396

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		06-21-1999	06-22-1999 Vendor#	Ref 07-07-1999

SERVICE ADDRESS 5753

ACCT.	DEPT	AMOUNT
6304	1990	1,337.75
Approved BS		Date 6-25-99

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 50 WITH 150 SOLVENT					
	000050150-000044219-0000000	1.0000		57.5000	.00	57.50
00	MDL 52 WITH 150 SOLVENT					
	000052150-000098971-0000000	1.0000		120.5000	.00	120.50
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046236-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046269-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046274-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000051370-0000000	1.0000		167.7500	.00	167.75
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000046277-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$1,337.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

safety-kleen.

CUSTOMER NO. 5-0134-01-5072

CUSTOMER GENERATOR

FLEXIBLE STEEL LACING CO
9525 WISCONSIN AVE
DOWNERS GROVE IL 60515-8717

BILL TO

20-267

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAY
A	2332.50	1695.25

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
33	000	00	495	2

LOCATION	TAX EXEMPTION NO.
49711	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
6-21-99	0716		630-971-9150	14-210-2550					4.75

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHARGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
1	01	00153	00094218	1.00 TOTAL	1	37.50	0.00	37.50	0.00				217		1						
2	01	53150	00099971		1	130.50	0.00	130.50	0.00			1	717		A						
3	01	53150	00094231	1.50 P4344	1	167.75	0.00	167.75	0.00			2	717		A						
4	01	53150	00094269	1.50 P4344	1	167.75	0.00	167.75	0.00			2	717		A						
5	01	53150	00094224	1.50 P4344	1	167.75	0.00	167.75	0.00			2	717		A						
6	01	53150	00094220		1	167.75	0.00	167.75	0.00			2	717		A						
7	01	54150	00094227		1	205.75	0.00	205.75	0.00			2	717		A						
8	01	52150	00094222	1.00 TOTAL	1	100.00	0.00	100.00	0.00			1	717		A						
9																					
10																					
11																					
12																					
		TOTAL-SERVICE/PRODUCTS				1337.75	0.00	1337.75	0.00												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984878457		ILD984878457	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
A.	6	DF	6	G	717				
B.	9	DM	234	G	717				
C.	23, 26, 26, 26, 27, 28, 28, 28, 22								
D.									

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — B.E. INITIALS

220 LBS. TO 2,200 LBS./MONTH — B.E. INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: 1500 WILLIS STREET — SAFETY-KLEEN SYSTEMS, INC. — ELGIN, IL [illegible]

USA EPA ID NO. ILD984878457

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO. [illegible]

LDR MESSAGE LDR NOT REQ

MANIFEST CODE	SEQ #
PP	524

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Bill Elkins
Print Customer Name

By: [signature]
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1337.75

DO NOT WRITE IN THE AREA BELOW

[illegible]

54474-R5732 SAFETY-KLEEN 05/31/99 PAGE: 1
OCATION: 503401 LDR NOTIFICATION FORM 19:08:37

ENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 373396

CUST#: 5-034-01-5032

URSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
ASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

DR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

PA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

REATABILITY GROUP: NONWASTEWATERS

ASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#NONE

DR FORM LINE NO.: 2 MANIFEST PAGE/LINE# 01B SK PROFILE NO.: 0000
SKDOT#: 0000717

PA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

REATABILITY GROUP: NONWASTEWATERS

ASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#NONE

6-21-99

20-268

N O T E S

XP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

ENERATOR'S AUTHORIZED SIGNATURE _____ NAME & TITLE (PRINTED OR TYPED) _____ DATE ____/____/____

EQ#: 6222 LOC: 503401 TERR: 27 REF#: 373396 SW: 9925

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

safety-kleen®
P.O. BOX 12349
COLUMBIA, SC 29211-2349
DUNS No. 05108-0408
FED. ID NO. 39-6090019

2 -

ORIGINAL INVOICE

JUL 19 1999

7-2

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			715221

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		07-08-1999	07-09-1999	07-24-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

Vendor # 5753

ACCT.	DEPT	AMOUNT
6304	1990	296.75
Approved SS		Date 7-19-99

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 14 WITH 150 SOLVENT					
	000014150-060065306-0000000	1.0000		106.2500	.00	106.25
00	16 GAL CYCLONIC W/150 PREM					
	000023150-023063170-0000000	1.0000		190.5000	.00	190.50
	INVOICE TOTAL				$0.00	$296.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER GENERATOR

5-634-0L-5032

FLEXIBLE STEEL LACING CO
525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4217

BILL TO

20-270

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DA
A	2079.00	1521.00

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PRO
05	000	000	197	

LOCATION	TAX EXEMPTION NO
50473	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10/24/96	0116		630-971-8150	14-217-2040						4.75

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	DESCRIPTION	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
1	70	14159	4800	PAINT	1	225.00	0.00	225.00	0.00			1	717		14						
2	80	27250	2776.17	TOOL ROOM	1	19.50	0.00	19.50	24.5			1	717		14						
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
	TOTAL-SERVICE/PRODUCTS					244.75	0.00	244.75	28.5												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		

	YES	NO
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984967871		ILD[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	12. CONT. NO.	CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
A.	1	DM	5	G	717		1		
B.	1	DM	9	G	717			1	
C.									
D.									

A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (COMB)(ERG# 128) 6.7LBS/GAL

B. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (COMB)(ERG# 128) 6.7LBS/GAL

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — B.E INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC. 1607 VILLA STREET [illegible], IL 60120

USA EPA ID NO. ILD[illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO.

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
[illegible]
LDR MESSAGE
LDR READ

MANIFEST CODE	SEQ #
22	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Bill Elkins
Print Customer Name

By: Bill Elkins
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	244.75
WASTE MIN. (FROM ABOVE)	28.50
TOTAL DUE	273.25

DO NOT WRITE IN THE AREA BELOW

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

K54474-R5732 SAFETY-KLEEN 06/14/99 PAGE: 1
LOCATION: 503401 LDR NOTIFICATION FORM 19:58:56

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 715221

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#NONE
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

==========

LDR FORM LINE NO.: 2 MANIFEST PAGE/LINE# 01B SK PROFILE NO.: 000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#NONE
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

==========

20-271

7-8-99

---NOTES---

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED SIGNATURE _____ NAME & TITLE (PRINTED OR TYPED) _____ ____/____/____ DATE

SEQ#: 8119 LOC: 503401 TERR: 27 REF#: 715221 SW: 99

safety-kleen®

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

5753

1999

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			683716

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		07-30-1999	08-02-1999	08-17-1999

SERVICE ADDRESS

8-17

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000033817-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$488.75

Vendor # 5753 Ref

ACCT.	DEPT	AMOUNT
6304	1990	488.75

Approved SB Date 8/5/99

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Columbia, South Carolina 29201

CUSTOMER NO

3	-			4	-		3	-	5	2	3	P

0979

BILL TO

20-273

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

LPI	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHARGE SCH DATE (MY WK)	INV CODE	PROMO NO.		MSDS GIVEN
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐

TOTAL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

ASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM DISTILLATES)
OIL (COMBUSTIBLE) 7.7LBS/GAL

30-30,3025

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER			

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

K54474-R5732
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

08/28/97 PAGE:
20:49:24

GENERATOR NAME: FLEXIBLE STEEL LACING CO

MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 683716

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#NONE
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

==========

7/30/99

20-274

---N O T E S---

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED SIGNATURE _____ NAME & TITLE (PRINTED OR TYPED) _____ DATE ___/___/___

SEQ#: 6820 LOC: 503401 TERR: 27 REF#: 683716 SW: 99

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

safety-kleen®

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

9-7

Vendor # 5753	Ref —
ACCT.	DEPT	AMOUNT
6304	1990	1,337.75

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			246609

BILL TO NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
	08-20-1999	08-23-1999	09-07-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 50 WITH 150 SOLVENT					
	000050150-000044219-0000000	1.0000		57.5000	.00	57.50
00	MDL 52 WITH 150 SOLVENT					
	000052150-000098971-0000000	1.0000		120.5000	.00	120.50
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046236-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046269-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046274-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000051370-0000000	1.0000		167.7500	.00	167.75
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000046277-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$1,337.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANC

CUSTOMER NO

BILL TO

20-276

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

EPT	SERVICE/ PRODUCT			QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.		MSD GIVE
	TOTAL-SERVICE/PRODUCTS																				

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS			DECALS IN PLACE AND LEGIBLE			MACHINE PROPERLY GROUNDED		
LAMP ASSEMBLY CONDITION			FUSIBLE LINK INSTALLED			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
			EMERGENCY CLOSING OF LID UNOBSTRUCTED			SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS /MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	132
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	132

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

K54474-R5732 SAFETY-KLEEN PAGE:
LOCATION: 503401 LDR NOTIFICATION FORM 19:06:44

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 246609

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

LDR FORM LINE NO.: 2 MANIFEST PAGE/LINE# 01B SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

20-277

8-20-99

NOTES

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED SIGNATURE _____ NAME & TITLE (PRINTED OR TYPED) _____ DATE ___/___/___

SEQ#: 6825 LOC: 503401 TERR: 27 REF#: 246609 SW: 99

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

Safety-Kleen®

ORIGINAL INVOICE

SEP 27 1999

5753 10-7

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			940611

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		09-21-1999	09-22-1999	10-07-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000033817-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$488.75

Vendor # 5753 Ref

ACCT.	DEPT	AMOUNT
6304	1990	$488.75

Approved SB Date 9-27-99

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO

BILL TO

20-279

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 6/99)

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
TOTAL-SERVICE/PRODUCTS																				

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

EPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11 US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT./VOL.	SK DOT NUMBER			

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO.

STATE ID NO.

RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

CHECK NUMBER

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT MEMO NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.

LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 940611

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

20-280

NOTES

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

X Lonnie Nelson 9/21/99

GENERATOR'S AUTHORIZED SIGNATURE — NAME & TITLE (PRINTED OR TYPED) — DATE

SEQ#: 6156 LOC: 503401 TERR: 27 REF#: 940611 SW: 9937

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

safety-kleen®

5753

ORIGINAL INVOICE

11-2

OCT 21 1999

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			296908

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		10-15-1999	10-18-1999	Ref 11-02-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

Vendor # 5753

ACCT.	DEPT	AMOUNT
6304	1990	1,337.75
Approved SB		Date 10-21-99

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 50 WITH 150 SOLVENT					
	000050150-000044219-0000000	1.0000		57.5000	.00	57.50
00	MDL 52 WITH 150 SOLVENT					
	000052150-000098971-0000000	1.0000		120.5000	.00	120.50
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046236-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046269-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000046274-0000000	1.0000		167.7500	.00	167.75
00	MDL 53 WITH 150 SOLVENT					
	000053150-000051370-0000000	1.0000		167.7500	.00	167.75
00	MDL 54 WITH 150 SOLVENT					
	000054150-000044220-0000000	1.0000		205.7500	.00	205.75
00	MDL 56 WITH 150 SOLVENT					
	000056150-000046277-0000000	1.0000		283.0000	.00	283.00
	INVOICE TOTAL				$0.00	$1,337.75

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

L [illegible]

GENERATOR

L - 7 3 4 - 0 L - 5 6 3 2

847 468-6510 | 50 GUGLIELMI | 12/11/99 | 99-41 | 27 | 296708

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO
20-282

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	1621.67	1597.70

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	495	551

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12/15/99	0716		630-971-0150	14-210-2052						.0625

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MS GM
10	053150	00048219	150R TOOL	1	57.50	0.00	57.50	0.00			1	717		A						
10	52150	00198971		1	120.50	0.00	120.50	0.00			1	717		A						
10	53150	00046236	150 R4943	1	167.75	0.00	167.75	0.00			2	717		A						
10	53150	00046219	150 R4943	1	167.75	0.00	167.75	0.00			2	717		A						
10	53150	00046274	150 R4984	1	167.75	0.00	167.75	0.00			2	717		A						
10	52150	00051378		1	167.75	0.00	167.75	0.00			2	717		A						
10	54150	00048228		1	205.75	0.00	205.75	0.00			2	717		A						
10	66150	00048277	150R TOOL	1	283.00	0.00	283.00	0.00			4	717		A						

TOTAL-SERVICE/PRODUCTS		1337.75	0.00	1337.75	0.00

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984888202		ILD[illegible]4228	1438028003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	96		55
1	DF	4	G	717	1		
9	DM	211	G	717			9

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (100F)(ERG#128) 6.7LBS/GAL

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (100F)(ERG#128) 6.7LBS/GAL

4@26, 2@28, 3@17

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS /MONTH — INITIALS
- 220 LBS TO 2,200 LBS /MONTH — INITIALS
- GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN, IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. IL[illegible]405911
STATE ID NO. 1114380001

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR R50*D

MANIFEST CODE	SEQ #
PP	552

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Bill Elkins
Print Customer Name

By: [signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	1337
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1337

DO NOT WRITE IN THE AREA BELOW

296708
[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

K54474-R5732 SAFETY-KLEEN 07/20/99 PAGE: 1
LOCATION: 503401 LDR NOTIFICATION FORM 19:16:49

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 296908

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD
67 BENZENE
84 CHLOROBENZENE

==========

LDR FORM LINE NO.: 2 MANIFEST PAGE/LINE# 01B SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD
67 BENZENE
84 CHLOROBENZENE

==========

20-283

N O T E S

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

X Bill Elbins 6/15/99

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE

SEQ#: 7072 LOC: 503401 TERR: 27 REF#: 296908 SW: 99

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

safety-kleen®

P.O. BOX 12349
COLUMBIA, SC 29211-2349

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5152

ORIGINAL INVOICE

11-18

ACCOUNT NUMBER	LOCATION NUMBER	TAX STATUS / NUMBER	MANIFEST NUMBER	INVOICE NUMBER
5-034-01-5032	000503401			421618

BILL TO NUMBER		SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY:
		11-02-1999	11-03-1999	11-18-1999

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	1990	106.25
Approved SM		Date 11/8

DPT	DESCRIPTION / PRODUCT OR SERVICE #	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
00	MDL 14 WITH 150 SOLVENT					
	000014150-060065306-0000000	1.0000		106.2500	.00	106.25
	INVOICE TOTAL				$0.00	$106.25

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: 847 468-6510 ELGIN, IL

In our continuing efforts to improve service to you, our valued customer, we will be making some changes to our invoice system this summer. You can expect to see a new and improved invoice format along with some changes to your account number and invoice number. None of the services we provide at your facilities will change, only the process to invoice for them. Once the changes are made, we will be happy to answer any questions you might have. As always, thanks for choosing Safety Kleen.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO.

5	-	0	3	4	-	0	1	-	5	F	3	2

847 468-6510	ED GUGLIELMI	12/25/99	99-43	27	421668

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-3717

BILL TO

20-285

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	2134.39	1597.70

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD
09	NO	NO	495	00

LOCATION	TAX EXEMPTION NO.
502461	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12/27/99	0716		630-971-0150	14-210-2052						.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO.	RELEASE NO.
00	64150	60065306	150 # MAIN	1	105.25	0.00	106.25	0.00			1	717		16						
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
	TOTAL-SERVICE/PRODUCTS				105.25	0.00	106.25	0.00												

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☒	☐
LAMP ASSEMBLY CONDITION	☒	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☒	☐
FUSIBLE LINK INSTALLED	☒	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☒	☐
MACHINE PROPERLY GROUNDED	☒	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984903202		ILD000504232	2436630203

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
1	DF	5	G	717	1			

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993
PGIII (D039)(ERG#128) 6.7LBS/GAL

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD000805911

STATE ID NO. IL6140600 25

PAYMENT RECEIVED SECTION

CASH ☐ / CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	501

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Bill Gilmore
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	106.25
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	106.25

DO NOT WRITE IN THE AREA BELOW

421668
5-034-01-5FB2-3

K54474-R5732 SAFETY-KLEEN 10/04/99 PAGE: 1
LOCATION: 503401 LDR NOTIFICATION FORM 19:09:22

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 421618

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD
67 BENZENE
84 CHLOROBENZENE

20-286

N O T E S

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

Bill Elkins 11, 2, 99

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE

SEQ#: 3269 LOC: 503401 TERR: 27 REF#: 421618 SW: 994

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS No. 05-397-6551
FED. ID NO. 39-6090019

ORIGINAL INVOICE

5753

12-1

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		11/12/1999	0010563635
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200 25 0

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200 25 0

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 11/10/1999 *Service Doc Number:* 0000097701 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	16 GAL CYCLONIC W/150 PREM 000023150-023063170-0000000	190.5000 EA	0.00	190.50
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000033817-0000000	283.0000 EA	0.00	283.00

INVOICE TOTAL: $473.50

Vendor # 5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	$473.50
Approved SS		Date 11-22-99

COMMENTS:

GENERATOR: 5-034-01-5032

847 468-6510 | ED GUGLIELMI | 11/03/00 | 99-45 | 07 | 997701

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	2134.39	1621.67

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C
09	NO	NO	495	001

LOCATION	TAX EXEMPTION NO.
503431	

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO: 20-288

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/03/00	0276		630-971-0150	14-210-2052					.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSI GIVE
10	23150	23063170	TOOL ROOM	1	190.50	0.00	190.50	28.58			1	717		16							
20	56150	00033917		1	283.00	0.00	283.00	0.00			4	717		8							
TOTAL-SERVICE/PRODUCTS					473.50	0.00	473.50	28.58													

CHECK APPROPRIATE BOXES ➡ | GOOD | POOR
- MACHINE CONDITION & CLEANLINESS
- LAMP ASSEMBLY CONDITION

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		

	YES	NO
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984902202		ILD005094230	0438030602

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993
PGIII (COMBUSTIBLE)(ERG#128) 6.7LBS/GAL

10,22,30

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	5	55	10	55
3	DM	60	G	717			X	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD000605956
STATE ID NO. IL2438000SL

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	501

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name: Mary Carter

By: _____ Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	473.50
WASTE MIN. (FROM ABOVE)	28.58
TOTAL DUE	473.50

DO NOT WRITE IN THE AREA BELOW

997701
5-034-01-5032-3

SERVICE AND SALES ACKNOWLEDGMENT

54474-R5/32 SAFETY-KLEEN 10/18/99 PAGE: 1
LOCATION: 503401 LDR NOTIFICATION FORM 20:05:45

GENERATOR NAME: FLEXIBLE STEEL LACING CO MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 97701

CUST#: 5-034-01-5032

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO. 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

RCRA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD
67 BENZENE
84 CHLOROBENZENE

20-289

NOTES

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED SIGNATURE — NAME & TITLE (PRINTED OR TYPED) — DATE 11/10/99

SEQ#: 1744 LOC 503401 TERR: 27 REF#: 97701 SW: 9945

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

5753

DEC 13 1999

1-9-00

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		12/10/1999	001086332
FACILITY PHONE NUMBER:	**VENDOR NUMBER:**	**TERMS:**	
(847) 468-6510		N30 ✓	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-290

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 12/08/1999 *Service Doc Number:* 0000092434 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	57.5000 EA	0.00	57.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	120.5000 EA	0.00	120.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	167.7500 EA	0.00	167.75
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	167.7500 EA	0.00	167.75
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	167.7500 EA	0.00	167.75
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	167.7500 EA	0.00	167.75
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	205.7500 EA	0.00	205.75

COMMENTS:

safety-kleen®

ORIGINAL INVOICE

Invoice Date 12/10/1999
Customer Name FLEXIBLE STEEL LACING CO
Account Number 0000-2092-43
Invoice Number 0010883327

DEC 13 1999

Department:
Department Name:
Service Date: 12/08/1999
Service Doc Number: 0000092434
PO Number:
Release Number:
Transporter:
Manifest Number:

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	283.0000 EA	0.00	283.00

INVOICE TOTAL: $1,337.75

Vendor # 5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	$1,337.75
Approved SS		Date 12-13-99

20-291

CUSTOMER NO. 0000-20992-43

847 469-6510 ED GUGLIELMI 12/05/00

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C
09	NO	NO	495

LOCATION 503401

TAX EXEMPTION N

CUSTOMER GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

BILL TO

20-292

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT T
12/5/00	010		630-971-0150	14-210-2052		PW				.0675

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO
1	00	50150	00044215	150R TOOL	1	57.50	0.00	57.50	0.00			1	717		A						
2	00	52150	00098971		1	120.50	0.00	120.50	0.00			1	717		A						
3	00	53150	00046236	150 R4342	1	167.75	0.00	167.75	0.00			2	717		A						
4	00	53150	00046269	150 R4343	1	167.75	0.00	167.75	0.00			2	717		A						
5	00	53150	00046274	150 R4984	1	167.75	0.00	167.75	0.00			2	717		A						
6	00	53150	00051370		1	167.75	0.00	167.75	0.00			2	717		A						
7	00	56150	00046277	150R TOOL	1	283.00	0.00	283.00	0.00			4	717		A						
8		54150	44220			205.75		205.75							4	WEEK				1 OF	NEXT PG
9																					
10																					
11																					
12																					
		TOTAL-SERVICE/PRODUCTS				1122.00 / 1337.75	0.00	1122.00 / 1337.75	0.00												

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES
MACHINE PROPERLY GROUNDED	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984900202		ILD005094230	9438100003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	S	L	S	I
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (0039)(ERG#128) 6.7LBS/GAL	1	DF	5	G	717	1			
b. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (0039)(ERG#128) 6.7LBS/GAL	9	DM	210	G	717			9	
c. 3017, 5@26.30									
d.									

I CERTIFY THAT MY TOT WASTE STREAMS ARE WITH ONE OF THE FOLLOW CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MO — INITIALS

GREATER THAN 2,200 LBS./MONT — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS, SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD000805911

STATE ID NO. 9438100003

PAYMENT RECEIVED, SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO

AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO. XXXXX

LDR MESSAGE LDR REQ'D

MANIFEST CODE	SEQ #
PP	571

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	1337
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1337

DO NOT WRITE IN THE AREA BELOW

00008920474
0000-20992-43 -7

Safety-Kleen Systems, Inc.
P.O. BOX 11393
COLUMBIA, SC 29211-1393

DUNS NO. 05-397-6551
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

5753

FEB 10 2000

3-9

SK SERVICE FACILITY:	TAX STATUS/NUMBER:	INVOICE DATE:	Invoice Number
SK ELGIN01, IL		02/08/2000	0011415940
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	
(847) 468-6510		N30	

SERVICE LOCATION:

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4200

20-293

ACCOUNT NUMBER:	SERVICE NUMBER:	LOCATION NUMBER:	SPECIAL BILLING CODE:
0000-2092-43	0000-2092-43	503401	

Department: *Department Name:*
Service Date: 02/04/2000 *Service Doc Number:* 0001524354 *PO Number:*
Release Number: *Transporter:* *Manifest Number:*

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 50 WITH 150 SOLVENT 000050150-000044219-0000000	60.5000 EA	0.00	60.50
1.0000	MDL 52 WITH 150 SOLVENT 000052150-000098971-0000000	126.5000 EA	0.00	126.50
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046236-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046269-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000046274-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 53 WITH 150 SOLVENT 000053150-000051370-0000000	176.2500 EA	0.00	176.25
1.0000	MDL 54 WITH 150 SOLVENT 000054150-000044220-0000000	216.0000 EA	0.00	216.00

COMMENTS:

safety-kleen®

Invoice Date 02/08/2000
Customer Name FLEXIBLE STEEL LACING CO

Account Number 0000-2092-43
Invoice Number 0011415940

ORIGINAL INVOICE

FEB 10 [illegible]

Department: Department Name:
Service Date: 02/04/2000 Service Doc Number: 0001524354 PO Number:
Release Number: Transporter: Manifest Number:

QUANTITY	DESC./REFERENCE NUMBER	PRICE PER	SALES TAX	ITEM TOTAL
1.0000	MDL 56 WITH 150 SOLVENT 000056150-000046277-0000000	297.2500 EA	0.00	297.25

INVOICE TOTAL: $1,405.25

Vendor # 5753		Ref
ACCT.	DEPT	AMOUNT
6304	1990	$1,405.25
Approved SB		Date 2-10-00

20-294

CUSTOMER NO. 0 0 0 0 - 2 0 9 2 - 4 3

847 468-6510 ED GUGLIELMI 04/04/00 00-05 27 0001524354

GENERATOR
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0217

BILL TO
20-295

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
A	3481.57	2143.32

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C
09	NO	NO	695	00

LOCATION	TAX EXEMPTION NO.
503401	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3/14/00	7983		630-971-0150	14-210-2052					.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CG	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
00	SC150	00044219	150R TOOL	1	60.50	0.00	60.50	0.00			1	217		B						
00	S2150	00098971		1	126.50	0.00	126.50	0.00			1	217		B						
00	S3150	00046238	150 R4342	1	176.25	0.00	176.25	0.00			2	217		B						
00	S3150	00046269	150 R4343	1	176.25	0.00	176.25	0.00			2	217		B						
00	S3150	00046274	150 R4984	1	176.25	0.00	176.25	0.00			2	217		B						
00	S3150	00051370		1	176.25	0.00	176.25	0.00			2	217		B						
00	S4150	00044220		1	216.00	0.00	216.00	0.00			2	217		4						
00	S6150	00046277	150R TOOL	1	297.25	0.00	297.25	0.00			4	217		8						

TOTAL-SERVICE/PRODUCTS	1405.25	0.00	1405.25	0.00

CHECK APPROPRIATE BOXES → MACHINE CONDITION & CLEANLINESS: GOOD ☐ POOR ☐ | 1 AMP ASSEMBLY CONDITION: ☐ ☐ | DECALS IN PLACE AND LEGIBLE: YES ☐ NO ☐ | FUSIBLE LINK INSTALLED: ☐ ☐ | EMERGENCY CLOSING OF LID UNOBSTRUCTED: ☐ ☐ | MACHINE PROPERLY GROUNDED: YES ☐ NO ☐ | LOCAL PHONE NO STICKER AFFIXED TO MACHINE: ☐ ☐ | SPENT SOLVENT MEETS ACCEPTANCE CRITERIA: ☐ ☒

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984976252		ILD005094720	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (DOT39)(ERG#128) 6.7LBS/GAL	0 DF	0	G	217
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (DOT39)(ERG#128) 6.7LBS/GAL	7 DF	246	G	217

1 30-28,28,28,28,30 2026

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS/MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD[illegible]5911

STATE ID NO. 0314[illegible]

PAYMENT RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR RLQ'D

MANIFEST CODE	SEQ #
PP	904

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: [signature] Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1405.25

DO NOT WRITE IN THE AREA BELOW

0001524354
[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter)

State Form LPC 62 8/81 IL532-0610

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No 2050-0035

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

Location if Different

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS:

A. Illinois Manifest Document Number: IL 7830798 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: (708) 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	T	02035	G	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

JAN 25 1999

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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

Printed/Typed Name: X BRIAN J. Dolezal | Signature: X | Date: Month Day Year 01 04 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: BRAD | Signature | Date: Month Day Year 01 04 99

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-139

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

Printed/Typed Name: M. NAUS | Signature | Date: Month Day Year 01 04 99

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989 Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~XXX WASTE MANIFEST

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

A. Illinois Manifest Document Number IL 7869521 FEE PAID IF APPLICABLE

3. Generator's Name and Mailing Address — Location If Different
APR 07 1994
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

B. Generator's IL ID Number 0 4 3 8 0 3 0 0 0 3

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL
D. Transporter's Phone (708) 354-4040

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

E. Transporter's ID Number
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number 0 3 1 1 2 6 0 0 0 1
H. Facility's Phone (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	TT	2000	G	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: BRIAN J DOLEZAL | Signature: [signature] | Date Month Day Year: 3 30 9[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK LORENZ | Signature: [signature] | Date Month Day Year: 3 30 9[illegible]

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

FACILITY

19. Discrepancy Indication Space
20-140

20. Facility Owner or Operator Certification of receipt of ~~hazardous~~ materials covered by this manifest except as noted in item 19.
Printed/Typed Name: M. DAVIS | Signature: M. Davis | Date Month Day Year: 03 30 9[illegible]

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address (Location if Different)
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 8457561 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 6 0 3 0 0 0 8

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: (708) 354-4040

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

E. Transporter's ID Number

F. Transporter's Phone (.)

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

JUN 09 1993

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	01980	G.	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 J. SUCHODA | Signature | Date: Month 06 Day 02 Year 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAN KAPPEL | Signature | Date: Month 06 Day 02 Year 99

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: M. DAVIS | Signature: M. Davis | Date: Month 06 Day 02 Year 99

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1, TSD MAIL TO GENERATOR

20-141

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 8457815 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	TT	2750	G	EPA HW Number X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

SEP 1999

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

SEP 1999

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

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GENERATOR

Printed/Typed Name	Signature	Date Month Day Year
JOHN HOMERDING	John Homerding	8 19 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
CECIL LORENZ	Cecil Lorenz	8 19 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-142

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
M. DAVIS	M. Davis	08/19/99

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1, TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

UNIFORM 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 | Location If Different

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 8488134 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address

BEAVER OIL CO., INC.,
6037 LENZI AVENUE
HODGKINS, IL 60525

DEC

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02500	G	EPA HW Number X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
JOHN HOMERDING	John Homerding	11/6/94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
READ		11/6/94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-143

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
M. DAVIS	M. Davis	11/16/94

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

MAR - 6 2000

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number: IL 8553546 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 8

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone (.)

9. Designated Facility Name and Site Address

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	T	02530	G	EPA HW Number X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
JOHN TOMERDING		02 28 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date Month Day Year
BRAD		02 28 00
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
M DAVIS	M. Davis	02 25 00

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-144

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is required by Federal law but is required by Illinois law

3. Generator's Name and Mailing Address (Location If Different)
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 8590844 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

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

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	TT	2800	G	EPA HW Number XXXXXX
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

JUN -7 2000

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 HOMERDING | Signature | Date: 5 25 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: DAVE LORENZ | Signature | Date: 5 25 00

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: JOHN HOMERDING CL | 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: M DAVIS | Signature: M. Davis | Date: 05 25 00

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-145

State Form LPC 62 8/81 IL532-0610 AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No 2050-0039

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 (Location If Different)
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 8591384 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

C. Transporter's ID Number: UPM309608IL

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

D. Transporter's Phone: 708 354-4040

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

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	TT	2200	G	EPA HW Number XXXXXX
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
J HOMERDING	John Homerding	7 20 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name: PAUL LORENZ	Signature	Date Month Day Year 7 20 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: M. DAUS	Signature: M. Daus	Date Month Day Year 07 20 00

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address (Location If Different)
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 9239910 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

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

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	T	2200	G	EPA HW Number X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

JUL - 6 2000

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
JOHN HOMERDING	John Homerding	10 26 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
DAVE LORENZ	Dave Lorenz	10 26 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-147

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
M. DAVIS	M Davis	10 26 00

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST XXXXXXXXXXXX

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

Location If Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number: IL 9279902 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: (708) 354-4040

E. Transporter's ID Number:

F. Transporter's Phone: (.)

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

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

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
JAN 06 2001
10. US EPA ID Number: ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	N	1500	G	EPA HW Number XXXXXX
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: P. JOHN HOMERDING | Signature: John Homerding | Date: 12 27 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: PAUL LORENZ | Signature: Paul Lorenz | Date: 12 27 00

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: M. DAVIS | Signature: M. Davis | Date: 12 27 00

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-148

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

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 (Location if Different)
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 9345237 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone (.)

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT 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. NOT D.O.T. REGULATED USED OIL/WATER	01	TF	2500	G	EPA HW Number X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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Printed/Typed Name	Signature	Date Month Day Year
JOHN HOMERDING	John Homerding	3 9 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
CHUCK LORENZ	Chuck Lorenz	3 9 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-149

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
M. DAVIS	M. Davis	03 07 01

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address (Location If Different)

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 9345601 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

C. Transporter's ID Number: UPM309608IL

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

D. Transporter's Phone: (708) 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone (.)

9. Designated Facility Name and Site Address

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	TT	2000	G	EPA HW Number: X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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Printed/Typed Name: JOHN HOMEROING | Signature | Date: Month 06 Day 13 Year 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CECIL LORENZ | Signature | Date: Month 06 Day 13 Year 01

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-150

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

Printed/Typed Name: D. KUBICKI | Signature | Date: Month 06 Day 13 Year 01

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

Location If Different

A. Illinois Manifest Document Number: IL 9546391 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 B 0 3 0 0 0 3

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

C. Transporter's ID Number: UPM309608IL

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

D. Transporter's Phone: 708 354-4040

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

F. Transporter's Phone ( )

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER			2000	G	EPA HW Number X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

AUG 29 2007

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 I economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and futu 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 be waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Date Month Day Yea
JOHN HOMERDING	John Homerding	8 4 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Yea
STEVE LORENZ	Steve Lorenz	8 4 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Yea

FACILITY

19. Discrepancy Indication Space
20-151

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 Ye
M. DAVIS	M. Davis	0 8 2 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number IL 9546331 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

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

F. Transporter's Phone ( )

G. Facility's IL ID Number

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.	001	TT	0210		EPA HW Number
b. TSD COPY NOT Received as of 10-17-01					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 10 1 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year 10 10 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20-152

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 | Date Month Day Year

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6 GENERATOR'S COPY

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

JAN 15 1997

ORIGINAL INVOICE

20-153

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		411223

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		01-07-97	01-08-97	01-23-97

SERVICE ADDRESS

1-23

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	58.75	.00	58.75
520-98971	MACHINE SERVICE	52150	1	EA	109.25	.00	109.25
530-51370	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
	INVOICE TOTAL						**320.25**

5753
ACCT. 6304 DEPT 3990 AMT 320.25
1/15/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847) 468-6510 ELGIN IL

BMP

IF YOU EVER HAVE AN ENVIRONMENTAL PROBLEM, A **BIG** HELP IS THE ONLY HELP THAT MATTERS. SAFETY-KLEEN'S SIMPLE IRONCLAD CERTIFICATE OF ASSURANCE AND INDEMNIFICATION PUTS OVER $1 BILLION BETWEEN YOU AND ANY POTENTIAL PROBLEM. ASK YOUR SAFETY-KLEEN REPRESENTATIVE TO PROVIDE YOU WITH YOUR CERTIFICATE OF ASSURANCE AND INDEMNIFICATION.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Elgin, Illinois 60123-7857

FOR SERVICE CALL

WARNS/OWEN

GENERATOR

[illegible]

BILL TO

20-154

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
A	1[illegible]7[illegible].75	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TAX EXEMPTION NUMBER

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
[illegible]	[illegible]		[illegible]	[illegible]					[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	[illegible]	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT.	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	[illegible]	MSI GIVE
[illegible]	14150	[illegible]	[illegible]	[illegible]	[illegible].75	[illegible]	[illegible].75	[illegible]			1	[illegible]		4							
[illegible]	[illegible]	[illegible]		1	[illegible]	[illegible]	[illegible]	[illegible]			1	[illegible]		[illegible]							
[illegible]	[illegible]	[illegible]		1	[illegible]	[illegible]	[illegible]	[illegible]			2	[illegible]		[illegible]							

TOTAL-SERVICE/PRODUCTS [illegible] | [illegible] | 320.25 | 0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH

INITIALS

220 LBS. TO 2,200 LBS./MONTH

INITIALS

GREATER THAN 2,200 LBS./MONTH

INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible]

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐

CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:

☐ TODAY'S SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO.

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

[illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

[illegible]

Print Customer Name

By:

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911

5-034-21-5032 27 (DESIGNATED FACILITY) 411223 1997-

MAN DOC: XXXXX

SS: 1500 VILLA STREET ELGIN, IL 60120

test/sales service number 411223 the generator noted below is shipping to you a waste determined t

under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposa

is form must be kept by the generator and facility for five (5) years from the date of waste shipment.

THE APPROPRIATE BOXES

WASTE NAME NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water
☐ Waste Petroleum Naphtha 105	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
☐ Waste Petroleum Naphtha 140	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
☐ Actrel Solvent (If customer specific TCLP is not available)	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
	D006	Cadmium	1.0 (non-waste water) MG/L
☐ Aqueous Parts Washer	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040 **	Trichloroethylene	6.0 (non-waste water) MG/KG
	D006	Cadmium ** D040 SEE ABOVE	1.0 (non-waste water) MG/L
☐ Aqueous Brake Cleaner	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/
14150						
52150						
53150						

20-155

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 1-7-97

** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD[illegible]

safety-kleen

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

FEB 17 1997

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		313941

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		02-03-97	02-04-97	02-19-97

SERVICE ADDRESS

20-156

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	58.75	.00	58.75
230-63170	MACHINE SERVICE	23150	1	EA	179.50	.00	179.50
500-44219	MACHINE SERVICE	50150	1	EA	52.25	.00	52.25
530-46236	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46269	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46274	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46278	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
540-44220	MACHINE SERVICE	54150	1	EA	198.00	.00	198.00
560-46277	MACHINE SERVICE	56150	1	EA	256.75	.00	256.75
	INVOICE TOTAL						1,354.25

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

IF YOU EVER HAVE AN ENVIRONMENTAL PROBLEM, A **BIG** HELP IS THE ONLY HELP THAT MATTERS. SAFETY-KLEEN'S SIMPLE IRONCLAD CERTIFICATE OF ASSURANCE AND INDEMNIFICATION PUTS OVER $1 BILLION BETWEEN YOU AND ANY POTENTIAL PROBLEM. ASK YOUR SAFETY-KLEEN REPRESENTATIVE TO PROVIDE YOU WITH YOUR CERTIFICATE OF ASSURANCE AND INDEMNIFICATION.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

1000 North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL

TRANSPORTER

BILL TO

20-157

CUSTOMER

CREDIT CODE	PREV. BALANCE	BAL. OVER 80 DAYS
A		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

TAX EXEMPTION NUMBER

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
1-2-07			630-471-0100							

PT	SERVICE/ PRODUCT		QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT.	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.		MSDS GIVEN

TOTAL-SERVICE/PRODUCTS					

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS PAYMENT CARD NO

CREDIT CARD NO

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: _____
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	

SERVICE AND SALES ACKNOWLEDGMENT

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. _____ (DESIGNATED FACILITY)

ADDRESS: _____

Under manifest/sales service number 615947 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

	WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐	Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
			Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐	Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐	Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐	Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐	Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐	Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/N)

20-158

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION)

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company _____ EPA ID NO.: _____

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

ORIGINAL INVOICE

3-19

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		285406

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		03-03-97	03-04-97	03-19-97

SERVICE ADDRESS

20-159

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

MAR 10 1997

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	58.75	.00	58.75
520-98971	MACHINE SERVICE 52150	1	EA	109.25	.00	109.25
530-51370	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
	INVOICE TOTAL					**320.25**

Vend. # 5753 Ref —

Acct.	DEPT	AMOUNT
6304	3490	320.25

Approved BAHP Date 3/4/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

IF YOU EVER HAVE AN ENVIRONMENTAL PROBLEM, A **BIG** HELP IS THE ONLY HELP THAT MATTERS. SAFETY-KLEEN'S SIMPLE IRONCLAD CERTIFICATE OF ASSURANCE AND INDEMNIFICATION PUTS OVER $1 BILLION BETWEEN YOU AND ANY POTENTIAL PROBLEM. ASK YOUR SAFETY-KLEEN REPRESENTATIVE TO PROVIDE YOU WITH YOUR CERTIFICATE OF ASSURANCE AND INDEMNIFICATION.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Elgin, Illinois 60123 7857

GENERATOR

BILL TO

20-160

CUSTOMER

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C

TAX EXEMPTION NUMBER

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

EPT	SERVICE/ PRODUCT		QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO	MSI GIV

TOTAL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)	12 CONTAINERS NO	12 CONTAINERS TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS TO 2,200 LBS /MONTH — INITIALS

GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

CHECK NUMBER

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	

SERVICE AND SALES ACKNOWLEDGMENT

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

APR 10 1997

ORIGINAL INVOICE

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		353260

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		04-01-97	04-03-97	04-18-97

SERVICE ADDRESS

20-161

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	58.75	.00	58.75
500-44219	MACHINE SERVICE 50150	1	EA	52.25	.00	52.25
530-46236	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
530-46269	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
530-46274	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
530-46278	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
540-44220	MACHINE SERVICE 54150	1	EA	198.00	.00	198.00
560-46277	MACHINE SERVICE 56150	1	EA	256.75	.00	256.75
	INVOICE TOTAL					**1,174.75**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Some of the things only Safety-Kleen can provide are the things you don't want to do without. Like our $1 billion CERTIFICATE OF ASSURANCE AND INDEMNIFICATION...a bigger choice of equipment, solvents and services...help with paperwork and labels...the ability to provide the same Safety-Kleen quality of service whether you have one location or multiple sites across the country...and our WE CARE Program that has helped many of our customers recover the cost of our services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Elgin, Illinois 60123 7857

847 468-6510 ED GUGLIELMI

DOC EXP 05/31/97

97-14 | 27 | 353200

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
A	120.22	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
50	000	00	000	001

TAX EXEMPTION NUMBER

CUSTOMER

5-01-1-01-3032-J
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4112

BILL TO

20-162

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4-197	8527		630-971-0150	14-216-2050						

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT # OF CONT	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	MSDS GIVEN
	14150	0006530	150 R	1	58.75	0.00	58.75	0.00			1	975		4						
	60152	0004421	150 R	1	52.25	0.00	52.25	0.00			1	975		4						
	31500	0004623	150 R	1	152.25	0.00	152.25	0.00			2	975		8						
	31500	0004529	150 R	1	152.25	0.00	152.25	0.00			2	975		8						
	31500	0004627	150 R	1	152.25	0.00	152.25	0.00			2	975		8						
	31500	0004627	150 R	1	152.25	0.00	152.25	0.00			2	975		8						
	41500	0004422		1	198.00	0.00	198.00	0.00			2	975		4						
	31500	0004627	150 R	1	250.75	0.00	250.75	0.00			9	975		8						

TOTAL-SERVICE/PRODUCTS		1174.75	0.00	1174.75	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☒	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	IL2964708252	IL0005062230	0538010003

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
NSTL COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 III (D039,D008,D018,D040)(ERG#128)0.75/GAL	1	DF	5	G	975
NSTL COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 III (D039,D008,D018,D040)(ERG#128)0.75/GAL	9	DM	~~55~~ 170	G	975 7017 1013

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
1500 VILLA STREET ELGIN, IL 60120

USA EPA ID NO. ILD000805011
STATE ID NO. 0211380011

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	525

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: _____
Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	.00
TOTAL DUE	1174.75

SERVICE AND SALES ACKNOWLEDGMENT

1.250

5-01-1-01-3032-J

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

MAY 05 1997

5-14

ORIGINAL INVOICE

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		803271

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		04-28-97	04-29-97	05-14-97

SERVICE ADDRESS

20-163

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	58.75	.00	58.75
520-98971	MACHINE SERVICE 52150	1	EA	109.25	.00	109.25
530-51370	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
	INVOICE TOTAL					**320.25**

Vendor #	5753	Ref	111-1
ACCT.	DEPT	AMOUNT	
6304	3990	320.25	
Approved	BAH	Date	5/5/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Some of the things only Safety-Kleen can provide are the things you don't want to do without. Like our $1 billion CERTIFICATE OF ASSURANCE AND INDEMNIFICATION...a bigger choice of equipment, solvents and services...help with paperwork and labels...the ability to provide the same Safety-Kleen quality of service whether you have one location or multiple sites across the country...and our WE CARE Program that has helped many of our customers recover the cost of our services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER ACCOUNT NO

BILL TO

20-164

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

TAX EXEMPTION NUMBER

CUSTOMER

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

PT	SERVICE/ PRODUCT		QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.		MSG GIVE

TOTAL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED		

	YES	NO
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER				

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH
INITIALS

220 LBS. TO 2,200 LBS./MONTH
INITIALS

GREATER THAN 2,200 LBS./MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	

SERVICE AND SALES ACKNOWLEDGMENT

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. _____ (DESIGNATED FACILITY)

ADDRESS: 150 VILLA STREET ELGIN IL 60120

Under manifest/sales service number _____ the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wate
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIA INCLUDED/ADDED? (
					20-165	

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION)

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company _____ EPA ID NO.: _____

safety-kleen®

ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

JUN 09 1997

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		783992

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		05-30-97	06-02-97	06-17-97

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	58.75	.00	58.75
500-44219	MACHINE SERVICE	50150	1	EA	52.25	.00	52.25
530-46236	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46269	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46274	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46278	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
540-44220	MACHINE SERVICE	54150	1	EA	198.00	.00	198.00
560-46277	MACHINE SERVICE	56150	1	EA	256.75	.00	256.75
	INVOICE TOTAL						**1,174.75**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Some of the things only Safety-Kleen can provide are the things you don't want to do without. Like our $1 billion CERTIFICATE OF ASSURANCE AND INDEMNIFICATION...a bigger choice of equipment, solvents and services...help with paperwork and labels...the ability to provide the same Safety-Kleen quality of service whether you have one location or multiple sites across the country...and our WE CARE Program that has helped many of our customers recover the cost of our services.

20-166

CUSTOMER ACCOUNT NO

BILL TO

20-167

CUSTOMER

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

TAX EXEMPTION NUMBER

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

SERVICE/ PRODUCT			QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.		MSDS GIVEN
TOTAL-SERVICE/PRODUCTS																				

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☑	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
	1		5		
	13		131		7017

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS TO 2,200 LBS /MONTH — INITIALS

GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

CHECK NUMBER

INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: _____
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

SERVICE AND SALES ACKNOWLEDGMENT

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-5032 27 783792 1997-1
MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number ~~783792~~ the generator noted below is shipping to you a waste determined to be restricted under ~~40 CFR~~ Part 268. In accordance with ~~40 CFR~~ Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's)≥1000 mg/l	Combustion (CMBST) or recovery (RORGS)(40 CFR 266.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040 **	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium ** D040 SEE ABOVE	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO:

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/
14150						
50150						
53150						
53150						
53150						
53150					20-168	
54150						
56150						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 5-3097 ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD005094230

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restriction

Safety-Kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. _____ (DESIGNATED FACILITY)

ADDRESS: _____

Under manifest/sales service number 3532160 the generator noted below is shipping to you a waste determ

be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land dis

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

	WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐	Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
			Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐	Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒	Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐	Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐	Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/K
☐	Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐	Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/K
		D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/K
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/K
		D040	Trichloroethylene	6.0 (non-waste water) MG/K
☐	Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste wate
		D018	Benzene	10 (non-waste water) MG/K

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MA INCLUDED/ADD
					20-169	

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 4-1-97

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company _____ EPA ID NO. _____

safety-kleen®

BOX 7800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

JUN 16 1997

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		440790

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		06-09-97	06-10-97	06-25-97

SERVICE ADDRESS

20-170

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
230-63170	MACHINE SERVICE 23150	1	EA	179.50	.00	179.50
	INVOICE TOTAL					**179.50**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Some of the things only Safety-Kleen can provide are the things you don't want to do without. Like our $1 billion CERTIFICATE OF ASSURANCE AND INDEMNIFICATION...a bigger choice of equipment, solvents and services...help with paperwork and labels...the ability to provide the same Safety-Kleen quality of service whether you have one location or multiple sites across the country...and our WE CARE Program that has helped many of our customers recover the cost of our services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER ACCOUNT NO.

[illegible]	-	[illegible]	[illegible]	4	-	0	1	-	[illegible]	[illegible]	3

[illegible] STEEL FABRICATORS CO
2525 [illegible] AVE
[illegible] [illegible] IL [illegible]-3717

BILL TO

ATTN: TERRY
SPINS

[illegible] 447 668-6510	[illegible] SUGLIELMI	12/02/97	07-24	17	4407-0		
CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS					
1							
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C			
[illegible]	17	ND	005	001			
TAX EXEMPTION NUMBER							

CUSTOMER

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12-9-97	8849		630-971-9150	14-21[illegible]-2052						.067

PT	SERVICE/ PRODUCT	TOTAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
2	23150	23053170	TOTAL BURNT	1	170.50	0.00	170.50	24.93			1	37[illegible]		18				20-171			
TOTAL-SERVICE/PRODUCTS					170.50	0.00	170.50	24.93													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	IL[illegible]	IL[illegible]	14[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
(111 (100)-200-300-3040)(FROM 2PG) - 7M/GAL

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
1	DM	15	G	[illegible]		1		

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

- 0 TO 220 LBS /MONTH — INITIALS
- 220 LBS TO 2,200 LBS /MONTH — INITIALS [illegible]
- GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 1500 VILLA STREET, ELGIN, IL 60120

USA EPA ID NO. IL[illegible]
STATE ID NO. 031[illegible]

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS
CHECK NUMBER

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
[illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

[illegible]
Print Customer Name

By: [illegible]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	50
TOTAL DUE	179[illegible]

440[illegible]

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT
PART 1266 (Rev. 2/97)

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILDOCO505211 (DESIGNATED FACILITY)

5-034-01-3032 E7 240790 1997-1

MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 240790. the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene ** DO NOT SEE ABOVE	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/N)
2150						
					20-172	

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 5/9/97 ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD000505230

safety-kleen®

ELGIN, IL 60121-7857

DUNS NO. 05106-0408
FED. ID NO. 39-6090019

JUL 02 1997

7-10

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		733119

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		06-24-97	06-25-97	07-10-97

SERVICE ADDRESS

20-173

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	58.75	.00	58.75
520-98971	MACHINE SERVICE 52150	1	EA	109.25	.00	109.25
530-51370	MACHINE SERVICE 53150	1	EA	152.25	.00	152.25
	INVOICE TOTAL					**320.25**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Some of the things only Safety-Kleen can provide are the things you don't want to do without. Like our $1 billion CERTIFICATE OF ASSURANCE AND INDEMNIFICATION...a bigger choice of equipment, solvents and services...help with paperwork and labels...the ability to provide the same Safety-Kleen quality of service whether you have one location or multiple sites across the country...and our WE CARE Program that has helped many of our customers recover the cost of our services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Elgin, Illinois 60123 7857

CUSTOMER NO.

3	-	0	2	4	-	1	-	1	0	3	2

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-1717

BILL TO

20-174

FOR SERVICE CALL	TRANSPORTER		SERVICE WEEK		
847 466-6516	LD SUBLETT	06/23/97	97-26	27	73315

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
A	174.75	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
04	000	001	512	001

TAX EXEMPTION NUMBER

CUSTOMER

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
6-24-97	7850		630-971-0150	14-210-2052						.1675

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	PLEASE RE-	MSDS GIVEN
S	141500	00655306	[illegible]	1	58.75	0.00	58.75	0.00			1	97[illegible]		4							☐
S	521500	00098971		1	179.25	0.00	179.25	0.00			1	97[illegible]		5							☐
S	531500	00051370		1	152.25	0.00	152.25	0.00			2	97[illegible]		3							☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
TOTAL-SERVICE/PRODUCTS					320.25	0.00	320.25	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☑	☐	DECALS IN PLACE AND LEGIBLE	☑	☐	MACHINE PROPERLY GROUNDED	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐	FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
			EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
01	DM	0004	G	[illegible]		1		
02	DM	0004	G	[illegible]			2	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

17.25

DESIGNATED FACILITY NAME AND ADDRESS: [illegible] 1500 WILL STREET ELGIN, IL [illegible]

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

SERVICE AND SALES ACKNOWLEDGMENT

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

LDR NOTE

MANIFEST CODE	SEQ #
PT	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

ROWNIE NELSON

Print Customer Name

By: [signature] Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	320.25
WASTE MIN. (FROM ABOVE)	—
TOTAL DUE	320.25

PART 1266 (Rev. 6/97)

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000305811 (DESIGNATED FACILITY)

5-034-01-5032 07 733119 1997
MAN DOC XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 733119 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ☑ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040 **	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene ** D040 SEE ABOVE	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO:

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIA INCLUDED/ADDED? (Y
14150						
52150						
03150						
					20-175	

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 06-20-97

** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

These treatment standards do not preclude reclamation prior to final disposition.

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD005094230

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

JUL 21 1997

ORIGINAL INVOICE

7-25

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		M29946

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		07-09-97	07-10-97	07-25-97

SERVICE ADDRESS

20-176

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
540-44220	MACHINE SERVICE 54150	1	EA	186.75	.00	186.75
	INVOICE TOTAL					186.75

Vendor #	5753	Ref	
ACCT.	DEPT	AMOUNT	
630 H	3990	186.75	
Approved	BAHP	Date	7/21/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847) 468-6510 ELGIN IL

Some of the things only Safety-Kleen can provide are the things you don't want to do without. Like our $1 billion CERTIFICATE OF ASSURANCE AND INDEMNIFICATION...a bigger choice of equipment, solvents and services...help with paperwork and labels...the ability to provide the same Safety-Kleen quality of service whether you have one location or multiple sites across the country...and our WE CARE Program that has helped many of our customers recover the cost of our services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

Elgin, Illinois 60123-7857

D-U-N-S 05106-0408 FED. ID NO. 39-6090019

M 69946

20-177

CUSTOMER GENERATOR

IL-034-01-3220

CUSTOMER NUMBER

NAME

ADDRESS

CITY/STATE ZIP

BILL TO

CUSTOMER NUMBER

NAME

ADDRESS

CITY/STATE ZIP

SIC CODE

SERVICE DATE	SALES REP. NO.	CUSTOMER P.O. NUMBER	TAX EXEMPTION NUMBER	SERV. TAX %	C.O.M.S. TAX %	PROD. TAX %	SVC. P/C	PROD. P/C
7 4 97								

(P)	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT CLEAN	SOLVENT SPENT	SOLVENT TOP CONT.	SOLVENT SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSI GIVI
	50	41220		1	186.75		186.75							8	4						
	TOTAL-SERVICE/PRODUCTS						186.75														

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☒	☐	DECALS IN PLACE AND LEGIBLE	☒	☐	MACHINE PROPERLY GROUNDED	☒	☐
			FUSIBLE LINK INSTALLED	☒	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☒	☐
LAMP ASSEMBLY CONDITION	☒	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☒	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☒	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
	ILD984908202		

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)		12. CONTAINERS NO.	12. CONTAINERS TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5	16	30	55
Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (D001, D006, D008, D018, D027, D039, D040) (ERG #128)	SSPW AND/OR 16 GAL. DRUMS					10082				
RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (D001, D006, D008, D018, D027, D039, D040) (ERG #128)	30 GAL. DRUMS					10083				
Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8,NA1760 PGIII (D008, D008, D018, D027, D039, D040) (ERG #154)	PRODUCT NO. 899					950				
Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) /NA1993 PGIII (.D008, D018, D039, D040) (ERG #128)	PREMIUM SOLVENT	01	DM	00025	G	975			1	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY KLEEN CORP.

1500 VILLA STREET ELGIN IL 60120

USA EPA ID NO. ILD000805911

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ TOTAL RECEIVED APPLY PAYMENT TO:

CHECK NUMBER ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT → CARD NO.

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation accordingly to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	186.75

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

CUSTOMER'S COPY

PART NO. 12200 12/97

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-7812 26 [redacted] 1997-2
MAN DOC: XXXX M69946

ADDRESS: 1500 VILLA STREET ELGIN IL 60120 07/30/97

Under manifest/sales service number [redacted] M 69946 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040 **	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene ** D040 SEE ABOVE	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/N)
[redacted]						
[redacted]						
[redacted] 40152440						

20-178

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [redacted] FLEXIBLE STEEL LACING EPA ID NO.: ILD 605094230

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restriction

safety-kleen®

ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

AUG 0 4 1997

8-8

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		538235

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		07-23-97	07-24-97	08-08-97

20-179

Vendor # 5253 SERVICE ADDRESS Ref 111

ACCT.	DEPT	AMOUNT
6304	3990	976.75

Approved SM Date 8/4

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	-1	EA	58.75	.00	58.75
500-44219	MACHINE SERVICE	50150	1	EA	52.25	.00	52.25
530-46236	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46269	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46274	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
530-46278	MACHINE SERVICE	53150	1	EA	152.25	.00	152.25
560-46277	MACHINE SERVICE	56150	1	EA	256.75	.00	256.75
	INVOICE TOTAL						**976.75**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Stop collecting MSDS and start saving time and money. Eliminate the paperwork burden. There's no computer hardware to maintain or software to learn. Say goodbye to binders, missing data sheets and data entry. Now you can have total access to the largest, most complete MSDS library in North America. For more information or pricing call 1-800-834-2735. 3E Company/Safety-Kleen. Your alliance for Compliance.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO

2	-	3	2	6	-	1	6	-	5	3	3	2

GENERATOR

BILL TO

20-180

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

TAX EXEMPTION NUMBER

CUSTOMER

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
7/23/97										

EPT	SERVICE/ PRODUCT			QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)		CHANGE BCH DATE (YY WW)	INV. CODE	PROMO NO.		MSDS GIVEN
				1																	
				1																	
				1																	
				1																	
				1																	
				1																	
				1												Skip					
	TOTAL-SERVICE/PRODUCTS				1174.25	0.00	1174.25	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
	1		3			1			
	6		162				6		

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH	INITIALS
220 LBS. TO 2,200 LBS./MONTH	INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | EXP. DATE | AMEX VISA MC

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	1174.25

SERVICE AND SALES ACKNOWLEDGMENT

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

ORIGINAL INVOICE

AUG 11 1997

8-15

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		P22913

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		07-29-97	07-31-97	08-15-97

SERVICE ADDRESS

20-181

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
0010024	FEE,DEL/SU 53/4 COMS	1	$$	40.00	.00	40.00
0010023	FEE,DEL/SU 51/2 COMS	1	$$	25.00	.00	25.00
520-22914	MACHINE SERVICE 52810	1	EA	112.25	.00	112.25
540-22913	MACHINE SERVICE 54810	1	EA	202.75	.00	202.75
	INVOICE TOTAL					**380.00**

Vendor #	5753	Ref	111
ACCT.	DEPT	AMOUNT	
6304	3990	380.00	
Approved	BAL-P	Date	8/12/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847) 468-6510 ELGIN

Stop collecting MSDS and start saving time and money. Eliminate the paperwork burden. There's no computer hardware to maintain or software to learn. Say goodbye to binders, missing data sheets and data entry. Now you can have total access to the largest, most complete MSDS library in North America. For more information or pricing call 1-800-834-2735. 3E Company/Safety-Kleen. Your alliance for Compliance.

safety-kleen.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805811 (DESIGNATED FACILITY)

5-634-01-5022 27 [illegible]
NAN DOC XXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 53235 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIALS INCLUDED/ADDED? (Y/N)
[illegible]						
[illegible]						
[illegible]						
[illegible]						
[illegible]						
[illegible]						
[illegible]					20-182	

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 1-23-97 ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] LACING CO EPA ID NO.: [illegible]

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

SEP 02 1997

5753

ORIGINAL INVOICE

94

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		313605

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		08-19-97	08-20-97	09-04-97

SERVICE ADDRESS

20-183

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	61.75	.00	61.75
520-98971	MACHINE SERVICE 52150	1	EA	114.75	.00	114.75
530-51370	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
	INVOICE TOTAL					**336.25**

Vendor #		Ref
	5753	111
ACCT.	DEPT	AMOUNT
6304	3990	336.25
Approved BAHP		Date 9/4/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Stop collecting MSDS and start saving time and money. Eliminate the paperwork burden. There's no computer hardware to maintain or software to learn. Say goodbye to binders, missing data sheets and data entry. Now you can have total access to the largest, most complete MSDS library in North America. For more information or pricing call 1-800-834-2735. 3E Company/Safety-Kleen. Your alliance for Compliance.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO.

BILL TO

20-184

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

TAX EXEMPTION NUMBER

CUSTOMER

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

SERVICE/PRODUCT			QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.		MSDS GIVEN
														8	41				☐
50/50			1	N/C		N/C					9775								☐
76/50																			☐

TOTAL-SERVICE/PRODUCTS — TOTAL CHARGE: N/C

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER		
	002		000 50				2

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH ______ INITIALS

220 LBS. TO 2,200 LBS./MONTH RN INITIALS

GREATER THAN 2,200 LBS./MONTH ______ INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

HEREIN RECEIVED SECTION

CASH ☐ CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO. →

CREDIT CARD NO. — AMEX / VISA / MC — EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Ronnie Nelson

Print Customer Name

By: [signature]

Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	N/C

SERVICE AND SALES ACKNOWLEDGMENT

PART 1366 (Rev. 5/97)

CUSTOMER NO.

[illegible]	[illegible]	[illegible]	[illegible]	4	-	[illegible]	1	-	5	[illegible]	[illegible]	[illegible]

247 4L[illegible]-6510	A[illegible] [illegible]	[illegible]	[illegible]-24	[illegible]	[illegible]

GENERATOR

FL[illegible] STEEL LACING CO
[illegible]
[illegible]

BILL TO

20-185

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
[illegible]	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TAX EXEMPTION NUMBER

CUSTOMER

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
			[illegible]-471-[illegible]	14-[illegible]						[illegible]

DEPT	SERVICE/ PRODUCT	[illegible] NUMBER	[illegible]	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	[illegible]	MSDS GIVEN
[illegible]	14150	[illegible]	[illegible]	1	[illegible]	0.00	[illegible]	[illegible]			[illegible]	[illegible]		4						☐
[illegible]	31150	[illegible]		1	124.[illegible]	0.00	124.[illegible]	0.00			1	[illegible]								☐
[illegible]	31150	[illegible]		1	157.75	0.00	157.75	[illegible]			[illegible]	[illegible]								☐

TOTAL-SERVICE/PRODUCTS		[illegible]	0.00	336.25	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☒	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☒	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☒	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER			
WASTE COMBUSTIBLE LIQUID, N.O.S. ([illegible] NAPHTHA) [illegible] III ([illegible],[illegible],[illegible],[illegible])([illegible]).TW/GAL	001		00004	[illegible]		1		
WASTE COMBUSTIBLE LIQUID, N.O.S. ([illegible] NAPHTHA) [illegible] III ([illegible],[illegible],[illegible],[illegible])([illegible]).TW/GAL	003		00056			1	2	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH
INITIALS

220 LBS. TO 2,200 LBS./MONTH
KN
INITIALS

GREATER THAN 2,200 LBS./MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible]
1500 VILLA STREET [illegible] ELGIN, IL [illegible]

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
LDR [illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

X Ronnie Nelson
Print Customer Name

By: [signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	336.25

SERVICE AND SALES ACKNOWLEDGMENT

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-5032 2/ 694725
MAN DOC: XXXXX

8/19/97

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 694725 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
✓ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIA INCLUDED/ADDED? (Y
5415J						

20-186

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD005094230

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-5032 27 31360S 19[illegible]
MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120 8/19/97

Under manifest/sales service number 31360S the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/N)
14150						
52150						
60150						

20-187

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD005074220

safety-kleen®

ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

9-25

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		635441

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		09-04-97	09-05-97	09-20-97

SERVICE ADDRESS

20-188

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
540-44220	MACHINE SERVICE 54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL					**196.00**

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	3990	196 -
Approved BA148		Date 9/16/97

SEP 19 1997

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847) 468-6510 ELGIN IL

Stop collecting MSDS and start saving time and money. Eliminate the paperwork burden. There's no computer hardware to maintain or software to learn. Say goodbye to binders, missing data sheets and data entry. Now you can have total access to the largest, most complete MSDS library in North America. For more information or pricing call 1-800-834-2735. 3E Company/Safety-Kleen. Your alliance for Compliance.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO.

[illegible]

CREDIT CODE	PREV. BALANCE	BAL. OVER 60 DAYS
[illegible]	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TAX EXEMPTION NUMBER

GENERATOR: [illegible]

BILL TO

20-189

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9/11/97	0369		[illegible]	[illegible]					[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	[illegible]	MSD GIVE
[illegible]	[illegible]	[illegible]	[illegible] W3926 TOOL MACH. AREA		[illegible]	[illegible]	[illegible]	[illegible]				[illegible]		[illegible]		[illegible]	[illegible]			[illegible]	

TOTAL-SERVICE/PRODUCTS [illegible]

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. [illegible] 8 [illegible] 27

12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER				
002		00030				1	1	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — [illegible] — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible]

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

PAYMENT REGIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE [illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL [illegible]

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

X Henry Kiedschen II

Print Customer Name

By: X Henry Kiedschen II

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	196

SERVICE AND SALES ACKNOWLEDGMENT

Safety-Kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000305911 (DESIGNATED FACILITY)

5-034-01-5032 27 MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 63544.1 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's)≥1000 mg/l	Combustion (CMBST) or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIALS INCLUDED/ADDED? (Y/N)
54150						
				20-190		

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] EPA ID NO.: [illegible]

safety-kleen®
BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

SEP 29 1997

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		242476

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		09-18-97	09-19-97	10-04-97

SERVICE ADDRESS

20-191

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	61.75	.00	61.75
500-44219	MACHINE SERVICE 50150	1	EA	54.75	.00	54.75
530-46236	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
530-46269	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
530-46274	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
560-46277	MACHINE SERVICE 56150	1	EA	269.50	.00	269.50
	INVOICE TOTAL					**865.25**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Stop collecting MSDS and start saving time and money. Eliminate the paperwork burden. There's no computer hardware to maintain or software to learn. Say goodbye to binders, missing data sheets and data entry. Now you can have total access to the largest, most complete MSDS library in North America. For more information or pricing call 1-800-834-2735. 3E Company/Safety-Kleen. Your alliance for Compliance.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

safety-kleen.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. [illegible]

9-034-01-5032 27 (DESIGNATED FACILITY)

MAN 005 XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 601. 9/12/97

Under manifest/sales service number 24247 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO:

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIALS INCLUDED/ADDED? (Y/N)
[illegible]						
[illegible]						
[illegible]						
[illegible]						
[illegible]						
[illegible]						
[illegible]						
					20-192	

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) [illegible] SIGNATURE REQUIRED

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] EPA ID NO.: [illegible]

CUSTOMER NO

BILL TO

20-193

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9/18/97	02									

LPI	SERVICE/ PRODUCT	SERIAL NUMBER		QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.		MSDS GIVEN

TOTAL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER					
001		025004			1				
005		005015						S	

27,27,17,22,22

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS TO 2,200 LBS /MONTH — INITIALS

GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

SERVICE AND SALES ACKNOWLEDGMENT

safety-kleen®

ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED ID NO. 39-6090019

ORIGINAL INVOICE

OCT 23 1997

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		178078

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		10-15-97	10-16-97	10-31-97

SERVICE ADDRESS

20-194

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
0010082	WASTE MIN. CREDIT	1	EA	27.75-	.00	27.75-
230-63170	MACHINE SERVICE 23150	1	EA	185.00	.00	185.00
520-98971	MACHINE SERVICE 52150	1	EA	114.75	.00	114.75
530-51370	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE 54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL					**627.75**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen is a proud sponsor of America Recycles Day on November 15th. America Recycles Day is a nationwide event that will feature the public's use of recycled products. As one of the nation's largest recyclers of contaminated waste, Safety-Kleen would like to encourage the use of "America's Choice" re-refined oil. You can find this quality oil at all Wal-Marts. Look for the "We Care" logo at the businesses that recycle everyday using Safety-Kleen's services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO

[illegible]

[illegible] STEEL LACING CO
[illegible] WISCONSIN AVE
[illegible]

BILL TO

20-195

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
[illegible]/5/97	0364		[illegible]	[illegible]					[illegible]

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]	8		[illegible]				☐
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	3	0	[illegible]	[illegible]		[illegible]							☐
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]							☐
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]							☐
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]							☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
																					☐

TOTAL-SERVICE/PRODUCTS [illegible] [illegible] ~~[illegible]~~ 655.50 [illegible]

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

[illegible]

[illegible]

28, 29, 22, 12

12 CONTAINERS NO	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER				
8	[illegible]	8	[illegible]	[illegible]				
[illegible]	[illegible]	[illegible]	[illegible]			1	5	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — [illegible] INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible]

[illegible] WILKA STREET [illegible]

USA EPA ID NO. [illegible]

STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

CHECK NUMBER

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

[illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

X [illegible]

Print Customer Name

By: X [illegible]

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	655.50
WASTE MIN. (FROM ABOVE)	27.75
TOTAL DUE	627.75

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

PART 1366 (Rev. 8/97)

Safety-Kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

3-034-01-5032 2Y 178078 1997-
MAN DOC XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120 10,

Under manifest/sales service number 178078 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/N)
1150						
1150						
1150						
1150						
1150						

20-196

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD005094830

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restriction

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

NOV 24 1997

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		211078

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		11-15-97	11-17-97	12-02-97

SERVICE ADDRESS

20-197

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
500-44219	MACHINE SERVICE	50150	1	EA	54.75	.00	54.75
530-46236	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46269	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46274	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
560-46277	MACHINE SERVICE	56150	1	EA	269.50	.00	269.50
	INVOICE TOTAL						**999.50**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen is a proud sponsor of America Recycles Day on November 15th. America Recycles Day is a nationwide event that will feature the public's use of recycled products. As one of the nation's largest recyclers of contaminated waste, Safety-Kleen would like to encourage the use of "America's Choice" re-refined oil. You can find this quality oil at all Goodyears and Wal-Marts. Look for the "We Care" logo at the businesses that recycle everyday using Safety-Kleen's services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO

GENERATOR

BILL TO

20-198

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/15/07	2069									

PT	SERVICE/ PRODUCT	MATERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.		MSDS GIVEN
																					☐
																					☐
																					☐
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																					☐
																					☐
																					☐
																					☐
																					☐
																					☐

TOTAL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
06		1013					6	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Customer's Authorized Representative

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	191.50

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

PART 1366 (Rev. 8/07)

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000803911

Bob Skelton

5-034-01-5038 27 (DESIGNATED FACILITY) 21073 1997

MAN DOC XXXXX

11/5/97

ADDRESS: 1920 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 21073 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wate
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATER INCLUDED/ADDED?
5015						
5315						
5315						
1315						
5215						
5215						

20-199

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company FLEXIBLE STEEL LACING CO EPA ID NO.: ILD005094230

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restriction

safety-kleen®
BOX 7800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5753

ORIGINAL INVOICE

12-24

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		023380

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		12-08-97	12-09-97	12-24-97

SERVICE ADDRESS

20-200

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
520-98971	MACHINE SERVICE	52150	1	EA	114.75	.00	114.75
530-46274	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-51370	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL						**692.00**

Vendor # 5753 Ref

ACCT.	DEPT	AMOUNT
6304	3990	692.00

Approved PAWR Date 2/16/97

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen is a proud sponsor of America Recycles Day on November 15th. America Recycles Day is a nationwide event that will feature the public's use of recycled products. As one of the nation's largest recyclers of contaminated waste, Safety-Kleen would like to encourage the use of "America's Choice" re-refined oil. You can find this quality oil at all Goodyears and Wal-Marts. Look for the "We Care" logo at the businesses that recycle everyday using Safety-Kleen's services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

BILL TO

20-201

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
2/08/17	03607									

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)		CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	LABEL NO.	MSDS GIVEN
													4							☐
																				☐
																				☐
													4							☐
5315D				159.75																☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
TOTAL-SERVICE/PRODUCTS																				

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) WASTE					
III [illegible]	021		80064		
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) WASTE					
III [illegible]	025		80108		
9,23,17,2625					

1 CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES	
0 TO 220 LBS./MONTH	INITIALS
220 LBS. TO 2,200 LBS./MONTH	INITIALS
GREATER THAN 2,200 LBS./MONTH	INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

RECEIVED SECTION

CASH ☐ | CHECK NUMBER | TOTAL RECEIVED | APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

X RONNIE NIXON
Print Customer Name

X
By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	692.00

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

PART 1366 (Rev. 11/97)

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. _____ (DESIGNATED FACILITY)

ADDRESS: _____

Under manifest/sales service number _____ the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIA INCLUDED/ADDED? (Y

20-202

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION)

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company _____ EPA ID NO.: _____

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restriction

ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 36-6090019

safety-kleen®

5 1

ORIGINAL INVOICE

1-23

JAN 15 1998

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		081077

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		01-07-98	~~01-08-98~~	01-23-98

Vendor # 5753

SERVICE ADDRESS

Ref —

ACCT.	DEPT	AMOUNT
6304	3990	1061.25

Approved BJ/KM Date 1/15

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	61.75	.00	61.75
500-44219	MACHINE SERVICE 50150	1	EA	54.75	.00	54.75
530-46236	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
530-46269	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
530-46274	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE 54150	1	EA	196.00	.00	196.00
560-46277	MACHINE SERVICE 56150	1	EA	269.50	.00	269.50
	INVOICE TOTAL					**1,061.25**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

Safety-Kleen is a proud sponsor of America Recycles Day on November 15th. America Recycles Day is a nationwide event that will feature the public's use of recycled products. As one of the nation's largest recyclers of contaminated waste, Safety-Kleen would like to encourage the use of "America's Choice" re-refined oil. You can find this quality oil at all Goodyears and Wal-Marts. Look for the "We Care" logo at the businesses that recycle everyday using Safety-Kleen's services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

20-203

CUSTOMER NO.

CUSTOMER GENERATOR

BILL TO

20-204

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 D/

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PRO

LOCATION	TAX EXEMPTION NO

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/7/96										

	DEPT	SERVICE/ PRODUCT			QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
	TOTAL-SERVICE/PRODUCTS																			

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS		
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE		
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO.	12 CONTAINERS TYPE	13 TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
A.										
B.										
C.										
D.										

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO.

AMEX VISA MC

EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

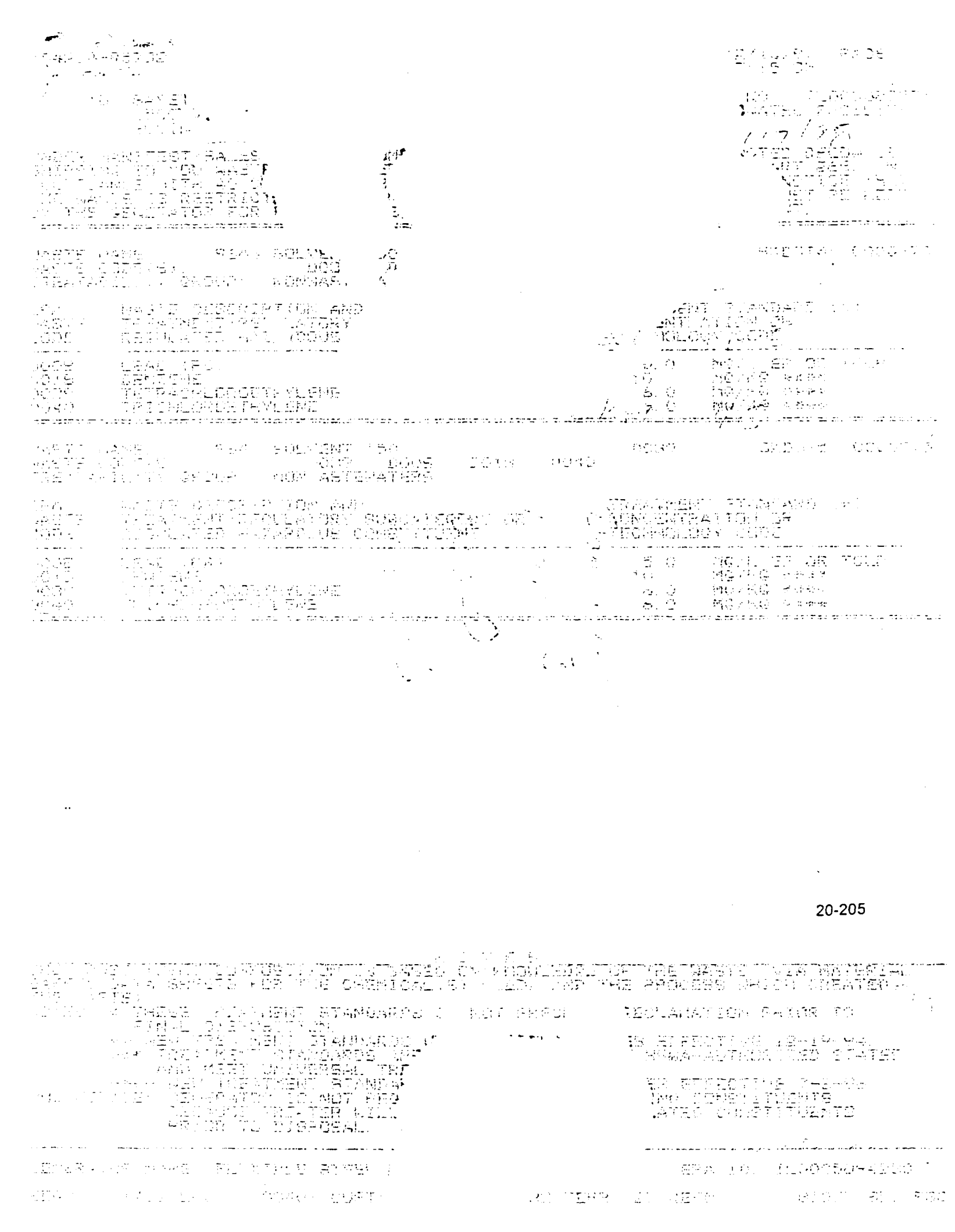
"This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW



safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

5'15-

FEB 12 1998

ORIGINAL INVOICE

2-2

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		148156

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		02-05-98	02-06-98	02-21-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
520-98971	MACHINE SERVICE	52150	1	EA	114.75	.00	114.75
530-51370	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL						**532.25**

Vendor #	5753	Ref	
ACCT.	DEPT		AMOUNT
6304	3990		532.25
Approved		Date	
IL BAHP		2/12	

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847) 468-6510 ELGIN IL

Safety-Kleen is a proud sponsor of America Recycles Day on November 15th. America Recycles Day is a nationwide event that will feature the public's use of recycled products. As one of the nation's largest recyclers of contaminated waste, Safety-Kleen would like to encourage the use of "America's Choice" re-refined oil. You can find this quality oil at all Goodyears and Wal-Marts. Look for the "We Care" logo at the businesses that recycle everyday using Safety-Kleen's services.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO

3	-	[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]	-	[illegible]	[illegible]	[illegible]

FLEXIBLE STEEL LACING CO
2565 WISCONSIN AVE
DOWNERS GROVE IL 60515-3767

BILL TO

20-207

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	40	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5/5/98	0369		[illegible]	[illegible]						[illegible]

PT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	INITIAL	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
[illegible]	64150	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]			1	[illegible]		4							☐
[illegible]	52150	[illegible]		1	[illegible]	[illegible]	[illegible]	[illegible]			1	[illegible]		4							☐
[illegible]	53150	[illegible]		1	[illegible]	[illegible]	[illegible]	[illegible]			3	[illegible]		4							☐
[illegible]	54150	[illegible]		1	[illegible]	[illegible]	[illegible]	[illegible]			3	[illegible]		4							☐
																					☐
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																					☐
																					☐
																					☐
																					☐
																					☐
																					☐
TOTAL-SERVICE/PRODUCTS					[illegible]	[illegible]	[illegible]	[illegible]													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXX	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
02	[illegible]	00004	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]
005	[illegible]	00084	[illegible]	[illegible]	[illegible]	1	4	[illegible]

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) [illegible]
(D001,D002,D018,D043)(ERG#128)6.7#/GAL

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) [illegible]
(D001,D002,D018,D043)(ERG#128)6.7#/GAL

17,17,17,247

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS /MONTH — INITIALS

220 LBS. TO 2,200 LBS /MONTH — INITIALS

GREATER THAN 2,200 LBS /MONTH — INITIALS

DESIGNATED/FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3500 VILLA STREET ELGIN, IL [illegible]

USA EPA ID NO. [illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE
[illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	$32.25

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

2/5/98

UNDER MANIFEST/SALES SERVICE NUMBER 148156) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

20-208

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 1212 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 148156 SW: 980

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

safety-kleen®
BOX 1800
ELGIN, IL 60121-7857
DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

3-

FEB 26 1998

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		055245

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		02-19-98	02-20-98	03-07-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
230-63170	MACHINE SERVICE 23150	1	EA	185.00	.00	185.00
	INVOICE TOTAL					**185.00**

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	3990	185—
Approved BAHP		Date BAHP

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

What does "Best People" mean? Ask your Rep to explain our Advanced Certification Training and to tell you how the entire Safety-Kleen Team works for you. Our "behind the scenes" experts ensure that your waste is handled in total compliance with all Federal, State and local regulations.

CUSTOMER NO

J	-	O	[illegible]	4	-	[illegible]	6	-	5		3	8

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-2787

BILL TO

20-210

847 458-5537	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
3		

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
2/17/99	0369		[illegible]	[illegible]						[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SOL DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]		[illegible]			[illegible]	[illegible]		
TOTAL-SERVICE/PRODUCTS					[illegible]	[illegible]	[illegible]	[illegible]												

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

[illegible] COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 (111 (1000,2000,3000,3000)(SOLVENT)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
01	[illegible]	00012	G	[illegible]

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible]
1500 VILLA STREET [illegible] IL [illegible]

USA EPA ID NO. [illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE
[illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

X John Doss
Print Customer Name

By: [signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	[illegible]

DO NOT WRITE IN THE AREA BELOW

[illegible]

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

CUSTOMER COPY

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

MAR 16 1998

5753 3

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		776912

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		03-06-98	03-09-98	03-24-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
500-44219	MACHINE SERVICE	50150	1	EA	54.75	.00	54.75
530-46236	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46269	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46274	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
560-46277	MACHINE SERVICE	56150	1	EA	269.50	.00	269.50
	INVOICE TOTAL						1,061.25

Vendor # 5753		Ref	-
ACCT.	DEPT	AMOUNT	
6304	3990		1,061.25
Approved BAHP		Date 3/18/98	

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

What does "Best People" mean? Ask your Rep to explain our Advanced Certification Training and to tell you how the entire Safety-Kleen Team works for you. Our "behind the scenes" experts ensure that your waste is handled in total compliance with all Federal, State and local regulations.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

CUSTOMER NO.

BILL TO

20-212

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

INVOICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.		MSDS GIVEN
OTAL-SERVICE/PRODUCTS																			

CHECK APPROPRIATE BOXES →

	OOOO	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐

	YES	NO
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	CONTAINERS TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
001	DF	000004	G	
007	DF	000161	G	

7, 27, 25, 26, 28, 24, 27

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS /MONTH — INITIALS
- 220 LBS TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

USA EPA ID NO

STATE ID NO.

RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

VIOUS DIT → D NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

TOMER REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	1061.25

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev 11/97)

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD0008059
(DESIGNATED FACILITY)

3/6/98

UNDER MANIFEST/SALES SERVICE NUMBER (776912) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU ~~WASTE~~ DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
D008	LEAD (PB)	5.0	MG/L EP OR TCLP
D018	BENZENE	10	MG/KG ****
D039	TETRACHLOROETHYLENE	6.0	MG/KG ****
D040	TRICHLOROETHYLENE	6.0	MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
D008	LEAD (PB)	5.0	MG/L EP OR TCLP
D018	BENZENE	10	MG/KG ****
D039	TETRACHLOROETHYLENE	6.0	MG/KG ****
D040	TRICHLOROETHYLENE	6.0	MG/KG ****

20-213

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SEQ#: 2574 LOC: 503401 CUST: 5-034-01-5032 TERR: 27 REF#: 776912 SW: 98

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

APR 0 [illegible] 5753

4-1

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		805862

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		04-01-98	04-02-98	04-17-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE 14150	1	EA	61.75	.00	61.75
520-98971	MACHINE SERVICE 52150	1	EA	114.75	.00	114.75
530-51370	MACHINE SERVICE 53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE 54150	1	EA	196.00	.00	196.00
	INVOICE TOTAL					**532.25**

Vendor # 5753		Ref —
ACCT.	DEPT	AMOUNT
6304	3990	532.25
Approved		Date

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

BATH 4/8/98

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PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

RETURN THIS PORTION WITH PAYMENT TO: P.O. BOX 1800 ELGIN IL 60121-7857

BOX 1800
ELGIN, IL 60121

safety-kleen®

ACCOUNT NUMBER	INVOICE NUMBER	SERVICE DATE	INVOICE DATE	BILL TO
5-034-01-5032-3	805862	04-01-98	04-02-98	

805862 50340150323005322500000O

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

20-214

AMOUNT DUE
532.25

CUSTOMER NO.

GENERATOR

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
[illegible]

BILL TO

20-215

APR 02 [illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
A	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4/1/95	0369		[illegible]	[illegible]						[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SOLVENT/DRUMS SPENT	SOLVENT/DRUMS # OF CONT	SOLVENT/DRUMS SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO.	P.O. No.
[illegible]	1415	[illegible]	[illegible]	1	61.75	[illegible]	61.75	[illegible]			[illegible]	[illegible]		4						
[illegible]	3212	[illegible]		[illegible]	114.75	[illegible]	114.75	[illegible]			[illegible]	[illegible]		4						
[illegible]	2785	[illegible]		1	159.75	[illegible]	159.75	[illegible]			[illegible]	[illegible]		4						
[illegible]	41150	[illegible]		1	196.00	[illegible]	196.00	[illegible]			[illegible]	[illegible]		4						

TOTAL-SERVICE/PRODUCTS		532.25	0.00	532.25	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
[illegible]	[illegible]	[illegible]	[illegible]

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO	12 CONTAINERS TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001,D018,D035,D040)(ERG#128) 6.70/GAL	[illegible]	DF		[illegible]	[illegible]
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII [illegible] 6.70/GAL	203	DM	00681	[illegible]	[illegible]

25,128.28

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS./MONTH — INITIALS
- 220 LBS. TO 2,200 LBS./MONTH — INITIALS
- GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS [illegible]
1300 VILIA STREET [illegible]

USA EPA ID NO. [illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE

LDR MESSAGE [illegible]

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN EMERGENCY CALL [illegible]

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

J. Ronnie Nelson
Print Customer Name

By: [signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	[illegible]
WASTE MIN. (FROM ABOVE)	[illegible]
TOTAL DUE	532.25

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

K54214-R5732 SAFETY-KLEEN CORP. 03/16/98 PAGE:
LOCATION: SOR001 LAND DISPOSAL RESTRICTION NOTICE 18:36:15

TO: SAFETY-KLEEN CORP. EPA ID NO. ILD000805891
1500 VIOLA STREET (DESIGNATED FACILITY)
ELGIN IL 60120

4/1/98

UNDER MANIFEST/SALES SERVICE NUMBER (805862) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (P3)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D008	LEAD (P3)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

20-216

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICALS USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: ELGIN STEEL CASING CO EPA ID: ILD005094230

SEQ#: 1441 LOT: 1993-01 DOT: S-104-01-5002 TERR. OF REF#: 805862 SW: 98

safety-kleen®

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05108-0408
FED. ID NO. 39-6090019

ORIGINAL INVOICE

MAY 04 1998

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-034-01-5032-3	5-034-01	015		700082

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		04-28-98	04-29-98	05-14-98

SERVICE ADDRESS

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-4200

20-217

PRODUCT/SERVICE #	DESCRIPTION		QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
140-65306	MACHINE SERVICE	14150	1	EA	61.75	.00	61.75
500-44219	MACHINE SERVICE	50150	1	EA	54.75	.00	54.75
530-46236	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46269	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
530-46274	MACHINE SERVICE	53150	1	EA	159.75	.00	159.75
540-44220	MACHINE SERVICE	54150	1	EA	196.00	.00	196.00
560-46277	MACHINE SERVICE	56150	1	EA	269.50	.00	269.50
	INVOICE TOTAL						**1,061.25**

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (847)468-6510 ELGIN IL

What does "Best People" mean? Ask your Rep to explain our Advanced Certification Training and to tell you how the entire Safety-Kleen Team works for you. Our "behind the scenes" experts ensure that your waste is handled in total compliance with all Federal, State and local regulations.

TO SAFETY-KLEEN CORP
1500 VILLA STREET
ELGIN IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

4/28/98

UNDER MANIFEST (SALES) SERVICE NUMBER (700082) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D006 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D006 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	LEAD (PB)	5.0 MG/L EP OR TCLP
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

20-218

I C E R
THE CONSTITUENT CONCENTRATIONS ARE BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).
NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: FLEXIBLE STEEL LACING CO EPA ID: ILD005094230

SBG# 1244.00 B/244 CUST 9-004-01-5002 TERR 27 REF# 700082 SW: 981

CUSTOMER NO.

	-				-						

			700382	
CREDIT CODE	PREVIOUS BALANCE		BAL. OVER 60 DAYS	
A	52.25			
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
LOCATION	TAX EXEMPTION NO.			

BILL TO

20-219

DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX

SERVICE/ PRODUCT	SERIAL NUMBER	DESCRIPTION	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	INITIAL	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
																		1		

AL-SERVICE/PRODUCTS

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☑	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXX			

DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
01		00004	G	775	1			
07		00163	G	775		1	6	

27, 25, 1, 27, 24, 2, 5, 29

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

NATED FACILITY NAME AND ADDRESS

USA EPA ID NO.

STATE ID NO.

SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

CREDIT CARD NO. AMEX VISA MC EXP. DATE

R REFERENCE

LDR MESSAGE

MANIFEST CODE	SEQ #
02	

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

X

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	10.12

DO NOT WRITE IN THE AREA BELOW

700382

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 11/97)

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER 5093 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 01/10/97

NO. 56730

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
12/12/96	BEAVER	64422	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
1815	GALLONS REMOVED PETROLEUM/WATER	0.16	290.40
1	TRANSPORT FEE	290.00	290.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7258085 TKT #84666		

P.S. type
Please close

20-029

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $595.4

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

STATE OF ILLINOIS — P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 — AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-96

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
Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

A. Illinois Manifest Document Number: IL 7258085 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353
C. Illinois Transporter's ID: 0 0 1 4
D. (708) 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353
G. Illinois Facility's ID: 0 3 1 1 1 2 6 0 0 0 1
H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	01815	G	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

JAN 09 1997

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
KIRK D. BUCHHOLTZ		12/29/96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
RONALD [illegible]		12/29/96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space
20-030

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
Pat Elsbury	Pat Elsbury	12/29/96

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 630/971-0150 FAX: 630/971-8102

RESALE NO 0718-2430

PURCHASE ORDER	64422	PAGE	1
ORDER DATE	12-11-96	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-031

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	1815.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON.	12-12-96	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	12-12-96	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED PER HR	12-12-96	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	12-12-96	6024-3990	15.0000

Close Sheet hour NOT needed

Pd 1/10/97

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 12-12-96. CONFIRMING MY PHONE ORDER OF 12-11-96 TO DEBBIE.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

5021

4-4

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 03/05/97

NO. 57576

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
02/25/97	BEAVER	70464	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2090	GALLONS REMOVED PETROLEUM/WATER	0.16	334.40
1	TRANSPORT FEE	290.00	290.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7320593 TKT #84185		

P.S. type
please close

20-032

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $669.4

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) 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 is required by Illinois law

3. Generator's Name and Mailing Address | Location If Different

A. Illinois Manifest Document Number: IL 732 0593 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Illinois Transporter's ID

D. ( ) Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois 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.					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 Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

G = 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 | Signature | Date (Month Day Year)

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20-033

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)

GENERATOR | TRANSPORTER | FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 630/971-0150 FAX: 630/971-8102

RESALE NO 0718-2430

PURCHASE ORDER	70464	PAGE	1
ORDER DATE	02-20-97	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER
CONFIRMATION

20-034

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	1980.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	02-25-97	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	02-25-97	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED (PER HR)	02-25-97	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	02-25-97	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 2-25-97. CONFIRMING MY PHONE ORDER OF 2-20-97 TO DEBBIE.			

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

6-13

CUSTOMER	RECEIVING FACILITY
FLEXIBLE STEEL LACING CO 2525 WISCONSIN AVENUE DOWNERS GROVE IL 60515	BEAVER OIL COMPANY 6037 LENZI AVENUE HODGKINS, IL 60525 SITE NO.0311260001

INVOICE

DATE 05/14/97

NO. 58774

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
05/02/97	BEAVER	71677	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
1870	GALLONS REMOVED PETROLEUM/WATER	0.16	299.20
1	TRANSPORT FEE	290.00	290.00
0.25	HOUR(S) DEMURRAGE FEE	60.00	15.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7321202 TKT #87280		

P.S. type

Please close

20-035

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $619.2

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-96

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7321202 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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 MAY 19 1997

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	0 0 1	T T	0 1 8 7 0	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
KIRK D. Buckholtz	Kirk D. Buckholtz	0 5 0 2 9 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Kevin Ryan	Kevin Ryan	0 5 0 2 9 7

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
20-036

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)
Pat Elsbury	Pat Elsbury	0 5 0 2 9 7

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

FLEXIBLE STEEL LACING COMPANY
2525 WISCONSIN AVENUE
DOWNERS GROVE, ILLINOIS 60515
PHONE: 630/971-0150 FAX: 630/971-8102

RESALE NO 0718-2430

PURCHASE ORDER	71677	PAGE	1
ORDER DATE	04-30-97	CHANGE ORDER	
F.O.B.	DESTINATION	CONFIRMING	YES
TERMS	0.00%/0/30	ACK. REQUIRED	NO
SHIP VIA	YOUR TRUCK	TAXABLE	NO

NOTES:

SUPPLIER NO. 50921
708-354-4040

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-037

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	1980.0000 Close Short Pct 1870			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	05-02-97	6024-3990	0.1600
2	1.0000			TRNASPORTATION CHARGE FOR OIL PICK-UP	05-02-97	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE FOR EXTRA TIME IF NEEDED	05-02-97	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	05-02-97	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 5-2-97. CONFIRMING MY PHONE ORDER OF 4-30-97 TO MARGARET.			

BILL AMANN \ V.P. MATERIALS

by: BA

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

8-

CUSTOMER 50921 RECEIVING FACILITY JUL 10

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

DATE 07/08/97

NO. 59853

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
07/02/97	BEAVER	72403	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2310	GALLONS REMOVED PETROLEUM/WATER	0.16	369.60
1	TRANSPORT FEE	290.00	290.00
0.75	HOUR(S) DEMURRAGE FEE	60.00	45.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7377957 TKT #88757		

D.S. type
please close

20-038

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $719.60

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-96

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 | Location If Different

A. Illinois Manifest Document Number: IL 7377857 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Illinois Transporter's ID

D. ( ) Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois 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.					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 Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

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

20-039

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)

This Agency is authorized to require, pursuant to Illinois Revised Statute 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	72403	PAGE	1
		CHANGE ORDER	
ORDER DATE	06-26-97	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-040

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	1980.0000 2310			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	07-02-97	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	07-02-97	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	07-02-97	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	07-02-97	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 7-2-97. CONFIRMING MY PHONE ORDER OF 6-26-97 TO DEBBIE.			

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

11-1

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER 50921 RECEIVING FACILITY OCT 06 1997

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE
DATE 10/02/97
NO. 61476

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
09/24/97	BEAVER	73298	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2310	GALLONS REMOVED PETROLEUM/WATER	0.16	369.60
1	TRANSPORT FEE	290.00	290.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7633744 TKT #90912		

R#28976

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $674.6

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

20-041

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 — Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 7633744 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 6 0 3 0 0 0 1

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

5. Transporter 1 Company Name: DRAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 1

D. (708) 354-4040 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
DRAVER OIL CO., INC.
[illegible] AVENUE
[illegible], IL 60525
10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	[illegible]	[illegible]	[illegible]	[illegible]	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
[illegible]

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO [illegible]
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

20-042

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

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2625 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

PURCHASE ORDER	73298	PAGE	1
		CHANGE ORDER	
ORDER DATE	09-22-97	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE Order
CONFIRMATION

20-043

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2200.0000 2310	GL		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	09-24-97	6024-3990	0.1600
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	09-24-97	6024-3990	290.0000
3	1.0000 Close Mort	EA		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	09-24-97	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	09-24-97	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 9-24-97. CONFIRMING MY PHONE ORDER OF 9-22-97 TO DEBBIE.

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

1-4

CUSTOMER 5092 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE
DATE 12/05/97
INV. 62645

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
11/25/97	BEAVER	74232	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2365	GALLONS REMOVED PETROLEUM/WATER	0.16	378.40
1	TRANSPORT FEE	290.00	290.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7634326 TKT #92632		

P.S. typo
Paid

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $713.4

20-044

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid [illegible]

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address | Location If Different

A. Illinois Manifest Document Number: IL 7634326 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Illinois Transporter's ID

D. ( ) Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois 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.					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 Description for Materials Listed Above

ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

G - 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 | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-045

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

PURCHASE ORDER	74232	PAGE	1
		CHANGE ORDER	
ORDER DATE	11-19-97	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-046

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2200.0000			PCIK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IF GALLONS	11-25-97	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	11-25-97	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	11-25-97	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	11-25-97	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 11-25-97. CONFIRMING MY PHONE ORDER OF 11-19-97 TO MARGARET.			

BILL AMANN \ V.P. MATERIALS

by: BA

PURCHASING COPY

BEAVER OIL CO., INC.

6037 LENZI AVE. • HODGKINS, IL 60525 708/354-40[illegible]

FEB [illegible] 1998

CUSTOMER 5092 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

DATE 02/17/98

NO. 63896

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
02/04/98	BEAVER	80371	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2695	GALLONS REMOVED PETROLEUM/WATER	0.16	431.20
1	TRANSPORT FEE	290.00	290.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7706944 TKT #94468		

P.S. type -
please close

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $736.2

20-047

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid [illegible]

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SPECIAL WASTE AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS (708) 971-0150

A. Illinois Manifest Document Number: IL 7706944 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02695	G	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

FEB 20 1998

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
KIRK D. Buchholtz	Kirk D. Buchholtz	02 04 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
[illegible]	[illegible]	02 04 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20-048

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
Pat Elsbury	Pat Elsbury	02 04 98

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

PURCHASE ORDER	80371	PAGE	1
		CHANGE ORDER	
ORDER DATE	01-29-98	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-049

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2420.0000 2695	EA		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE IL FACTORY. UNIT OF MEASURE IS GALLONS	02-04-98	6024-3990	0.1600
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	02-04-98	6024-3990	290.0000
3	1.0000	EA	cancelled	DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	02-04-98	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	02-04-98	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 2-4-98. CONFIRMING MY PHONE ORDER OF 1-30-98 TO MARGARET.			

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

5-14

CUSTOMER

50921

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 04/14/9

NO. 6530

DATE SHIPPED	HAULER	YOUR ORDER NO	CUSTOMER NO.	TERMS
04/14/98	BEAVER	81362	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2900	GALLONS REMOVED PETROLEUM/WATER	0.16	464.0
1	TRANSPORT FEE	290.00	290.0
0.25	HOUR(S) DEMURRAGE FEE	60.00	15.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #7738618 TKT #96261		

PS type
Please [illegible]

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $784.(

20-050

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

~~UNIFORM HAZARDOUS~~ XX WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address
Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7738618 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4
0708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02906		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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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

Printed/Typed Name: X KIRK D. Buckholtz | Signature | Date: Month 04 Day 14 Year 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: J Anna Hopp. | Signature | Date: Month 04 Day 14 Year 98

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: Pat Elsbury | Signature: Pat Elsbury | Date: Month 04 Day 14 Year 98

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-051

FLEXIBLE STEEL LACING COMPANY
2626 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	81362	PAGE	1
		CHANGE ORDER	
ORDER DATE	04-09-98	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-052

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2750.0000 Rec 2900 4/14			PICK-UP OS WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	04-14-98	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	04-14-98	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	04-14-98	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	04-14-98	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 4-14-98. CONFIRMING MY PHONE ORDER OF 4-9-98 TO DEBBIE.

BILL AMANN V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

9-17

CUSTOMER 5092-1 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE
DATE 07/08/98
NO. 66808

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
06/18/98	BEAVER	82025	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2530	GALLONS REMOVED PETROLEUM/WATER	0.16	404.80
1	TRANSPORT FEE	290.00	290.00
1	HOUR(S) DEMURRAGE FEE	60.00	60.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7739390 TKT #98238		

JUL 13 1998

PS type plan

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $769.8

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

20-053

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 7739390 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Illinois Transporter's ID

D. ( ) Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois 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.					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 Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

G: GALS

15. Special Handling Instructions and Additional Information

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

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

GENERATOR

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Seth Lancaster | Signature | Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20-054

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)

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	82025	PAGE	1
		CHANGE ORDER	
ORDER DATE	06-17-98	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-055

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2500.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	06-18-98	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	06-18-98	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	06-18-98	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	06-18-98	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 6-18-98. CONFIRMING MY PHONE ORDER OF 6-17-98 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

OCT 22 1998

BEAVER OIL CO. INC.

11-15

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER

50971

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 10/16/98

NO. 68756

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
10/07/98	BEAVER	83385	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2600	GALLONS REMOVED PETROLEUM/WATER	0.16	416.00
1	TRANSPORT FEE	290.00	290.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7779461 TKT #101258		

LF 3214

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $751.0

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

20-056

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 7779461 FEE PAID IF APPLICABLE

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

B. Illinois Generator's ID

5. Transporter 1 Company Name | 6. US EPA ID Number | C. Illinois Transporter's ID | D. Transporter's Phone

7. Transporter 2 Company Name | 8. US EPA ID Number | E. Illinois Transporter's ID | F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number | G. Illinois 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.					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 Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

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

20-057

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)

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	83385	PAGE	1
		CHANGE ORDER	
ORDER DATE	10-02-98	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PURCHASE ORDER
CONFIRMATION

20-058

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2800.0000	EA		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	10-07-98	6024-3990	0.1600
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	10-07-98	6024-3990	290.0000
3	1.0000	EA		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	10-07-98	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	10-07-98	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 10-7-98. CONFIRMING MY PHONE ORDER OF 10-2-98 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

52921 77

DEC 11 1998

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 12/08/98

NO. 69785

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
12/02/98	BEAVER	84025	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2585	GALLONS REMOVED PETROLEUM/WATER	0.16	413.60
1	TRANSPORT FEE	290.00	290.00
0.25	HOUR(S) DEMURRAGE FEE	60.00	15.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7830467 TKT #103011		

SC

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $733.6

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-059

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 7830467 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20-060

FACILITY

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

Printed/Typed Name | Signature | Month Day Year

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0160 FAX: (630) 971-8102

PURCHASE ORDER	84025	PAGE	1
		CHANGE ORDER	
ORDER DATE	11-30-98	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-061

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2530.0000 Pumped 2585		12/2	PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	12-02-98	6024-3990	0.1600
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	12-02-98	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	12-02-98	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHG	12-02-98	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON ~~10-7-98~~ 12/2/98. CONFIRMING MY PHONE ORDER OF ~~10-2-98~~ 11-30-98 TO MARGARET. (System would not allow change in Std Comment)			

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

2-19

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

JAN 25 199

CUSTOMER

50921

RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 01/20/99

NO. 70395

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
01/04/99	BEAVER	84442	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2035	GALLONS REMOVED PETROLEUM/WATER	0.17	345.95
1	TRANSPORT FEE	290.00	290.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7830798 TKT #104085		

PS TYPE
PLEASE CLOSE

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $650.9

20-062

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different:

A. Illinois Manifest Document Number: IL 7830798 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

TRANSPORTER

19. Discrepancy Indication Space

20-063

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)

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

PURCHASE ORDER	84442	PAGE	1
		CHANGE ORDER	
ORDER DATE	12-30-98	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-064

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2100.0000 2035			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	01-04-99	6024-3990	0.1600 .17
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	01-04-99	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	01-04-99	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	01-04-99	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 1-4-99. CONFIRMING MY PHONE ORDER OF 12-30-98 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: BA

PURCHASING COPY

BEAVER OIL CO. INC.

50421

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

APR 5 T 1999

5-2

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 04/02/99

NO. 71833

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
03/30/99	BEAVER	91133	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2000	GALLONS REMOVED PETROLEUM/WATER	0.17	340.00
1	TRANSPORT FEE	290.00	290.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #7869521 TKT #106429		

P.S. TYPE
PLEASE CLOSE
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL **$675.00**

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-065

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address / Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 7869521 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 0 0 1 4 3 1 0 1 8

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353
C. Transporter's ID Number: UN-30960SIL
D. Transporter's Phone: (708) 354-4040

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

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353
G. Facility's IL ID Number: 0 8 4 1 2 6 0 0 0
H. Facility's Phone: (708) 354-4040

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. NOT D.O.T. REGULATED USED OIL/WATER					EPA HW Number
b.					EPA HW Number
c. HAZARDOUS OR PCB WASTE.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above
CL3F08

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

20-066

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	91133	PAGE	1
		CHANGE ORDER	
ORDER DATE	03-24-99	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

"PS TYPE"

PHONE ORDER CONFIRMATION

20-067

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2000.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	03-30-99	6024-3990	0.1600 .1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	03-30-99	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	03-30-99	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	03-30-99	6024-3990	15.0000

PD 4/2/99
INV. 71833

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 3-30-99. CONFIRMING MY PHONE ORDER OF 3-24-99 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

50921

A-7

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 06/07/99

NO. 73124

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
06/02/99	BEAVER	891822	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
1980	GALLONS REMOVED PETROLEUM/WATER	0.17	336.60
1	TRANSPORT FEE	290.00	290.00
0.75	HOUR(S) DEMURRAGE FEE	60.00	45.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #8457561 TKT #108570		

P.S TYPE
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $686.6

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-068

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number IL 8457561 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

C. Transporter's ID Number

D. Transporter's Phone ( )

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number

H. Facility'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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	001	TT	91980	G.	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 J. Sudbury | Signature | Date Month Day Year: 06 02 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAN KAMPEL | Signature | Date Month Day Year: 06 02 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

20-069

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

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY

2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	91822	PAGE	1
		CHANGE ORDER	
ORDER DATE	05-25-99	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

"PS TYPE"

PHONE ORDER CONFIRMATION

20-070

ATTN: PAT

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2000.0000 PD FOR (1980)			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS	06-02-99	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	06-02-99	6024-3990	290.0000
3	1.0000 PD FOR .75 HR			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	06-02-99	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	06-02-99	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 6-2-99. CONFIRMING MY PHONE ORDER OF 5-25-99 TO PAT.			

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

5421

9-25

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 08/26/99

NO. 74611

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
08/19/99	BEAVER	92844	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2750	GALLONS REMOVED PETROLEUM/WATER	0.17	467.50
1	TRANSPORT FEE	290.00	290.00
0.75	HOUR(S) DEMURRAGE FEE	60.00	45.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #8457815 TKT #110931		

PS TYPE
PLEASE CLOSE
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $817.50

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-071

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number IL 8457815 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

20-072

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY

2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

PURCHASE ORDER	92844	PAGE	1
		CHANGE ORDER	
ORDER DATE	08-17-99	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

20-073

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER
CONFIRMING

P.S. TYPE

ATTN: PAT

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2800.0000	EA		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLONS.	08-19-99	6024-3990	0.1700
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK UP	08-19-99	6024-3990	290.0000
3	1.0000	EA		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	08-19-99	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	08-19-99	6024-3990	15.0000
	9/1 OK TO PAY 4$ PER BILL AMANN			PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 8-19-99. CONFIRMING MY PHONE ORDER OF 8-17-99 TO PAT.			

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

12-34

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER 50921

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 11/30/99

NO. 76337

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
11/16/99	BEAVER	93845	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2350	GALLONS REMOVED PETROLEUM/WATER	0.17	399.50
1	TRANSPORT FEE	290.00	290.00
0.5	HOUR(S) DEMURRAGE FEE	60.00	30.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #8488134 TKT #113909		

PS TYPE
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL **$734.5(**

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-074

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 8483134 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

C. Transporter's ID Number

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

D. Transporter's Phone ( )

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

E. Transporter's ID Number

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

F. Transporter's Phone ( )

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO. (708) 364-4040

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

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

20-075

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 5. GENERATOR MAIL TO IEPA

(RCRA HAZARDOUS AND PCB WASTES ONLY)

FLEXIBLE STEEL LACING COMPANY

2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	93845	PAGE	1
		CHANGE ORDER	
ORDER DATE	11-12-99	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

20-076

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To: FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PS-TYPE

PHONE ORDER CONFIRMATION

ATTN: PAT

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2500.0000 Rec 2350 11/16			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	11-16-99	6024-3990	0.1700
2	1.0000		PD INV 76337 11-30 99	TRANSPORTATION CHARGE FOR OIL PICK-UP	11-16-99	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	11-16-99	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	11-16-99	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 11-16-99. CONFIRMING MY PHONE ORDER OF 11-12-99 TO PAT.

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

5092/

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

4-1

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

MAR -6 2000

INVOICE

DATE 03/02/00

NO. 78169

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
02/25/00	BEAVER	00497	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2530	GALLONS REMOVED PETROLEUM/WATER	0.17	430.10
1	TRANSPORT FEE	290.00	290.00
0.25	HOUR(S) DEMURRAGE FEE	60.00	15.00
1	MANIFEST PROCESSING	15.00	15.00
	MANIFEST #8553546 TKT #116958		

PS TYPE (PLEASE CLOSE)
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS	INVOICE TOTAL	$750.1

20-077

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number IL 8553546 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

D. Transporter's Phone ( )

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

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

20-078

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center

FLEXIBLE STEEL LACING COMPANY

2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	00497	PAGE	1
		CHANGE ORDER	
ORDER DATE	02-21-00	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

20-079

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

"PS TYPE"

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2500.0000 PD. For 2530 3-2.00 INV	781b9		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	02-25-00	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	02-25-00	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	02-25-00	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	02-25-00	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 2-25-00. CONFIRMING MY PHONE ORDER OF 2-21-00 TO DEBBIE.

BILL AMANN \ V.P. MATERIALS

by: _____

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

JUN - 7 2000

CUSTOMER

5097

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 06/01/0

NO. 7989

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
05/25/00	BEAVER	01730	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2800	GALLONS REMOVED PETROLEUM/WATER	0.17	476.0
1	TRANSPORT FEE	290.00	290.0
1	HOUR(S) DEMURRAGE FEE	60.00	60.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #8590844 TKT #119436		

PS TYPE

6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $841.

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-080

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 8593844 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

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

F. Transporter's Phone ( )

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials

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

TRANSPORTER

18. Transporter 2 Acknowledgement of Receipt of Materials

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

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

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

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

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

20-081

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040.

FLEXCO

PURCHASE ORDER	01730	PAGE	1
		CHANGE ORDER	
ORDER DATE	05-22-00	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-082

"PS TYPE"

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2475.0000 REC 2,800 5-25			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	05-25-00	6024-3990	0.1700
2	1.0000 PD 6-1-00 Inv 78899	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	05-25-00	6024-3990	290.0000
3	1.0000	EA		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	05-25-00	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	05-25-00	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 5-25-00. CONFIRMING MY PHONE ORDER OF 5-22-00 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

50721

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 07/25/0

NO. 8089

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
07/20/00	BEAVER	02133	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2200	GALLONS REMOVED PETROLEUM/WATER	0.17	374.0
1	TRANSPORT FEE	290.00	290.0
1	FUEL SURCHARGE FEE 5024-0000	11.60	11.6
1.25	HOUR(S) DEMURRAGE FEE	60.00	75.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #8591384 TKT #120427		

PS TYPE (PLEASE CLOSE)
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $765.6

20-083

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

State Form LPC 62 8/81 IL532-0610 AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is required by Federal law, but is required Illinois law.

3. Generator's Name and Mailing Address (Locations If Different)
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150

A. Illinois Manifest Document Number: IL 8591384 FEE PAID IF APPLICABL

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

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

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	TT	2200	G	EPA HW Number XXXXX
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 HOMERDING | Signature: John Homerding | Date Month Day Year: 7 20 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: PAUL LORENZ | Signature: Robert Lorenz | Date Month Day Year: 7 20 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: M. DAVIS | Signature: M. Davis | Date Month Day Year: 07 20 00

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-084

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	02133	PAGE	1
		CHANGE ORDER	
ORDER DATE	07-17-00	CONFIRMING	~~NO~~ Yes
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

"PS TYPE"

PHONE ORDER CONFIRMATION

20-085

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	~~2500.0000~~ 2200			PICK UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	07-20-00	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK UP	07-20-00	6024-3990	290.0000
3	1.0000	1.25 =		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	07-20-00	6024-3990	60.0000 75.00
4	1.0000			MANIFEST PREPARATION CHARGE	07-20-00	6024-3990	15.0000
				Fuel Surcharge	"	5024-0000	11.60

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 7-20-00. CONFIRMING MY PHONE ORDER OF 7-17-00 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

URCHASING COPY

BEAVER OIL CO. INC.

11-3

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER 50921 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 10/31/0

NO. 8284

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
10/26/00	BEAVER	02665	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2200	GALLONS REMOVED PETROLEUM/WATER	0.17	374.0
1	TRANSPORT FEE	290.00	290.0
1	HOUR(S) DEMURRAGE FEE	60.00	60.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #9239910 TKT #122332		

PSTYPE (close)
6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $739.

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

20-086

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610 AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515
(708) 971-0150
Location If Different:

A. Illinois Manifest Document Number: IL 9239910 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 8 0 3 0 0 0 3

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone: 708 354-4040

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

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	T	2200	G	EPA HW Number X X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
JOHN HOMERDING	John Homerding	10 26 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
MICHAEL LORENZ	Michael Lorenz	10 26 00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space
20-087

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
M. DAVIS	M. Davis	10 26 00

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	02665	PAGE	1
		CHANGE ORDER	
ORDER DATE	10-23-00	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PS TYPE

PHONE ORDER CONFIRMATION

20-088

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2420.0000	EA		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. OUR UNIT OF MEASURE IS GALLON	10-26-00	6024-3990	0.1700
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	10-26-00	6024-3990	290.0000
3	1.0000	EA		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	10-26-00	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	10-26-00	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 10-26-00. CONFIRMING MY PHONE ORDER OF 10-23-00 TO MARGARET.			

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	02665	PAGE	1
		CHANGE ORDER	
ORDER DATE	10-23-00	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-089

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2420.0000	EA		PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. OUR UNIT OF MEASURE IS GALLON	10-26-00	6024-3990	0.1700
2	1.0000	EA		TRANSPORTATION CHARGE FOR OIL PICK-UP	10-26-00	6024-3990	290.0000
3	1.0000	EA		DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	10-26-00	6024-3990	60.0000
4	1.0000	EA		MANIFEST PREPARATION CHARGE	10-26-00	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 10-26-00. CONFIRMING MY PHONE ORDER OF 10-23-00 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

VENDOR COPY

BEAVER OIL CO. INC.

2-1

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER

50921 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 01/02/0[illegible]

NO. 8382

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
12/21/00	BEAVER	VERBAL	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
1500	GALLONS REMOVED PETROLEUM/WATER	0.17	255.0
1	TRANSPORT FEE	290.00	290.0
1.75	HOUR(S) DEMURRAGE FEE	60.00	105.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #9279902 TKT #123467		

PS TYPE (Please close)
6024-3990

Received

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $665.0

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-090

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but is required by Illinois law.

GENERATOR

3. Generator's Name and Mailing Address — Location If Different

FLEXIBLE STEEL LACING CO.
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS (708) 971-0150

5. Transporter 1 Company Name — US EPA ID Number

BEAVER OIL CO., INC. ILD064418353

7. Transporter 2 Company Name — US EPA ID Number

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

BEAVER OIL CO., INC.
6037 LEHIZ AVENUE
HODGKINS, IL 60525 ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.
a. NOT D.O.T. REGULATED USED OIL/WATER		DM	150	G
b.				
c.				
d.				

13. Additional Descriptions for Materials Listed Above

14. Special Handling Instructions and Additional Information

CL3700

24 HOUR EMERGENCY PHONE NO. (760) 353-6640

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20-091

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $10,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6 - GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	02847	PAGE	1
		CHANGE ORDER	
ORDER DATE	12-21-00	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PS TYPE

PAGE ONE
ORIGINAL

20-092

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2500.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	12-27-00	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	12-27-00	6024-3990	290.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	12-27-00	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	12-27-00	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 12-27 OR 12-28-00. CONFIRMING MY PHONE ORDER TO DEBBIE OF 12-21-00.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

4-1

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER 50721 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 03/13/0

NO. 8497

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
03/07/01	BEAVER	10473	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2500	GALLONS REMOVED PETROLEUM/WATER	0.17	425.0
1	TRANSPORT FEE	335.00	335.0
1.25	HOUR(S) DEMURRAGE FEE	60.00	75.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #9345237 TKT #124627		

PS TYPE (CLOSE)

6024-3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $850.

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms

20-093

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 9345237 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

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.					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

20-094

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY

2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040.

FLEXCO

PURCHASE ORDER	10473	PAGE	1
		CHANGE ORDER	
ORDER DATE	03-05-01	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

20-095

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

ATTN: MARGARET

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2500.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. UNIT OF MEASURE IS GALLON	03-~~09~~-01 07	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	03-~~09~~-01	6024-3990	~~290.0000~~ 335.00
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	03-~~09~~-01	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	03-~~09~~-01	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 3-~~9~~-01. CONFIRMING MY PHONE ORDER OF 3-5-01 TO MARGARET.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

7-27

2001

CUSTOMER 50921 RECEIVING FACILITY

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 06/27/01

NO. 8679

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
06/13/01	BEAVER	11059	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2000	GALLONS REMOVED PETROLEUM/WATER	0.17	340.0
1	TRANSPORT FEE	290.00	290.0
1.25	HOUR(S) DEMURRAGE FEE	60.00	75.0
1	MANIFEST PROCESSING	15.00	15.0
	MANIFEST #9345601 TKT #126193		

PS TYPE (CLOSED)

6024 3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS

INVOICE TOTAL $720.(

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-096

STATE OF ILLINOIS — P.O. BOX 19276 — SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-676[illegible] — [illegible] OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is [illegible] required by Federal law, but is required [illegible] Illinois law

GENERATOR

3. Generator's Name and Mailing Address — Location If Different

[illegible]

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number: IL 9345601 FEE PAID IF APPLICABL[illegible]

B. Generator's IL ID Number

C. Transporter's ID Number

D. Transporter's Phone ( )

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number

H. Facility'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

11. US DOT Description (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]					EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

[illegible]

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

[illegible]

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

TRANSPORTER

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

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 in item 19. — Printed/Typed Name — Signature — Date Month Day

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to prov[illegible] this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,[illegible] per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

20-097

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040.

FLEXCO

PURCHASE ORDER	11059	PAGE	1
		CHANGE ORDER	
ORDER DATE	06-08-01	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PS TYPE

PHONE ORDER CONFIRMATION

20-098

ATTN: DEBBIE

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2000 ~~2750~~ .0000		PD 6-27-01 INV.# 86799	PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, Il FACTORY. OUR UNIT OF MEASURE IS GALLON	06-13-01	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	06-13-01	6024-3990	335.0000 290.00
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	06-13-01	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	06-13-01	6024-3990	15.0000

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 6-13-01. CONFIRMING MY PHONE ORDER OF 6-8-01 TO DEBBIE.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

BEAVER OIL CO. INC.

5092 1

6037 LENZI AVE. • HODGKINS, IL 60525 • 708/354-4040

CUSTOMER

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

RECEIVING FACILITY

BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
SITE NO.0311260001

INVOICE

DATE 08/24/

NO. 879

DATE SHIPPED	HAULER	YOUR ORDER NO.	CUSTOMER NO.	TERMS
08/21/01	BEAVER	11428	F08	NET/30

QUANTITY	DESCRIPTION	RATE	AMOUNT
2000	GALLONS REMOVED PETROLEUM/WATER	0.17	340.
1	TRANSPORT FEE	290.00	290.
1.25	HOUR(S) DEMURRAGE FEE	60.00	75.
1	MANIFEST PROCESSING	15.00	15.
	MANIFEST #9546391 TKT #127475		

PS TYPE (CLOSE)
6024- 3990

THANK YOU - WE DO APPRECIATE YOUR BUSINESS	INVOICE TOTAL	$720.

An Interest Charge of 1 1/2% Per Month Will Be Added For Invoices Not Paid By Terms.

20-099

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number IL 9546391 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

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

C. Transporter's ID Number

D. Transporter's Phone

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

E. Transporter's ID Number

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

F. Transporter's Phone ( )

G. Facility's IL ID Number

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. NOT D.O.T. REGULATED USED OIL/WATER					EPA HW Number X X X X X
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

ITEM A HAS A FLASHPOINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #'S

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

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

20-100

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 2 GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	11428	PAGE	1
		CHANGE ORDER	
ORDER DATE	08-16-01	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

PS TYPE

ATTN: DEBBIE

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER
CONFIRMATION

20-101

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2640.0000			PICK UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. OUR UNIT OF MEASURE IS GALLON	08-21-01	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP	08-21-01	6024-3990	335.0000 290.00
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	08-21-01	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	08-21-01	6024-3990	15.0000

PD 8-24-01 INV 87987

PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 8-21-01.
CONFIRMING MY PHONE ORDER OF 8-16-01 TO DEBBIE.

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 | Location If Different

A. Illinois Manifest Document Number: IL 9546931 FEE PAID IF APPLICABLE

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

B. Generator's IL ID Number

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

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

F. Transporter's Phone (.)

G. Facility's IL ID Number

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.					EPA HW Number
b. TSD COPY & INVOICE NOT Received as of 10-17-01					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

20-102

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)

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6 GENERATOR'S COPY

FLEXIBLE STEEL LACING COMPANY
2525 Wisconsin Avenue, Downers Grove, IL 60515-4200
TEL: (630) 971-0150 FAX: (630) 971-8102
www.flexco.com

SUPPLIER NO. 50921
TEL: 708-354-4040

FLEXCO

PURCHASE ORDER	11565	PAGE	1
		CHANGE ORDER	
ORDER DATE	10-08-01	CONFIRMING	YES
F.O.B.	DESTINATION	ACK. REQUIRED	NO
TERMS	0.00%/0/30	TAXABLE	NO
SHIP VIA	YOUR TRUCK	RESALE NO	0718-2430

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

Ship To

FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

PHONE ORDER CONFIRMATION

20-103

ATTN: PAT

ITEM	QUANTITY ORDERED	U/M	PART#	DESCRIPTION	DATE REQUIRED	ACCOUNT	UNIT PRICE
1	2310.0000			PICK-UP OF WASTE OIL GENERATED IN OUR DOWNERS GROVE, IL FACTORY. OUR UNIT OF MEASURE IS GALLON	10-10-01	6024-3990	0.1700
2	1.0000			TRANSPORTATION CHARGE FOR OIL PICK-UP.	10-10-01	6024-3990	335.0000
3	1.0000			DEMURRAGE CHARGE (PER HR) FOR EXTRA TIME IF NEEDED	10-10-01	6024-3990	60.0000
4	1.0000			MANIFEST PREPARATION CHARGE	10-10-01	6024-3990	15.0000
				PICK-UP AND REMOVAL OF THE ABOVE WASTE OILS AND DISPOSAL OF SAME IN YOUR HODGKINS, IL FACILITY IN ACCORDANCE WITH ALL FEDERAL AND STATE OF IL EPA REQUIREMENTS AND RESTRICTIONS. OUR ILLINOIS GENERATOR NO. IS 0438030003. THIS OIL TO BE PUMPED OUT OF OUR DRUMS ON 10-10-01. CONFIRMING MY PHONE ORDER OF 10-8-01 TO PAT.			

BILL AMANN \ V.P. MATERIALS

by: Bill Amann

PURCHASING COPY

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **Non-Hazardous** 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
Flexible Steel Lacing
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

4. Generator's Phone (971-0150)

A. Illinois Manifest Document Number **IL 1643751**

B. Illinois Generator's ID **0 4 3 0 3 0 0 0 0 3**

5. Transporter 1 Company Name **Beaver Oil Company**

6. US EPA ID Number

C. Illinois Transporter's ID **0 0 1 4**

D. (312) 354-4040 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
Beaver Oil Company
6037 Lenzi Avenue
Hodgkins, Illinois 60525

10. US EPA ID Number

G. Illinois Facility's ID **0 3 1 1 2 6 0 0 0 1**

H. Facility's Phone (312) 354-4040

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. Used waste, Off Spec and Surplus Oils Non-hazardous		65	DM	03575	1	EPA HW Number / Authorization Number
b. ~~Combustible Liquid, NA 1270 Used Waste, Off Spec and Surplus Oils~~						EPA HW Number / Authorization Number
c.						EPA HW Number / Authorization Number
d.						EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above
Item A Has a Flash Point Above 200 F
Item B Has a Flash Point Over 141F-200F

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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

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

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

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

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

19. Discrepancy Indication Space

20-104

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

IN ILLINOIS 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 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 [illegible] 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

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
P.O. BOX 19275

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.: NON-HAZARDOUS
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
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

4. Generator's Phone (312) 971-0150

A. Illinois Manifest Document Number: IL 2006777

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

5. Transporter 1 Company Name: BEAVER OIL COMPANY
6. US EPA ID Number:
C. Illinois Transporter's ID: 0 0 1 4
D. (312) 354-4040 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
BEAVER OIL COMPANY
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number:
G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1
H. Facility's Phone (312) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. USED PETROLEUM OILS, WATER, COOLANTS NON-HAZARDOUS	1	TT	2900	1	EPA HW Number: XX; Authorization Number: 0 0 0 1 5 2
b. ~~USED PETROLEUM OILS, WATER, COOLANTS~~ COMBUSTIBLE LIQUID, NA1270					EPA HW Number: XX; Authorization Number: 0 0 0 1 5 2
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Descriptions for Materials Listed Above
ITEM A HAS A FLASH POINT OF ABOVE 200°F
~~ITEM B HAS A FLASH POINT BETWEEN 141°F - 200°F~~
EPA CLASSIFICATION OF ITEM A & B IS NON-HAZARDOUS

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

Printed/Typed Name: Bill Amann
Signature: Bill Amann
Date: Month 04 Day 21 Year 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DICK DARLING
Signature: Dick Darling
Date: Month 04 Day 21 Year 88

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

FACILITY

19. Discrepancy Indication Space
20-105

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: JENNY GARDNER
Signature: Jenny Gardner
Date: Month 4 Day 21 Year 88

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

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

REV 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 this 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.

P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS INFECTIOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

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 9-30-9

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
(312)
4. Generator's Phone (971-0150)

Location If Different:
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

A. Illinois Manifest Document Number: IL 4047484 MANIFEST FEE PAID

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL COMPANY INC.
6. US EPA ID Number

C. Illinois Transporter's ID: 1 0 3 0 1 1 4

D. (312) 354-4040 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
BEAVER OIL COMPANY INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number

G. Illinois Facility's ID: 1 0 3 1 1 1 2 1 0 0 0 1

H. Facility's Phone (312) 354-4040

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. USED PETROLEUM OILS, WATER COOLANTS, NON-HAZARDOUS	1	TT	3000	I	XX EPA/Other Number
b. ~~USED PETROLEUM OILS, WATER, COOLANTS, COMBUSTIBLE LIQUID, NA1270~~					XX EPA/Other Number
c.					XX EPA/Other Number
d.					XX EPA/Other Number

J. Additional Descriptions for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200°F
ITEM B HAS A FLASH POINT BETWEEN 141°F - 200°F
EPA CLASSIFICATION FOR ITEM A & B IS NON-HAZARDOUS

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.

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
JERRY L. McWILLIAMS	Jerry L. McWilliams	06 06 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
DICK DARLING	Dick Darling	06 06 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-106

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
CONNIE WARNOCK	Connie Warnock	06 06 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SPECIMEN OF HAZARDOUS WASTE AND SPECIAL WASTE.

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH. **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NON-HAZARDOUS | 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: MAR 19 1990 (708) 971-0150
Location If Different: FLEXIBLE STEEL LACING, 2525 WISCONSIN AVENUE, DOWNERS GROVE, IL 60515

4. Generator's Phone

A. Illinois Manifest Document Number: IL 4201115 MANIFEST FEE PAID

B. Illinois Generator's ID: 0438030003

5. Transporter 1 Company Name: BEAVER OIL COMPANY INC. | 6. US EPA ID Number | C. Illinois Transporter's ID: 0014

D. (708)354-4040 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: BEAVER OIL COMPANY INC., 6037 LENZI AVENUE, HODGKINS, IL 60525 | 10. US EPA ID Number

G. Illinois Facility's ID: 0311260001

H. Facility's Phone: (708)354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PETROLEUM OILS, WATER COOLANTS, NON-HAZARDOUS	1	TF	30100	Y	EPA HW Number XX Authorization Number 0001512
b. USED PETROLEUM OILS, WATER, COOLANTS COMBUSTIBLE LIQUID, NA1270					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

ITEM A HAS A FLASH POINT ABOVE 200°F
ITEM B HAS A FLASH POINT BETWEEN 141°F - 200°F
EPA CLASSIFICATION FOR ITEM A & B IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item # 14

1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information

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: Conrad Allsworth | Signature: Conrad Allsworth | Date: Month 03 Day 30 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DICK DARLING | Signature: Dick Darling | Date: Month 03 Day 30 Year 89

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: CONNIE WARNOCK | Signature: Connie Warnock | Date: Month 03 Day 30 Year 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.

COPY 1. TSD MAIL TO GENERATOR

20-107

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

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH.

EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NON-HAZARDOUS | 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 / Location If Different:
FLEXIBLE STEEL LACING
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515

4. Generator's Phone (708) 971-0150

A. Illinois Manifest Document Number: IL4337160 MANIFEST FEE PAID

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

5. Transporter 1 Company Name: BEAVER OIL COMPANY INC. | 6. US EPA ID Number

C. Illinois Transporter's ID: 0014

D. (708) 354-4040 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:
BEAVER OIL COMPANY INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number

OCT 15 1990

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. USED PETROLEUM OILS, WATER COOLANTS, NON-HAZARDOUS	001	T	02420	1	EPA HW Number XX Authorization Number 0000115
b. USED PETROLEUM OILS, WATER, COOLANTS COMBUSTIBLE LIQUID, NA1270					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
ITEM A HAS A FLASH POINT ABOVE 200°F
ITEM B HAS A FLASH POINT BETWEEN 141°F - 200°F
EPA CLASSIFICATION FOR ITEM A & B IS NON-HAZARDOUS

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.

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: ROOSEVELT MARTIN | Signature: R Martin | Date: Month 10 Day 01 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: VINCE GALLEGOS | Signature: Vince Gallegos | Date: Month 10 Day 01 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: SANDY JOHNSON | Signature: Sandy Johnson | Date: Month 10 Day 01 Year 90

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.

COPY 1. TSD MAIL TO GENERATOR

20-108

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

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH. EPA Form 8700-22 (Rev. 6-89) 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 is required by Illinois law.

3. Generator's Name and Mailing Address
708
4. Generator's Phone(971-0150)

Location If Different:
FLEXIBLE STEEL LACING
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515

A. Illinois Manifest Document Number: IL 4466085 MANIFEST FEE PAID

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO INC. | 6. US EPA ID Number

C. Illinois Transporter's ID: 0 0 1 1 4

D. (708) 354-4040 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
BEAVER OIL CO INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number

G. Illinois Facility's ID: 0 1 3 1 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PETROLEUM OILS, WATER, COOLANTS NON-HAZARDOUS	001	T	02805		EPA HW Number XX1A1 Authorization Number 0 0 0 1 1 5 2
b. USED PETROLEUM OILS, WATER, COOLANTS, NON-HAZARDOUS COMBUSTIBLE LIQUID, NA1270					EPA HW Number XX1 Authorization Number 0 0 0 1 1 5 2
c.					EPA HW Number XX1A1 Authorization Number
d.					EPA HW Number XX1 Authorization Number

J. Additional Descriptions for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200°F
ITEM B HAS A FLASH POINT BEWTEEN 141°F - 200°F
EPA CLASSIFICATION FOR ITEM A & B IS NON-HAZARDOUS

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.

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: Scott Muncaster | Signature: Scott Muncaster | Date: 3-28-91 (Month Day Year: 03 28 91)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JOHN A. WERCHMAN | Signature | Date: 03 28 91

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: SANDY JOHNSON | Signature: Sandy Johnson | Date: 03 28 91

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 this 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 , SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 8-88)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NON-HAZARDOUS | 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
Location If Different
FLEXIBLE STEEL LACING
2525 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

4. Generator's Phone (708) 971-0150

A. Illinois Manifest Document Number: IL 3743208 — Fee Paid, If Applicable

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO. INC.

6. US EPA ID Number

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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
BEAVER OIL CO. INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED PETROLEUM OILS, WATER, COOLANTS NON-HAZARDOUS	1	TT	01750	1	EPA HW Number: XX Authorization Number: 0 0 0 1 5 2
b. ~~USED PETROLEUM OILS, WATER, COOLANTS NON-HAZARDOUS COMBUSTIBLE LIQUID NA1993~~					EPA HW Number: XX Authorization Number: ~~0 0 0 1 5 2~~
c.					EPA HW Number: XX Authorization Number
d.					EPA HW Number: XX Authorization Number

J. Additional Descriptions for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200°F
ITEM B HAS A FLASH POINT BETWEEN 141°F - 200°F
EPA CLASSIFICATION FOR ITEM A & B IS NON-HAZARDOUS

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.
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: ROOSEVELT MARTIN | Signature: R Martin | Date: Month 01 Day 21 Year 9-

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DICK DARLING | Signature: Dick Darling | Date: Month 01 Day 21 Year 92

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: PAT ELSBURY | Signature: Pat Elsbury | Date: Month 01 Day 21 Year 9-

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.

COPY 1. TSD MAIL TO GENERATOR COPY 20-110

P.O. BOX 19276 , SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 9-88)** Form Approved.OMB No. 2050-0039

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
Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. Generator's Phone ((708) 971-0150

A. Illinois Manifest Document Number: IL 3705218 Fee Paid, If Applicable

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

5. Transporter 1 Company Name: BEAVER OIL CO. INC.
6. US EPA ID Number: ILD064418353
C. Illinois Transporter's ID: 0 0 1
D. (708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353
G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0
H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-HAZARDOUS LIQUID (PETROLEUM OILS, WATER)	001	TT	01500	1	EPA HW Number XX Authorization Number 00015
b. ~~COMBUSTIBLE LIQUID, NA1993 (PETROLEUM OILS & WATER)~~					EPA HW Number XX Authorization Number ~~00015~~
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Descriptions for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200°F
~~ITEM B HAS A FLASH POINT BETWEEN 141°F - 200°F~~
EPA CLASSIFICATION FOR ITEM A & B IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above in Item # 14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
0

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: Robert MATTERA | Signature: [signature] | Date: Month Day Ye 05219

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WADE LIBBER | Signature: [signature] | Date: Month Day Ye 05219

18. Transporter 2 Acknowledgement of Receipt of Materials

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

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: PAT Elsbury | Signature: [signature] | Date: Month Day Ye 05219

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 1111/2 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.

COPY 1. TSD MAIL TO GENERATOR COPY

20-111

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH. EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-92

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

Location if Different:
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. * 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS * (708) 971-0150

A. Illinois Manifest Document Number: IL 4679876 — Fee Paid, if Applicable

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-HAZARDOUS LIQUID OIL & WATER	001	TT	001705	G	EPA HW Number: XX; Authorization Number: 0 0 0 2 4 9
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

ITEM A HAS A FLASH POINT ABOVE 140°F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above in Item # 14

G = Gallons Y = 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: X ROOSEVELT MARTIN | Signature: X Roosevelt Martin | Date: Month Day Year: 01 00 79

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed / Typed Name: Phillip FOURNIER Sr | Signature: Phillip Fournier Sr | Date: Month Day Year: 01 00 79

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 hardous materials covered by this manifest except as noted in item 19.

Printed / Typed Name: CHRISTINE LYMAN | Signature: Christine Lyman | Date: Month Day Year: 00 79 2

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR COPY

20-112

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH. EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-92

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

Location if Different:
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. * 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: (708) 971-0150

A. Illinois Manifest Document Number: 4756698 | Fee Paid, If Applicable

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC. | 6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

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 LIQUID (PETROLEUM OILS, WATER)	001	T	002036	G	EPA HW Number: XX Authorization Number: 0 0 0 1 1 5 2
b. ~~COMBUSTIBLE LIQUID N.O.S. COMBUSTIBLE LIQUID, NA1993 (PETROLEUM OILS & WATER)~~					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

ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F.
~~ITEM B HAS A FLASH POINT BETWEEN 141 DEGREES F. & 200 DEGREES F.~~
EPA CLASSIFICATION FOR ITEMS A & B IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above in Item # 14

G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO. (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
ROOSEVELT MARTIN	Roosevelt Martin	3/2/93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed / Typed Name	Signature	Date (Month Day Year)
DAVID HOBART		03 02 93

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 hardous materials covered by this manifest except as noted in item 19.

Printed / Typed Name	Signature	Date (Month Day Year)
CHRISTINE LYNCH	Christine Lynch	03 02 93

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR COPY

20-113

P.O. BOX 19276 , SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

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

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

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

BEAVER OIL CO., INC. | ILD064418353

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

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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS LIQUID (PETROLEUM OILS, WATER)	001	T	(2585) 2585	G
b. ~~COMBUSTIBLE LIQUID, N.O.S.~~ ~~COMBUSTIBLE LIQUID, NA1993~~ (PETROLEUM OILS & WATER)				
c.				
d.				

GENERATOR

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RON COLLETT | Signature: Ron Collett | Date Month Day Y: 09 01 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WADE LIBBY | Signature: Wade Libby | Date Month Day Y: 09 01 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Y

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: SHELLY NOWLEN | Signature: Shelly Nowlen | Date Month Day Y: 09 01 9

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-114

P.O. BOX 19276 , SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | 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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

5. Transporter 1 Company Name | 6. US EPA ID Number
BEAVER OIL CO., INC. | ILD064418353

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

9. Designated Facility Name and Site Address | 10. US EPA ID Number
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525 | ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS LIQUID (PETROLEUM OILS, WATER)	001	T	029706	G
b. ~~COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID, NA1993 (PETROLEUM OILS & WATER)~~				
c.				
d.				

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
X Scott Muncaster	X Scott Muncaster	01 20 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Philip Fournier Sr	Philip Fournier Sr	01 20 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	Signature	Date Month Day Year
SHELLY WOHLWEND	Shelly Wohlwend	01 20 9

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-115

P.O. BOX 19276 , SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is no required by Federal law, but is require by Illinois law

3. Generator's Name and Mailing Address

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

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

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS LIQUID (PETROLEUM OILS, WATER)	001	T	01540	G
b. ~~COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID, NA1993 (PETROLEUM OILS & WATER)~~				
c				
d				

~~Additional Descriptions for Materials Listed Above~~

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Scott Muncaster | Signature: Scott Muncaster | Date: Month 01 Day 21 Ye 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Phillip Fournier Sr | Signature: Phillip Fournier Sr | Date: Month 01 Day 21 Ye 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: ~~Scott Muncaster~~ | Signature: ~~Scott Muncaster~~ | Date: Month 0 Day Ye

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: SHELLY WOHLWEND | Signature: Shelly Wohlwend | Date: Month 01 Day 21 Ye 9

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-116

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-94

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 | Location If Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number: IL6218480 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 [illegible]

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

C. Illinois Transporter's ID

D. (708) 354-4040 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 | 10. US EPA ID Number

G. Illinois Facility's ID: 0 3 1 1 2 [illegible]

H. Facility's Phone: (708) 354-4040

11. US DOT Description (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]	001	TT	[illegible]		EPA HW Number: XX; Authorization Number: [illegible]
b. [illegible]					EPA HW Number: XX; Authorization Number: [illegible]
c.					EPA HW Number: XX; Authorization Number: [illegible]
d.					EPA HW Number: XX; Authorization Number: [illegible]

J. Additional Description for Materials Listed Above

ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
ITEM B HAS A FLASH POINT BETWEEN 141 - 200 DEGREES F
EPA CLASSIFICATION FOR ITEMS A & B IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above in Item #14

G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

[illegible]

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

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20-117

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

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 6. GENERATOR'S COPY

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

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

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

Location If Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL6310071 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (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 N.O.S. (GASOLINE CONTAMINATION) 3, UN1993, PGI~~					EPA HW Number: XXD001 Authorization Number: 000301
b. Waste oil & water NON-HAZARDOUS	001	TT	01650	G	EPA HW Number: XX Authorization Number: [illegible]
c.					EPA HW Number: XX Authorization Number:
d.					EPA HW Number: XX Authorization Number:

GENERATOR

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT BELOW 141 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS HAZARDOUS; SUBJECT TO FEE

K. Handling Codes for Wastes Listed Above
In Item 14
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
RON COLLETT	[signature]	07 26 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name: [illegible]	Signature: [signature]	Date: 07 26 94
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date

FACILITY

19. Discrepancy Indication Space

20-118

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)
JENNY GARDNER	[signature]	07 26 94

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.)

State Form LPC 62 8/81 IL532-0610

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM [redacted] 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
Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL6326844 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

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 LIQUID (PETROLEUM OILS, WATER)	001	TT	01700	G	EPA HW Number: XX; Authorization Number: 0 0 0 [illegible]
b. ~~COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID, NA1993 (PETROLEUM OILS & WATER)~~					EPA HW Number: XX; Authorization Number: 0 0 0 1 5 2
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
~~ITEM B HAS A FLASH POINT BETWEEN 141 - 200 DEGREES F~~
EPA CLASSIFICATION FOR ITEMS A ~~& B~~ IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above
In Item 14: G = Gallons, Y = Cubic Yards

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RON COLLETT | Signature: Ron Collett | Date: Month 10 Day 19 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Henry Klopp | Signature: Henry Klopp | Date: Month 10 Day 19 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: JEN GARDNER | Signature: Jen Gardner | Date: Month 10 Day 19 Year 94

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610 FEB 15 1995

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-94

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL6380852 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 B54-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. D.O.T. NOT REGULATED (PETROLEUM OILS, WATER) NON-HAZARDOUS	001	T	01980	G	EPA HW Number: XX; Authorization Number: 000
b. ~~COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID, NA1993 PGIII~~					EPA HW Number: XX; Authorization Number: 0015
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
~~ITEM B HAS A FLASH POINT BETWEEN 141 - 200 DEGREES F~~
EPA CLASSIFICATION FOR ITEMS A ~~& B~~ IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above
~~In Item #14~~
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
RON COLLETT		020795

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BRAD		020795

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20-120

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)
D. KUBICKI		020795

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST ~~XXXXXXXXXXXX~~

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

A. Illinois Manifest Document Number: IL6629662 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

5. Transporter 1 Company Name: BEAVER OIL CO., INC

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1

D. (708) 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 1 0 3 1 1 1 2 1 6 0 1 0 1 0

H. Facility's Phone: (708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	4125 ~~500~~	G	EPA HW Number XX Authorization Number
b. JUN 15 1995					EPA HW Number XX Authorization Number
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

APV #CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
RONALD COLLETT	Ronald Collett	06 08 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
VERON QUIRK	Veron Quirk	06 08 95

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

20-121

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
D. KUBICKI	D. Kubicki	06 08 95

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

SEP 13 1995

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.)

State Form LPC 62 8/81 IL532-0610

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039 Expires 9-30-94

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 6665463 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 B54-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT 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. NOT D.O.T. REGULATED USED OIL/WATER	001	FT	(3850) 3850	G	EPA HW Number: X X; Authorization Number
b.					EPA HW Number: X X; Authorization Number
c.					EPA HW Number: X X; Authorization Number
d.					EPA HW Number: X X; Authorization Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO APV #CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: KIRK D. BUCHHOLTZ | Signature | Date: Month Day Year 8 31 95

TRANSPORTER

17. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name: Bowden | Signature | Date: Month Day Year 8 31 95

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

20-122

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

Printed/Typed Name: D. KUBICKI | Signature | Date: Month Day Year 08 31 95

This Agency is authorized to require pursuant to Illinois Revised Statute 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

DEC 1995

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 6711206 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

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. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02950	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F.
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS

K. Handling Codes for Wastes Listed Above In Item 14
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO APV #CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: KIRK D. BUCHHOLTZ | Signature: Kirk D. Buchholtz | Date (Month Day Year): 12 01 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Bill Johnson | Signature: Bill Johnson | Date (Month Day Year): 12 01 95

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space
20-123

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

Printed/Typed Name: D. KUBICKI | Signature: D. Kubicki | Date (Month Day Year): 12 01 95

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COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89)

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

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address

MAY 13 1996

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL6766465 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

C. Illinois Transporter's ID: 0 0 1

D. 708 854-4040 Transporter's Phone

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0

H. Facility's Phone: (708) 354-4040

5. Transporter 1 Company Name	6. US EPA ID Number
BEAVER OIL CO., INC.	ILD064418353
7. Transporter 2 Company Name	8. US EPA ID Number
9. Designated Facility Name and Site Address	10. US EPA ID Number
BEAVER OIL CO., INC. 6037 LENZI AVENUE HODGKINS, IL 60525	ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	T	04020	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item 14
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
KIRK D. BUCHHOLTZ		043096

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name: JOHN A. WELCHMAN	Signature	Date (Month Day Year): 043096
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20-124

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		
Printed/Typed Name: D. KUBICKI	Signature	Date (Month Day Year): 043096

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039 Expires 9-30-95

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

Location If Different

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

A. Illinois Manifest Document Number: IL 7219799 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	037406		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

AUG 16 1996

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: KIRK D. BUCHHOLTZ | Signature | Date: Month Day Year 080296

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: D. DELK | Signature: D. Delk | Date: Month Day Year 080296

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: Pat Elsbury | Signature: Pat Elsbury | Date: Month Day Year 080296

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-125

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE ~~TYPE~~ (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires 9-30-96

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

A. Illinois Manifest Document Number: IL 7220345 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	T+	021,45	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
X KIRK D. BUCHHOLTZ	X Kirk D. Buchholtz	09 30 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
[illegible]	[illegible]	09 30 96

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)
D. KUBICKI	D. Kubicki	09 30 96

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-126

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is required by Federal law but is required Illinois law

3. Generator's Name and Mailing Address

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

A. Illinois Manifest Document Number: IL 7258085 FEE PAID IF APPLICABL

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1

D. 708 354-4040 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

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 1 2 6 0 0 0

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	01815	G	EPA HW Number XX Authorization Numbe
b.					EPA HW Number XX Authorization Numbe
c.					EPA HW Number XX Authorization Numbe
d.					EPA HW Number XX Authorization Numbe

JAN 09 1997

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Yea
KIRK D. BUCHHOLTZ		12/29

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Yea
RONALD [illegible]		12/29

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Yea

FACILITY

19. Discrepancy Indication Space

20-127

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 Yea
Pat Elsbury	Pat Elsbury	12/29

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039 Expires 9-30-96

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7320593 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

MAR 10 1997

US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	0209	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G = GALLONS

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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
KIRK D. Buchholtz	Kirk D. Buchholtz	02259

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
DOUGLAS B. MANDRU	Douglas B Mandru	02259

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space
20-128

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
Pat Elsbury	Pat Elsbury	02259

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST XXX

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7321202 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1

D. 708 354-4040 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

MAY 10 1993

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 1 2 6 0 0 0

H. Facility's Phone: (708) 354-4040

11. US DOT 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. NOT D.O.T. REGULATED USED OIL/WATER	0 0 1	T T	0 1 8 7 0	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Ye)
KIRK D. Buckholtz	Kirk D. Buckholtz	0 5 0 2 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Ye)
Kevin Ryan	Kevin Ryan	0 5 0 2 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Ye)

FACILITY

19. Discrepancy Indication Space
20-129

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 Ye)
Pat Elsbury	Pat Elsbury	0 5 0 2 9

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COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. 001 10 | 2. Page 1 of | Information in the shaded areas is required by Federal law but is required by Illinois law

3. Generator's Name and Mailing Address | Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number IL 7377857 FEE PAID IF APPLICABLE

B. Illinois Generator's ID 0 4 3 8 0 3 0 0 0

5. Transporter 1 Company Name: BEAVER OIL CO., INC. | 6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID 0 0 1

D. 708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID 0 3 1 1 2 6 0 0 0

H. Facility's Phone (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02310	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G = GALLONS

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Muncaster | Signature: Scott Muncaster | Date: Month Day Year 07 029

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DOUGLAS B. MANDRU | Signature: Douglas B Mandru | Date: Month Day Year 07 029

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

19. Discrepancy Indication Space

20-130

20. Facility Owner or Operator: Certification of receipt of ~~hazardous~~ materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Pat Elsbury | Signature: Pat Elsbury | Date: Month Day Year 07 029

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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

Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7633744 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 6

0708 354-4040 Transporter's Phone

7. Transporter 2 Company Name: OCT 06 1997

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address

BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02300	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
6: Gallons

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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)
KIRK D. Buchholtz	Kirk D. Buchholtz	09 24 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JIM TYNDALL	J Tyndall	09 24 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
20-131

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)
D KUBICKI	D. Kubicki	09 24 97

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

SAFETY-KLEEN CORP. P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
STATE PRESCRIBED FORM State Form LPC 62 8/81 IL532-0610 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE
5-034-01 EPA Form 8700-22 (6-89) 29600
NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005094230 | Manifest Document No. 44847 | 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:
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE IL 60515-0717

4. Generator's Phone (630) 971-0150

A. Illinois Manifest Document Number: IL 8114122 MANIFEST FEE PAID

B. Illinois Generator's ID: 0438030003

5. Transporter 1 Company Name: SAFETY-KLEEN CORP. | 6. US EPA ID Number: ILD 984908202

C. Illinois Transporter's ID: 1123

D. (847) 468-6510 Transporter's Phone

7. Transporter 2 Company Name: SCHNEIDER NAT'L BULK CARRIERS | 8. US EPA ID Number: WID 981193998

E. Illinois Transporter's ID: 1266

F. (800) 558-6623 Transporter's Phone

9. Designated Facility Name and Site Address 000654
SAFETY-KLEEN CORP.
633 E 138TH ST
DOLTON, IL 60419

10. US EPA ID Number: ILD 980613913

G. Illinois Facility's ID: 0310690006

H. Facility's Phone: 708 849-4850

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. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D006, D039) (ERG#171) AQUEOUS PARTS CLEANER	02	DM	0055	G	EPA HW Number X X D006 / Authorization Number
b.					EPA HW Number X X / Authorization Number
c.					EPA HW Number X X / Authorization Number
d.					EPA HW Number X X / Authorization Number

OCT 06 1997

J. Additional Descriptions for Materials Listed Above
I(A) D039

K. Handling Codes for Wastes Listed Above in Item #14
M022

15. Special Handling Instructions and Additional Information 9739 94113366 544847 5-034-01-5032 27
SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
EMERGENCY RESP#800-468-1760 24HR
A: 10087 B: C: D:

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

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GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
X James Pakansky	X James Pakansky	09 26 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
ROBERT V. SLEETON		09 26 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BOB STOMP	R. Stomp	09 30 97

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)
JOANNE BARTHS	Joanne Barths	09 30 97

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½, Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-132

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 — Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7634326 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. 708 354-4040 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:
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

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. NOT D.O.T. REGULATED USED OIL/WATER	011	TT	02365	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G = GALLONS

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: KIRK D Buchholtz | Signature: Kirk D Buchholtz | Date (Month Day Year): 11 25 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DOUGLAS B. MANDRU | Signature: Douglas B Mandru | Date (Month Day Year): 11 25 97

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: Pat Elsbury | Signature: Pat Elsbury | Date (Month Day Year): 11 25 9

GENERATOR — TRANSPORTER — FACILITY

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-133

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~ XXX 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 — Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7706944 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1

D. 708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02695	G	EPA HW Number XX; Authorization Number
b.					EPA HW Number XX; Authorization Number
c. FEB 20 1998					EPA HW Number XX; Authorization Number
d.					EPA HW Number XX; Authorization Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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Printed/Typed Name: X KIRK D. Buchholtz | Signature: X Kirk D. Buchholtz | Date: Month Day Year 020498

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: BRAD Jow | Signature: [signature] | Date: Month Day Year 020498

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: Pat Elsbury | Signature: Pat Elsbury | Date: Month Day Year 020498

GENERATOR — TRANSPORTER — FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-134

AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

Location If Different

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

A. Illinois Manifest Document Number: IL 7738618 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4
0708 354-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: 708 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	0290.0	6	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
RICK D. Buckholtz		04 14 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
James Hopp		04 14 98

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)
Pat Elsbury	Pat Elsbury	04 14 98

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

20-135

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

GENERATOR

3. Generator's Name and Mailing Address
Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7739390 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC.

6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. (708) 854-4040 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
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

JUL 18

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	02530	G	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 Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14
G= GALS

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Munqaster | Signature: Scott Munqaster | Date: Month 06 Day 18 Year 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JESSE ALVEAR | Signature: Jesse Alvear | Date: Month 06 Day 18 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space
20-136

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

Printed/Typed Name: M. DAVIS | Signature: M. Davis | Date: Month 06 Day 18 Year 98

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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 — Location If Different

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

OCT 22 1998

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" (708) 971-0150

A. Illinois Manifest Document Number: IL 7779461 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0 4 3 8 0 3 0 0 0 3

5. Transporter 1 Company Name: BEAVER OIL CO., INC. | 6. US EPA ID Number: ILD064418353

C. Illinois Transporter's ID: 0 0 1 4

D. Transporter's Phone: 708 354-4040

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: BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525

10. US EPA ID Number: ILD064418353

G. Illinois Facility's ID: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone: (708) 354-4040

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	001	TT	026 00	G	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 Description for Materials Listed Above

ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

FLEXIBLE STEEL LACING CO CL3F08

24 HOUR EMERGENCY PHONE NO: (708) 354-4040

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

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Printed/Typed Name: X KIRK D. Bochholtz | Signature: [signature] | Date: Month 10 Day 07 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: James Hopp | Signature: [signature] | Date: Month 10 Day 07 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20-137

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

Printed/Typed Name: M DAVIS | Signature: M. Davis | Date: Month 10 Day 07 Year 98

GENERATOR — TRANSPORTER — FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

DEC 11 1998 P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

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
Location If Different
FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVENUE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 971-0150

A. Illinois Manifest Document Number: IL 7830467 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 8 8 0 8 0 0 0 5

C. Transporter's ID Number: UPM309608IL

D. Transporter's Phone (708) 354-4040

E. Transporter's ID Number:

F. Transporter's Phone (·)

G. Facility's IL ID Number: 0 3 1 1 2 6 0 0 0 1

H. Facility's Phone 708 354-4040

5. Transporter 1 Company Name: BEAVER OIL CO., INC.
6. US EPA ID Number: ILD064418353

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

9. Designated Facility Name and Site Address
BEAVER OIL CO., INC.
6037 LENZI AVENUE
HODGKINS, IL 60525
10. US EPA ID Number: ILD064418353

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NOT D.O.T. REGULATED USED OIL/WATER	01	FT	2585	G	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
ITEM A HAS A FLASH POINT ABOVE 200 DEGREES F
EPA CLASSIFICATION FOR ITEM A IS NON-HAZARDOUS.

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
FLEXIBLE STEEL LACING CO CL3F08
24 HOUR EMERGENCY PHONE NO: (708) 354-4040

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: KIRK D. RAUHOFT | Signature | Date: Month 12 Day 29 Year 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK LORENZ | Signature | Date: Month 12 Day 29 Year 98

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

FACILITY

19. Discrepancy Indication Space
20-138

20. Facility Owner or Operator: Certification of receipt of ~~hazardous~~ materials covered by this manifest except as noted in item 19.
Printed/Typed Name: M. NAUIS | Signature | Date: Month 12 Day 29 Year 98

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

COPY 1. TSD MAIL TO GENERATOR

SOIL REPORT

PROPOSED INDUSTRIAL BUILDING
WISCONSIN & KATRINE AVENUES
DOWNERS GROVE, ILLINOIS

SOIL TESTING SERVICES, INC.

Soil Testing Services Inc.
Il-272-6520

Consulting Soil and Foundation Engineers

12-001

FOUNDATION BORINGS AND TESTING
ENGINEERING ANALYSES AND REPORTS
CONSTRUCTION QUALITY CONTROL
INSPECTION DESIGN

Northbrook Phone: 272-6520

SOIL TESTING SERVICES, INC.
111 PFINGSTEN ROAD NORTHBROOK, ILL. 60062

JOHN P. GNAEDINGER
CLYDE N. BAKER, JR.
LOUIS K. WALTER, JR.

ADDRESS REPLY TO:
P.O. Box 284
NORTHBROOK, ILL. 60062

MARCH 14, 1966

FLEXIBLE STEEL LACING COMPANY
4607 WEST LEXINGTON AVENUE
CHICAGO, ILLINOIS

ATTENTION: MR. FRANK MCCOMB STS JOB NO. 10222

RE: SUBSURFACE INVESTIGATION FOR A PROPOSED ONE STORY INDUSTRIAL BUILDING TO BE LOCATED BETWEEN WISCONSIN AND ELMORE AVENUES AND JUST EAST OF KATRINE AVENUE IN DOWNERS GROVE, ILLINOIS.

GENTLEMEN:

WE ARE SUBMITTING, HEREWITH, THE RESULTS OF THE SUBSURFACE INVESTIGATION AT THE ABOVE SITE. IF THERE ARE ANY QUESTIONS WITH REGARD TO THE RESULTS OR IF WE CAN BE OF FURTHER SERVICE TO YOU IN ANY WAY, PLEASE DO NOT HESITATE TO CONTACT US.

YOURS VERY TRULY,

SOIL TESTING SERVICES, INC.

SYLVIO J. POLLICI
PROJECT ENGINEER

CLYDE N. BAKER, JR.
REGISTERED PROFESSIONAL ENGINEER,
ILLINOIS

JOHN P. GNAEDINGER
REGISTERED STRUCTURAL ENGINEER,
ILLINOIS

SJP: CP

INTRODUCTION

THE SUBSURFACE INVESTIGATION FOR THE PROPOSED INDUSTRIAL BUILDING TO BE LOCATED BETWEEN WISCONSIN AND ELMORE AVENUES AND EAST OF KATRINE AVENUE IN DOWNERS GROVE, ILLINOIS HAS BEEN COMPLETED. A TOTAL OF FIVE SOIL BORINGS WERE PERFORMED AT THE SITE AND THE RESULTS OF THESE BORINGS ALONG WITH A BORING LOCATION DIAGRAM ARE INCLUDED IN THE APPENDIX OF THIS REPORT.

IT IS OUR UNDERSTANDING THAT THE PROPOSED STRUCTURE WILL BE ONE STORY HIGH WITHOUT BASEMENT AND ONLY RELATIVELY LIGHT STRUCTURAL LOADS ARE INVOLVED. HOWEVER, IT IS OUR UNDERSTANDING THAT RELATIVELY HEAVY LOADS ARE ANTICIPATED OVER THE FLOOR SLAB WHICH MAY BE AS HIGH AS 2000 POUNDS PER SQUARE FOOT OVER SIZABLE AREAS.

THE PURPOSE OF THIS REPORT IS TO DESCRIBE THE SOIL CONDITIONS ENCOUNTERED IN THE BORINGS, TO ANALYZE THE TEST DATA AND TO MAKE RECOMMENDATIONS REGARDING FOUNDATION TYPES AND CONSTRUCTION PROCEDURES.

SUBSURFACE INVESTIGATION PROCEDURES

THE SOIL BORINGS WERE PERFORMED WITH A JOY MODEL 12 ROTARY TYPE DRILLING RIG AND THE BORE HOLES WERE ADVANCED BY MEANS OF VARIOUS CUTTING BITS AND WASH WATER.

THE REPRESENTATIVE SOIL SAMPLES WERE OBTAINED BY MEANS OF THE SHELBY TUBE SAMPLING PROCEDURES IN ACCORDANCE WITH ASTM SPECIFICATION D-1587-63T (SEE APPENDIX). IN THIS PROCEDURE, THIN WALL STEEL SEAMLESS TUBES WITH SHARP CUTTING EDGES WERE PUSHED HYDRAULICALLY INTO THE SOIL AND RELATIVELY UNDISTURBED SAMPLES OBTAINED. THE SHELBY TUBES WERE IDENTIFIED IN THE FIELD, SEALED WITH RUBBER CAPS AND WERE TAKEN TO OUR LABORATORY FOR FURTHER EXAMINATION AND TESTING.

TESTING PROGRAM

THE TESTING PROGRAM CONSISTED OF PERFORMING UNCONFINED COMPRESSION, WATER CONTENT AND DENSITY TESTS UPON REPRESENTATIVE AND UNDISTURBED PORTIONS OF THE SAMPLES TAKEN FROM THE SHELBY TUBES. IN THE UNCONFINED COMPRESSION TEST, THE

UNCONFINED COMPRESSIVE STRENGTH OF THE SOIL IS OBTAINED BY LOADING AXIALLY A TRIMMED SOIL SAMPLE WHICH IS UNSUPPORTED LATERALLY AND UNDER A SLOW AND APPROXIMATELY CONSTANT STRAIN UNTIL FAILURE IS OBTAINED WHICH IS TAKEN AS THE STRESS AT THE MAXIMUM AXIAL LOAD OR THE STRESS AT 20% STRAIN. WHERE THE RECOVERY FOR THE PERFORMANCE OF THE UNCONFINED COMPRESSION TEST WAS INSUFFICIENT, AND THE SAMPLE ESSENTIALLY COHESIVE, A PENETROMETER TEST WAS PERFORMED. THE PENETROMETER TEST IS A TEST IN WHICH THE UNCONFINED COMPRESSIVE STRENGTH OF THE SOIL CAN BE ESTIMATED BY THE RESISTANCE OF THE SOIL SAMPLE TO THE PENETRATION OF A SMALL SPRING CALIBRATED CYLINDER. ALL LABORATORY TEST DATA IS NOTED ON THE SOIL BORING LOGS.

UPON COMPLETION OF THE TESTING PROGRAM EACH SOIL SAMPLE WAS CLASSIFIED ON THE BASIS OF TEXTURE AND PLASTICITY IN ACCORDANCE WITH THE UNIFIED SOIL CLASSIFICATION SYSTEM. THE APPROPRIATE GROUP SYMBOL ACCORDING TO THE UNIFIED SYSTEM IS INCLUDED IN PARENTHESES FOLLOWING THE VISUAL SOIL DESCRIPTION ON THE BORING LOGS. A BRIEF EXPLANATION OF THE UNIFIED SOIL SYSTEM OF CLASSIFICATION IS INCLUDED IN THE APPENDIX OF THIS REPORT.

SOIL CONDITIONS

MOST OF THE SOIL BORINGS INDICATE NO TOPSOIL AT THE SURFACE EXCEPT AT THE SOUTHEAST CORNER OF THE AREA WHERE BORING 5 INDICATES APPROXIMATELY 1' OF TOPSOIL.

THE MOST PREDOMINANT SOIL TEXTURE MAPPED IN THE PROFILES IS A SILTY CLAY TILL WHICH CONTAINS TRACES OF SAND AND GRAVEL. THE BORINGS THAT WERE PERFORMED ALONG THE SOUTHERN BOUNDARY OF THE PROPERTY AND ALSO THE BORING PERFORMED WITHIN THE CENTER INDICATE THAT THE SILTY CLAY IS OF A CONSISTENCY BETWEEN VERY TOUGH AND HARD TO THE MAXIMUM DEPTH OF THE BORINGS. AT THE LOCATION OF BORINGS 2 AND 3 WHICH WERE PERFORMED ALONG THE NORTHERN BOUNDARY OF THE PROPERTY, THE BORINGS INDICATE THAT THE SILTY CLAY SOIL OBTAINED BETWEEN THE SURFACE AND A DEPTH OF APPROXIMATELY 4' HAS A STIFF TO TOUGH CONSISTENCY AND

WATER CONTENTS GENERALLY IN EXCESS OF 20% BY DRY WEIGHT. HOWEVER, THE CONSISTENCY AT DEPTHS IN EXCESS OF 4' ARE SIMILAR TO THOSE INDICATED AT THE SAME LEVEL IN THE BORINGS PREVIOUSLY DESCRIBED. ALSO, A RELATIVELY THIN CLAYEY SILTY STRATUM IS INDICATED BETWEEN THE DEPTH RANGE OF 4' AND 5' BELOW SURFACE AT THE LOCATION OF BORING 2.

BORING 1 WHICH WAS PERFORMED TO A DEPTH OF 27' INDICATES A HARD CLAYEY SILT AT APPROXIMATELY A DEPTH OF 18' AND AGAIN SILTY CLAY OF A VERY TOUGH CONSISTENCY AT APPROXIMATELY A DEPTH OF 24' AND THIS SILTY CLAY TEXTURE AND CONSISTENCY PREVAILS TO THE END OF THIS BORING.

GROUND WATER TABLE CONDITIONS

THE GROUND WATER TABLE COULD NOT BE MEASURED DURING THE BORING OPERATIONS BECAUSE OF THE RELATIVELY IMPERVIOUSNESS OF THE DEPOSITS ENCOUNTERED.

BASED ON A VISUAL INSPECTION OF THE SOIL SAMPLES WE ESTIMATE THAT THE CONTINUOUS GROUND WATER TABLE IS LOCATED AT A DEPTH IN EXCESS OF 13' BELOW SURFACE AND AT APPROXIMATELY THE LEVEL OF TRANSITION BETWEEN THE BROWN GRAY AND TOTALLY GRAY SILTY CLAY SOILS. SOME GROUND WATER ALSO MAY BE PRESENT IN A PERCHED STATE WITHIN RELATIVELY PERVIOUS SEAMS OF CLAYEY SILTY SANDS AND SILTY SANDS AT LEVELS ABOVE A DEPTH OF 13'. THE BORINGS INDICATE THAT THE OCCURRENCE OF SUCH AQUIFERS SHOULD BE VERY LIMITED.

THE GROUND WATER TABLE IS EXPECTED TO OSCILLATE SLIGHTLY DURING THE YEAR ACCORDING TO THE AMOUNT OF PRECIPITATION AND SURFACE RUNOFF.

ANALYSIS AND RECOMMENDATIONS

IN VIEW OF THE CONDITIONS ENCOUNTERED AND THE TYPE OF STRUCTURE CONTEMPLATED WE RECOMMEND THAT THE STRUCTURE BE SUPPORTED ON A SPREAD FOOTING TYPE OF FOUNDATION. THE FOOTINGS SHOULD BE PLACED ON OR IN THE BROWN AND GRAY SILTY CLAY OF A VERY TOUGH TO HARD CONSISTENCY WHICH ARE INDICATED AT LEVELS VARYING FROM 2' TO 4' BELOW THE SURFACE. AT THESE LEVELS THE FOOTINGS SHOULD BE DESIGNED FOR A NET ALLOWABLE SOIL BEARING PRESSURE NOT TO EXCEED 4000 POUNDS

PER SQUARE FOOT. THE NET ALLOWABLE SOIL BEARING PRESSURE REFERS TO THE PRESSURE WHICH CAN BE TRANSMITTED AT THE BOTTOM OF THE FOOTINGS IN EXCESS OF THE FINAL MINIMUM SURROUNDING OVERBURDEN PRESSURE. SPECIFICALLY, THE DESIRABLE BEARING SOIL CAN BE FOUND AT A DEPTH OF 2' AT THE LOCATION OF BORINGS 1, 4 AND 5 AND AT APPROXIMATELY A DEPTH OF 4' AT THE LOCATION OF BORINGS 2 AND 3. THE EXTERIOR FOOTINGS FOR THE STRUCTURE SHOULD BE PLACED AT A MINIMUM DEPTH OF 4' BELOW OUTSIDE GRADE IN ORDER TO ASSURE SUFFICIENT PROTECTION AGAINST THE EFFECTS OF FROST PENETRATION.

NO CONSTRUCTION PROBLEMS ARE ANTICIPATED FOR A SPREAD FOOTING FOUNDATION. HOWEVER, WHEREVER SOIL CONDITIONS AS INDICATED AT A DEPTH OF 4' AT THE LOCATION OF BORING 2 PREVAIL, THIS SLIGHTLY COHESIVE MATERIAL MAY BECOME SPONGY UPON EXPOSURE. IF SUCH A CONDITION OCCURS WE RECOMMEND THAT THE FOOTINGS BE EXTENDED TO THE UNDERLYING SILTY CLAY SOILS OR BE PLACED OVER A COMPACTED GRANULAR BASE RAISED TO THE DESIRED FOOTING GRADE.

AS AN ALTERNATIVE SOLUTION TO A FOOTING FOUNDATION IT IS POSSIBLE TO SUPPORT THE STRUCTURE ON RELATIVELY SHALLOW CAISSONS. THE BORINGS INDICATE THAT FOR CAISSONS PLACED AT A DEPTH OF APPROXIMATELY 10' BELOW EXISTING GROUND SURFACE, THEY CAN BE DESIGNED FOR A NET ALLOWABLE SOIL BEARING PRESSURE NOT TO EXCEED 8000 POUNDS PER SQUARE FOOT.

WE RECOMMEND THAT THE FOUNDATION EXCAVATIONS BE INSPECTED BY A QUALIFIED SOIL ENGINEER IN ORDER TO ASSURE THAT THE SOIL CONDITIONS ENCOUNTERED ARE AS ANTICIPATED IN THE DESIGN.

REGARDING THE SLAB ON GRADE, IT IS OUR UNDERSTANDING THAT FLOOR LOADS UP TO 2000 POUNDS PER SQUARE FOOT MAY BE EXPECTED. IT IS RECOMMENDED THAT ANY TOPSOIL AS WELL AS ANY HIGH WATER CONTENT COMPRESSIBLE SILTY CLAY WHICH MAY BE ENCOUNTERED IMMEDIATELY UNDER THE TOPSOIL BE REMOVED AND REPLACED, IF NECESSARY, BY A FILL PROPERLY COMPACTED. THE FILL MATERIAL SHOULD BE FREE OF

ORGANIC MATTER AND DEBRIS AND SHOULD BE PLACED IN LIFTS NOT TO EXCEED 9" IN LOOSE THICKNESS. THE FILL SHOULD BE COMPACTED TO A MINIMUM OF 90% OF ASTM D-1557-58T FOR CLAYEY FILLS OR A MINIMUM OF 60% RELATIVE DENSITY IN ACCORDANCE WITH ASTM DESIGNATION D-2049-64T FOR GRANULAR FILL, UNTIL FLOOR SLAB GRADE IS ATTAINED FOR AREAS WITH FLOOR LOADINGS LESS THAN 500 PSF. IN AREAS WHERE THE FLOOR SLAB LOAD WILL EXCEED 500 POUNDS PER SQUARE FOOT OR WHERE BEARING WALLS WILL BE TRANSMITTED DIRECTLY TO THE FLOOR SLAB WE RECOMMEND THAT THE FILL MATERIAL BE COMPACTED TO A MINIMUM OF 95% OF ASTM D-1557-58T DENSITY OR A MINIMUM OF 75% RELATIVE DENSITY. ANY STRIPPING OR COMPACTION OPERATIONS SHOULD BE INSPECTED BY A QUALIFIED SOIL ENGINEER AND WE RECOMMEND THAT EACH LIFT BE TESTED AND APPROVED BY THE SOIL ENGINEER PRIOR TO THE PLACEMENT OF SUBSEQUENT LIFTS.

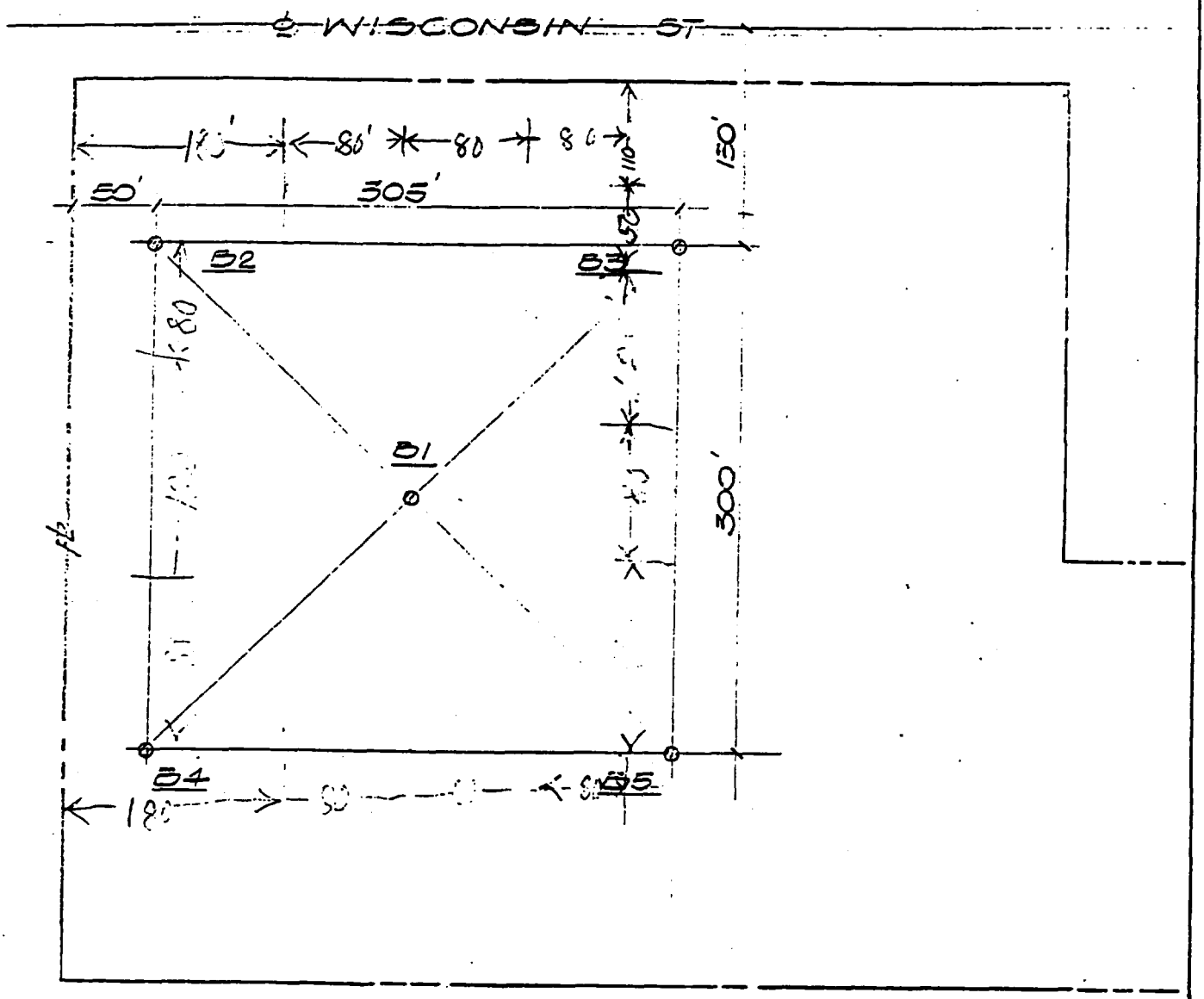
REGARDING THE SLAB DESIGN, WE RECOMMEND THAT THE SLAB BE REINFORCED BOTH AT THE TOP AND BOTTOM WITHIN THE HEAVILY LOADED AREA AND POURING BE DONE INDEPENDENTLY OF THE FOUNDATION WALL. A SUGGESTED DESIGN IS 8" THICK WITH 6 x 6 #4 MESH TOP AND BOTTOM.

IF YOU WISH, WE WOULD WELCOME THE OPPORTUNITY TO PROVIDE THE FIELD ENGINEERING INSPECTION SERVICE AND TO REVIEW THE PLANS AND SPECIFICATIONS AFTER THEY ARE PREPARED FOR THE PROJECT SO THAT WE MIGHT HAVE AN OPPORTUNITY OF COMMENTING UPON THE EFFECTS OF THE SOIL CONDITIONS ON THE DESIGN AND SPECIFICATIONS.

Mr Jon Walter,
Soil Testing Engineer

APPENDIX

1. Location Diagram
2. General Notes
3. Boring Logs
4. ASTM Specification D-1587-63T
5. Unified Soil Classification System
6. General Properties of Various Soil Types



SOIL BORING LOCATION DIAGRAM
PROPOSED 1-STY INDUSTR. BLDG
FLEXIBLE STEEL LACING CO
DOWNERS GROVE ILLINOIS

N

SOIL TESTING SERVICES, INC.
111 PFINGSTEN ROAD
NORTHBROOK ILLINOIS

MP	SJP	3-10-66	10222

12-009

GENERAL NOTES

1950 Chicago Building Code Soil Classifications are Used Except Where Noted

DRILLING & SAMPLING SYMBOLS

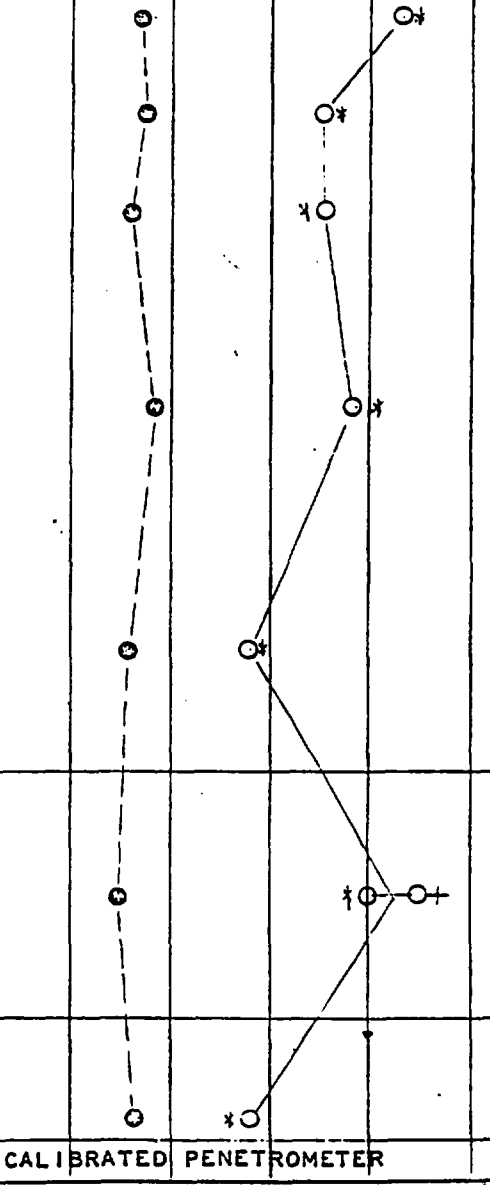
ss - Split-Spoon – 1⅜" I.D., 2" O.D., except where noted

LOG OF BORING NO. B - 1

OWNER	ARCHITECT - ENGINEER
FLEXIBLE STEEL LACING CO.	
SITE WISCONSIN AND KATRINE AVENUES, DOWNERS GROVE, ILL.	PROJECT NAME PROPOSED 1-STORY INDUS. BLDG.

DEPTH ELEVATION	SAMPLE NO.	TYPE SAMPLE	SAMPLE DIST.	RECOVERY	DESCRIPTION OF MATERIAL	UNIT DRY WT. LBS./FT.³
SURFACE ELEVATION						
		FT			SILTY CLAY, TRACE TO SOME GRAVEL - (CL) NOTES: 1) BROWN WITH TRACE GRAY TO -9' - HARD TO VERY TOUGH 2) GRAY & BROWN FROM -9' TO -13' - VERY TOUGH 3) BROWNISH GRAY FROM -13' TO -18.5' - VERY TOUGH 4) PRACTICALLY NO TOPSOIL AT SURFACE	
5.0	1	ST				
	2	ST				
	3	ST				
10.0	4	ST				
15.0	5	ST				
20.0	6	ST			CLAYEY SILT, TRACE TO SOME SAND, TRACE GRAVEL - GRAY - HARD - (ML-CL)	
27.0	7	ST			SILTY CLAY, TRACE SAND AND GRAVEL - GRAY - VERY TOUGH - (CL)	
27.0					END OF BORING	

UNCONFINED COMPRESSIVE STRENGTH TONS/FT.²
1 2 3 4 5
PLASTIC LIMIT % — WATER CONTENT % — LIQUID LIMIT %
STANDARD "N" PENETRATION (BLOWS/FT.)
10 20 30 40 50



*CALIBRATED PENETROMETER

WATER LEVEL OBSERVATIONS		
W.L.	W.S. OR W.D.	
W.L.	B.C.R.	A.C.R.
W.L.		

SOIL TESTING SERVICES INC.
111 PFINGSTEN ROAD
NORTHBROOK, ILLINOIS

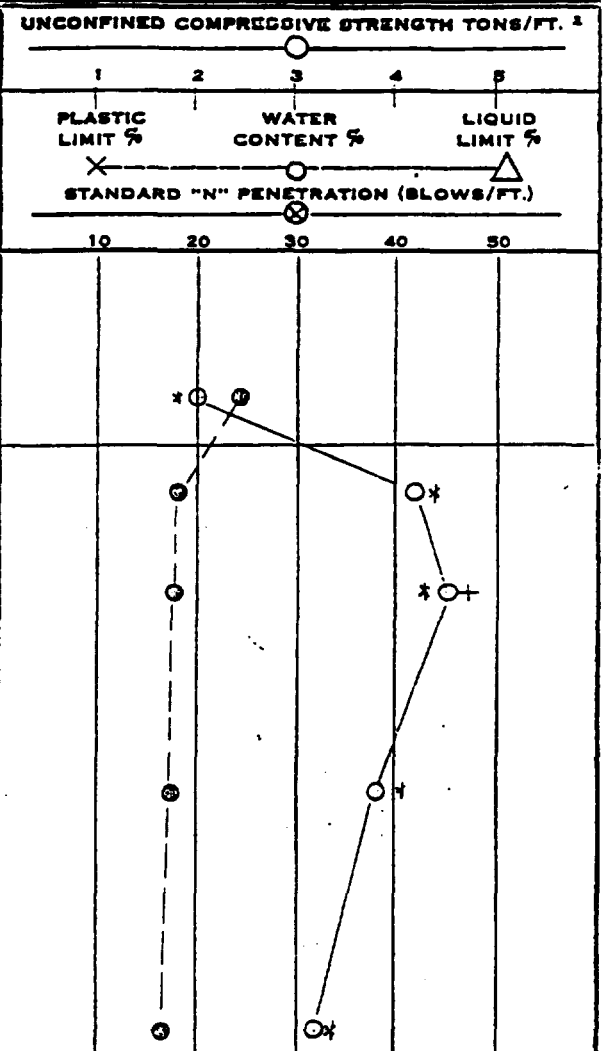
BORING STARTED	2/21/66		
BORING COMPLETED	2/21/66		
RIG	61	FOREMAN	WEBER
DRAWN	MP	APPROVED	SJP
JOB #	10222	SHEET	1 OF 1

12-011

LOG OF BORING NO. B - 3

OWNER: FLEXIBLE STEEL LACING CO.	ARCHITECT - ENGINEER:
SITE: WISCONSIN AND KATRINE AVENUES, DOWNERS GROVE, ILL.	PROJECT NAME: PROPOSED 1-STORY INDUS. BLDG.

DEPTH ELEVATION	SAMPLE NO.	TYPE SAMPLE	SAMPLE DIST.	RECOVERY	DESCRIPTION OF MATERIAL	UNIT DRY WT. LBS./FT.³
SURFACE ELEVATION						
	1	ST			SILTY CLAY, TRACE TO SOME SAND, TRACE GRAVEL - DK. BRWN TO BROWN - VERY TOUGH - (CL)	
5.0	2	ST			SILTY CLAY, TRACE SAND AND GRAVEL - (CL)	
	3	ST			NOTES: 1) BROWN FROM -4' TO -9' - HARD 2) BROWN & GRAY FROM -9' TO -13' - VERY TOUGH 3) GRAY BELOW -13' - V. TOUGH	
10.0	4	ST				
15.0	5	ST				
17.0					END OF BORING	



*CALIBRATED PENETROMETER

WATER LEVEL OBSERVATIONS		
W.L.	W.S. OR W.D.	
W.L.	B.C.R.	A.C.R.
W.L.		

SOIL TESTING SERVICES INC.
111 PFINGSTEN ROAD
NORTHBROOK, ILLINOIS

BORING STARTED	2/21/66		
BORING COMPLETED	2/21/66		
RIG	61	FOREMAN	WEBER
DRAWN	MP	APPROVED	SJP
JOB #	10222	SHEET	1 OF 1

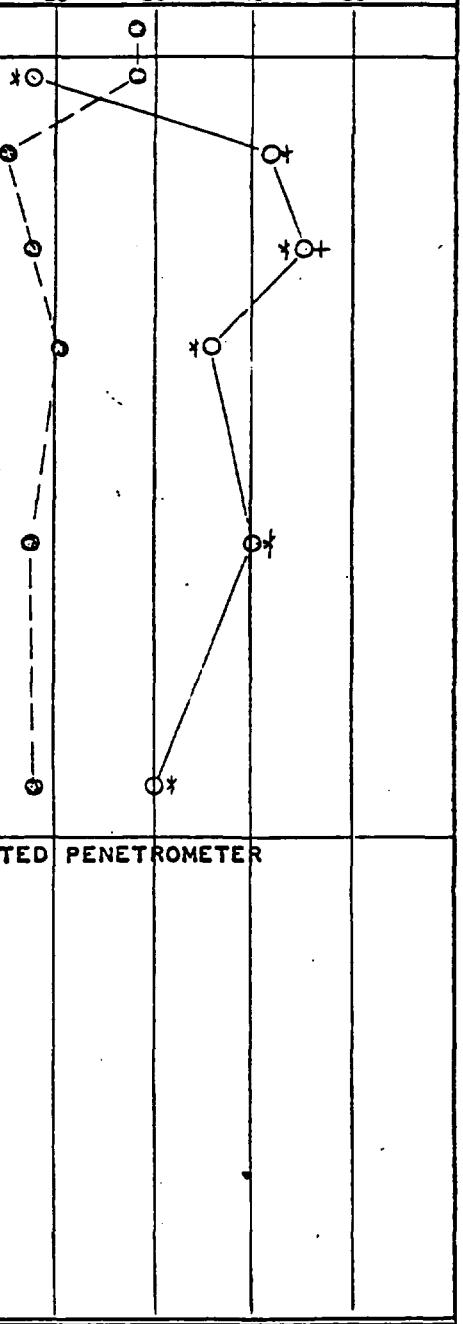
12-013

LOG OF BORING NO. B - 5

OWNER: FLEXIBLE STEEL LACING CO.	ARCHITECT - ENGINEER:
SITE: WISCONSIN AND KATRINE AVENUES, DOWNERS GROVE, ILL.	PROJECT NAME: PROPOSED 1-STORY INDUS. BLDG.

DEPTH ELEVATION	SAMPLE NO.	TYPE SAMPLE	SAMPLE DIST.	RECOVERY	DESCRIPTION OF MATERIAL	UNIT DRY WT. LBS./FT.³
SURFACE ELEVATION						
	1	ST			DK. BROWN SILTY & CLAYEY TOPSOIL, TRACE ROOTS - (OL)	
	1A				SILTY CLAY, TRACE SAND AND GRAVEL - (CL)	
	2	ST			NOTES: 1) DK. BROWN TO BROWN FROM -1' TO -2' - TOUGH	
5.0	3	ST			2) BROWN WITH TRACE GRAY FROM -2' TO -9' - HARD TO VERY TOUGH	
	4	ST			3) BROWN AND GRAY FROM -9' TO -13' - HARD	
10.0	5	ST			4) GRAY BELOW -13' - V. TOUGH	
15.0	6	ST				
17.0					END OF BORING	

UNCONFINED COMPRESSIVE STRENGTH TONS/FT.²
1 2 3 4 5
PLASTIC LIMIT % | WATER CONTENT % | LIQUID LIMIT %
STANDARD "N" PENETRATION (BLOWS/FT.)
10 20 30 40 50



*CALIBRATED PENETROMETER

WATER LEVEL OBSERVATIONS		
W.L.	W.S. OR W.D.	
W.L.	B.C.R.	A.C.R.
W.L.		

SOIL TESTING SERVICES INC.
111 PFINGSTEN ROAD
NORTHBROOK, ILLINOIS

BORING STARTED	2/21/66		
BORING COMPLETED	2/21/66		
RIG	61	FOREMAN	WEBER
DRAWN	MP	APPROVED	SJP
JOB #	10222	SHEET	1 OF 1

12-015

minimum of 0.6 sq in. venting to outside above check valve can be used to improve sample recovery. Tubes shall be clean, smooth, and free of rust and dirt. The cutting edges shall be sharp and free from nicks. Coating the tubes with lacquer or suitable plastic by dipping after thorough cleaning is recommended for obtaining the best possible samples. Table I shows the dimensions of suitable thin-wall sample tubes.[4]

(*c*) *Sealing Material.*—Any wax that does not have appreciable shrinkage, or does not permit evaporation from the sample, shall be permitted. Microcrystalline waxes are preferable to paraffin. Thin discs of steel or brass that are slightly smaller than the inside diameter of the tube are desirable for plugging both nds before sealing with wax. Cheeseclothe and tape are needed. Suitable expanding packers may be used.

(*d*) *Accessory Equipment.*—Labels, data sheets, shipping containers, and other necessary supplies.

Procedure

3. (*a*) *Preparing Hole.*—Clean out the hole to sampling elevation using whatever method is preferred that will insure that the material to be sampled is not disturbed by the operation. In saturated sands and silts withdraw the drill bit slowly to prevent loosening of the soil around the hole. Where casing is used, clean out the hole to the bottom or just below. (A clean-out auger shall be used to clean the bottom of the hole when necessary.)

(*b*) *Obtaining Sample.*—With the sampling tube resting on the bottom of the hole and the water level in the boring at the ground-water level or above, push the tube into the soil by a continuous and rapid motion, without impact or twisting, a distance not greater than 15 diameters for cohesive soils, 10 diameters for cohesionless soils and 5 diameters in very loose soils such as loess. In no case shall the tube be pushed further than the length provided for the soil sample. Allow about 3 in. in the tube for cuttings and sludge. The time and pressure, whenever measured, required to obtain penetration shall be noted. When the soils are so hard that a pushing motion will not penetrate the sampler sufficiently for recovery, and where recovery by pushing in sands is poor, a heavy weight may be used to drive the sampler. In such a case, the weight, height, and number of blows shall be recorded. Before pulling the tube turn it at least two revolutions to shear the sample off at the bottom. In very loose saturated sands and silts, the use of a piston sampler is often necessary to secure a suitable undisturbed sample. In intermittent sampling, the soil shall be sampled at every change in stratum and at intervals no larger than 5 ft. within continuous strata.

(*c*) *Preparation for Shipment.*—Upon removal of the sampler tube, measure and record the length of sample in the tube and also the length penetrated. Completely remove the disturbed material in the upper end of the tube before applying wax, and record the length of disturbed soil removed. Ream the lower end to a depth of at least 1 in. and insert an impervious disc. Seal both ends with wax applied in a way that will prevent wax from entering the sample. Where tubes are to be shipped some distance, tape the ends to prevent breakage of the seals. It is advisable tc place cheesecloth around the ends afte1 sealing and dip the ends several times in the melted wax.

(*d*) *Labeling and Shipping.*—Tubes shall be labelled as to job designation, boring number, sample number, depth, date, and description of the soil. Duplicate marking of the tube and boring number shall be required. Tubes shall not be permitted to freeze and shall be stored in a cool place out of the sun at all times. Tubes shall be shipped in such a way as not to cause shock and vibration or to disturb the sample in any other way. Samples shall be shipped protected with suitable resilient packing material to reduce shock. On sands and silts it may be necessary to make volume and weight determinations in the field or to arrange for delivery by other than public carriers, since these soils are sometimes very sensitive to vibration.

(*e*) *Field Observations.*—Record type and size of sampler and water table information on the field logs, including ground-water level, elevations at which the drilling water was lost, or elevations at which water under excess pressure was encountered. Measure ground-water levels before and after pulling the casing, where used. In sands, determine the level as the casing is pulled and then measure at least 30 min after the casing is pulled; in silts at least 24 hr after the casing is pulled; in clays, no accurate level determination is possible unless pervious seams are present. However, the 24-hr level shall be recorded for clays. When drilling mud is used, and the water level is desired, casing perforated at the lower end shall be lowered into the hole and the hole bailed down. Determine ground-water levels after bailing at time intervals of 30 min and 24 hr after all traces of drilling mud are removed from inside the casing. Record additional water-table information where encountered.

Report

4. (*a*) Data obtained in borings shall be recorded in the field and shall include the following:

(*1*) Depth of top and bottom of sample,

(*2*) Drilling methods,

(*3*) Method of advancing sampler,

(*4*) Water data,

(*5*) Casing used, and

(*6*) Date.

(*b*) The data thus obtained shall be prepared in final form to show the nature and extent of the soil strata over the area under consideration.

[4] The dimensions have been adopted as standard by the Diamond Core Drill Manufacturers Assoc.

SUBSURFACE EXPLORATION

for the
Proposed Plant Addition
at Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois

For

Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois

By

SOIL TESTING SERVICES, INC.
111 Pfingsten Road
Northbrook, Illinois 60062

STS Job No. 10222-B

RE
NOV 0 2001
IE

SOIL TESTING SERVICES, INC.
111 PFINGSTEN ROAD P.O. BOX 1009 NORTHBROOK, ILLINOIS 60062
PHONE Chicago 312-273-5440 Northbrook 312-272-6520

October 28, 1981

Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60615

Attention: Mr. Alfred E. Gladding STS Job No. 10222-B

Reference: Subsurface Exploration for the Proposed Plant Addition at Flexible Steel Lacing Company, 2525 Wisconsin Avenue, Downers Grove, Illinois

Gentlemen:

We have completed our subsurface exploration in accordance with your authorization. This report presents the results of the exploration program, along with our geotechnical engineering evaluation of the soil conditions as they relate to the proposed project. In our exploration program, six (6) soil borings were performed. The logs of these borings, along with a location diagram, are included with this report.

In summary, shallow spread footing foundations extending to the natural very stiff to hard silty clay can be utilized for the support of the proposed structure. Detailed recommendations along with pertinent comments concerning construction difficulties and long-term performance are included in the body of the report.

If there are any questions with regard to the information or recommendations contained in this report, or if we may be of further service to you, please do not hesitate to contact us.

Very truly yours,

SOIL TESTING SERVICES, INC.

An-Bin Huang
Assistant Project Engineer

Robert G. Lukas, P.E.
Principal Engineer

/mas

SUBSURFACE EXPLORATION PROCEDURES

The soil borings were selected and located in the field by the owner. The soil borings were performed with a truck mounted auger drilling rig, which utilized continuous flight augers to advance the bore holes. Drilling fluid was not used in this process.

Representative soil samples were obtained by means of the shelby tube sampling procedure in general conformance with ASTM Specification D-1587 (see enclosure). In the shelby tube sampling procedure, a thin-walled, steel seamless tube with a sharp cutting edge is pushed hydraulically into the soil and a relatively undisturbed sample is obtained.

A field log of the soils encountered in the borings was maintained by the drill crew. All soil samples obtained from the drilling operations were sealed immediately in the field and brought to our laboratory for further examination and testing.

LABORATORY TESTING PROGRAM

The laboratory testing program consisted of performing water content and hand penetrometer tests on a portion of the representative soil samples obtained. In the hand penetrometer test, the unconfined compressive strength of a cohesive soil is estimated by measuring the resistance of the soil sample to penetration by a small, spring-calibrated cylinder.

than at B-6. Underlying the fill and topsoil, natural, very stiff to hard silty clay was predominately encountered and extended to a maximum depth of 27 ft below existing grade in all the borings. Occasional layers of natural, medium to stiff silty clay and clayey silt with thickness in the range of 2 to 5 ft were noted in Borings B-2 and B-4. However, the lower strength of the clayey soils indicated in Boring B-4 is likely due to the disturbance of soil samples.

GROUND WATER TABLE CONDITIONS

Water level measurements were taken immediately after the boring operations. These readings varied considerably from 1.5 ft to as much as 7.5 ft below the existing grade. The shallower readings appear to be associated with the surface water accumulated in the bore hole. Where cohesive soils were encountered, a fairly long time is required for the ground water to seep into the bore holes and attain an equilibrium position with the water table. At the present time the water table is probably higher than normal due to the large amount of rainfall, so the readings at 7.5 ft will be an accurate but temporary level. Based upon the change in soil color from brown to gray, it appears that the long-term hydrostatic ground water table would be located at roughly elevation 83 to 85. Flucutaions in the location of the long-term hydrostatic ground water table are normal and may occur throughout the year, depending upon variations in precipitation, evaporation, and surface runoff.

long-term foundation settlement depends upon the column loads and the amount of new fill placed adjacent to the foundation. Considering the magnitude of structural and earth loads involved, we estimate that the maximum total settlement will be on the order of ¼ to ½ inch, with more settlement towards the north end of the proposed building.

Floor Slab-On-Grade

For the design and construction of the floor slab-on-grade, we recommend that all the vegetation, existing fill and topsoil be removed from the proposed floor slab-on-grade area. The new fill placed to attain the final floor slab grade should be free of organic matter and debris. This material should be placed in lifts not exceeding 9 inches in loose thickness and compacted to a minimum of 90% of the maximum density obtained in accordance with ASTM Specification D-1557, Modified Proctor Method. In areas where masonry partitions are to be supported directly on the floor slab or where floor loads exceed 500 psf, we recommend that the fill be compacted to a minimum of 95% of the above-referenced ASTM specification density. To minimize the effect of any differential settlement, the floor slabs-on-grade should be isolated from the structure foundation. Also, the proposed floor slab-on-grade should be properly reinforced to maintain the integrity of the slab should minor differential movement occur.

Some precautions should be undertaken in the proposed loading dock area on Wisconsin Avenue, where the loading dock walls will be exposed. To minimize additional lateral earth pressures on these loading dock walls due to frost action, we recommend that some insulation materail be placed between the wall and the fill placed within the interior floor slab area.

It is recommended that all construction operations dealing with earthwork and foundations be reviewed by an experienced soil engineer to provide information on which to base a decision whether the design requirements are fulfilled in the actual construction. If you wish, we would welcome the opportunity to provide field construction services for you during construction.

The analysis and recommendations submitted in this report are based upon the data obtained from the soil borings performed at the locations indicated on the location diagram and from any other information discussed in this report. This report does not reflect any variations which may occur between these borings. In the performance of subsurface explorations, specific information is obtained at specific locations at specific times. However, it is a well-known fact that variations in soil and rock conditions exist on most sites between boring locations and also such situations as ground water levels vary from time to time. The nature and extent of variations may not become evident until the course of construction. If variations then appear evident, it will be necessary for a re-evaluation of the recommendations of this report after performing on-site observations during the construction period and noting the characteristics of any variations.

Because of the possibility of these unanticipated subsurface conditions occurring, we recommend that a "changed condition" clause be provided in the contract both with the general contractor and in contracts with sub-contractors involved in the foundation and

UNIFIED SOIL CLASSIFICATION
INCLUDING IDENTIFICATION AND DESCRIPTION

FIELD IDENTIFICATION PROCEDURES (Excluding particles larger than 3 inches and basing fractions on estimated weights)				GROUP SYMBOLS	TYPICAL NAMES	INFORMATION REQUIRED FOR DESCRIBING SOILS
COARSE GRAINED SOILS More than half of material is larger than No. 200 sieve size*	GRAVELS More than half of coarse fraction is larger than No. 4 sieve size. (For visual classifications, the ¼" size may be used as equivalent to the No. 4 sieve size.)	CLEAN GRAVELS (Little or no fines)	Wide range in grain size and substantial amounts of all intermediate particle sizes.	GW	Well graded gravels, gravel-sand mixtures, little or no fines.	Give typical name; indicate approximate percentages of sand and gravel; max. size; angularity, surface condition, and hardness of the coarse grains; local or geologic name and other pertinent descriptive information; and symbol in parentheses.
			Predominantly one size or a range of sizes with some intermediate sizes missing.	GP	Poorly graded gravels, gravel-sand mixtures, little or no fines.	
		GRAVELS WITH FINES (Appreciable amount of fines)	Non-plastic fines (for identification procedures see ML below).	GM	Silty gravels, poorly graded gravel-sand-silt mixtures.	For undisturbed soils add information on stratification, degree of compactness, cementation, moisture conditions and drainage characteristics.
			Plastic fines (for identification procedures see CL below).	GC	Clayey gravels; poorly graded gravel-sand-clay mixtures.	
	SANDS More than half of coarse fraction is smaller than No. 4 sieve size. (For visual classifications, the ¼" size may be used as equivalent to the No. 4 sieve size.)	CLEAN SANDS (Little or no fines)	Wide range in grain sizes and substantial amounts of all intermediate particle sizes.	SW	Well graded sands, gravelly sands, little or no fines.	EXAMPLE:- Silty sand, gravelly; about 20% hard, angular gravel particles ½-in maximum size; rounded and subangular sand grains coarse to fine; about 15% non-plastic fines with low dry strength; well compacted and moist in place; alluvial sand; (SM)
			Predominantly one size or a range of sizes with some intermediate sizes missing.	SP	Poorly graded sands, gravelly sands, little or no fines.	
		SANDS WITH FINES (Appreciable amount of fines)	Non-plastic fines (for identification procedures see ML below).	SM	Silty sands, poorly graded sand-silt mixtures.	
			Plastic fines (for identification procedures see CL below).	SC	Clayey sands, poorly graded sand-clay mixtures.	
FINE GRAINED SOILS More than half of material is smaller than No. 200 sieve size.* (The No. 200 sieve size is about the smallest particle visible to the naked eye)	IDENTIFICATION PROCEDURES ON FRACTION SMALLER THAN No. 40 SIEVE SIZE					
		DRY STRENGTH (CRUSHING CHARACTERISTICS)	DILATANCY (REACTION TO SHAKING)	TOUGHNESS (CONSISTENCY NEAR PLASTIC LIMIT)		
	SILTS AND CLAYS Liquid limit less than 50	None to slight	Quick to slow	None	ML	Inorganic silts and very fine sands, rock flour, silty or clayey fine sands with slight plasticity.
		Medium to high	None to very slow	Medium	CL	Inorganic clays of low to medium plasticity, gravelly clays, sandy clays, silty clays, lean clays.
		Slight to medium	Slow	Slight	OL	Organic silts and organic silt-clays of low plasticity.
	SILTS AND CLAYS Liquid limit greater than 50	Slight to medium	Slow to none	Slight to medium	MH	Inorganic silts, micaceous or diatomaceous fine sandy or silty soils, elastic silts.
		High to very high	None	High	CH	Inorganic clays of high plasticity, fat clays.
		Medium to high	None to very slow	Slight to medium	OH	Organic clays of medium to high plasticity.
HIGHLY ORGANIC SOILS	Readily identified by color, odor, spongy feel and frequently by fibrous texture.				Pt	Peat and other highly organic soils.

* Boundary classifications:- Soils possessing characteristics of two groups are designated by combinations of group symbols. For example GW-GC, well graded gravel-sand mixture with clay binder.

* All sieve sizes on this chart are U.S. standard.

LABORATORY CLASSIFICATION CRITERIA

Depending on percentages of gravel and sand from grain size curve (fraction smaller than No. 200 sieve size) coarse grained soils are classified as follows:-

Less than 5%	GW, GP, SW, SP, GM, GC, SM, SC
More than 12%	GM, GC, SM, SC
5% to 12%	Borderline cases requiring use of dual symbols

$C_u = \frac{D_{60}}{D_{10}}$ Greater than 4

$C_c = \frac{(D_{30})^2}{D_{10} \times D_{60}}$ Between one and 3

Not meeting all gradation requirements for GW

Atterberg limits below "A" line, or PI less than 4

Atterberg limits above "A" line with PI greater than 7

Above "A" line with PI between 4 and 7 are borderline cases requiring use of dual symbols

$C_u = \frac{D_{60}}{D_{10}}$ Greater than 6

$C_c = \frac{(D_{30})^2}{D_{10} \times D_{60}}$ Between one and 3

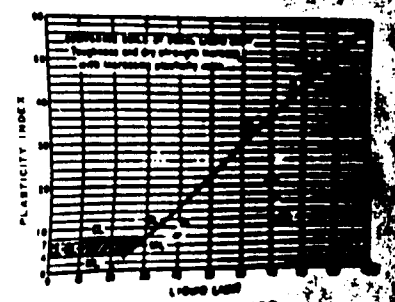
Not meeting all gradation requirements for SW

Atterberg limits below "A" line or PI less than 4

Atterberg limits above "A" line with PI greater than 7

Above "A" line with PI between 4 and 7 are borderline cases requiring use of dual symbols

Use grain size curve in identifying the fractions as given under field procedures



PLASTICITY CHART FOR LABORATORY CLASSIFICATION OF FINE GRAINED SOILS

FIELD IDENTIFICATION PROCEDURES FOR FINE GRAINED SOILS OR FRACTIONS

These procedures are to be performed on the minus No. 40 sieve size particles, approximately ¼ in. For field classification purposes, screening is not intended, simply remove by hand the coarse particles that interfere with the tests.

DILATANCY (Reaction to shaking)

After removing particles larger than No. 40 sieve size, prepare a pat of moist soil with a volume of about one-half cubic inch. Add enough water if necessary to make the soil soft but not sticky.

Place the pat in the open palm of one hand and shake horizontally, striking vigorously against the other hand several times. A positive reaction consists of the appearance of water on the surface of the pat which changes to a livery consistency and becomes glossy. When the sample is squeezed between the fingers, the water and gloss disappear from the surface, the pat stiffens, and finally it cracks or crumbles. The rapidity of appearance of water during shaking and of its disappearance during squeezing assist in identifying the character of the fines in a soil.

Very fine clean sands give the quickest and most distinct reaction whereas a plastic clay has no reaction. Inorganic silts, such as a typical rock flour, show a moderately quick reaction.

DRY STRENGTH (Crushing characteristics)

After removing particles larger than No. 40 sieve size, mold a pat of soil to the consistency of putty, adding water if necessary. Allow the pat to dry completely by oven, sun, or air drying, and then test its strength by breaking and crumbling between the fingers. This strength is a measure of the character and quantity of the colloidal fraction contained in the soil. The dry strength increases with increasing plasticity.

High dry strength is characteristic for clays of the CH group. A typical inorganic silt possesses only very slight dry strength. Silty fine sands and silts have about the same slight dry strength, but can be distinguished by the feel when powdering the dried specimen. Fine sand feels gritty whereas a typical silt has the smooth feel of flour.

TOUGHNESS (Consistency near plastic limit)

After removing particles larger than the No. 40 sieve size, a specimen of soil about one-half inch cube in size is molded to the consistency of putty. If too dry, water must be added and if sticky, the specimen should be spread out in a thin layer and allowed to lose some moisture by evaporation. Then the specimen is rolled out by hand on a smooth surface or between the palms into a thread about one-eighth inch in diameter. The thread is then folded and rerolled repeatedly. During this manipulation the moisture content is gradually reduced and the specimen stiffens, finally loses its plasticity, and crumbles when the plastic limit is reached.

After the thread crumbles, the pieces should be lumped together and a slight kneading action continued until the lump crumbles.

The tougher the thread near the plastic limit and the stiffer the lump when it finally crumbles, the more potent is the colloidal clay fraction in the soil. Weakness of the thread at the plastic limit and quick loss of coherence of the lump below the plastic limit indicate either inorganic clay of low plasticity, or materials such as kaolin-type clays and organic clays which occur below the A-line.

Highly organic clays have a very weak and spongy feel at the plastic limit.

ADOPTED BY - CORPS OF ENGINEERS AND BUREAU OF RECLAMATION

12-2018

APPENDIX

1. Standard Clause for Unanticipated Subsurface Conditions
2. Location Diagram
3. General Notes
4. Procedures Regarding Field Logs, Laboratory Data Sheets and Samples
5. Boring Logs
6. ASTM Specification

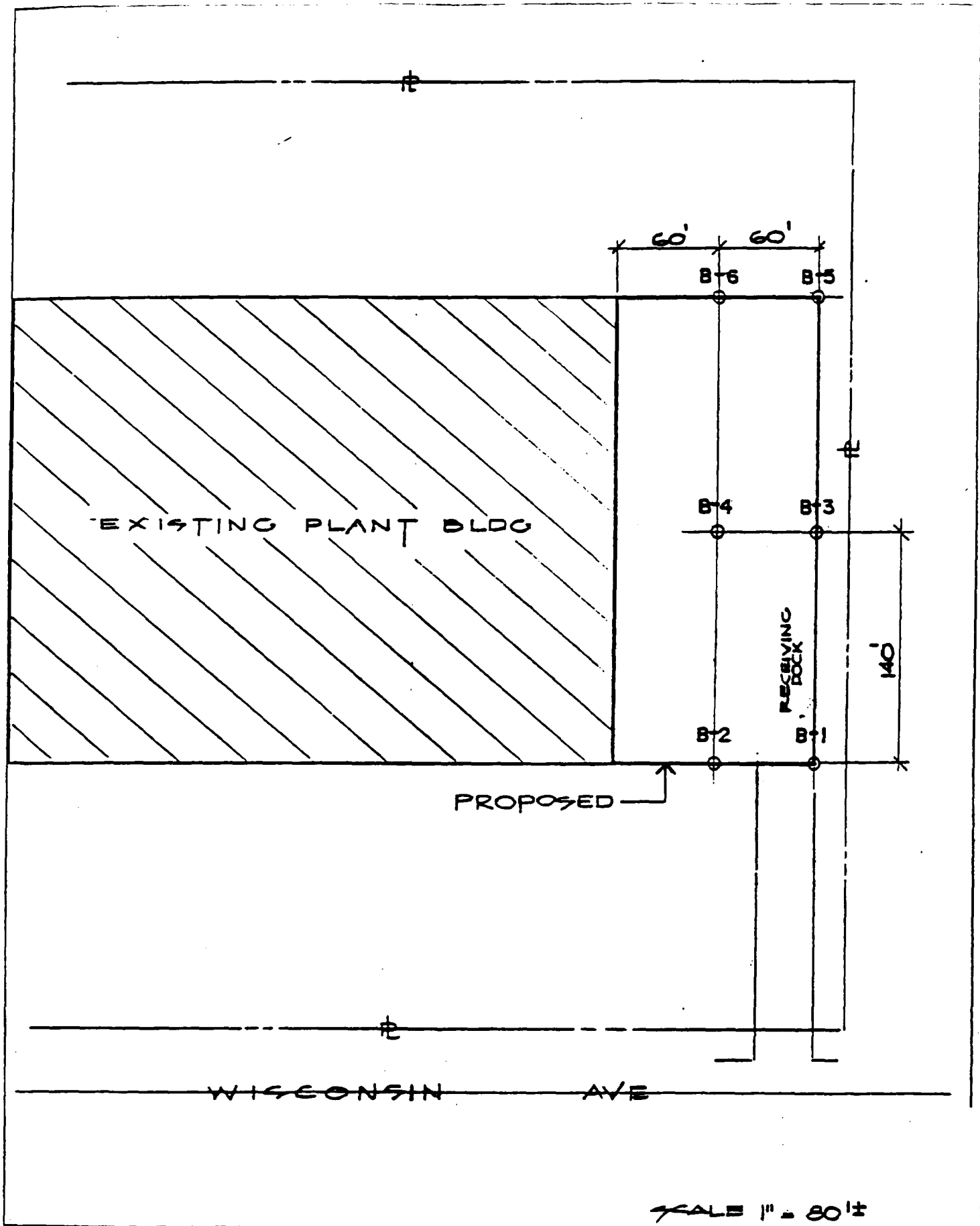
   D 1587-67
7. Unified Soil Classification System

Standard Clause for Unanticipated Subsurface Conditions

"The owner has had a subsurface investigation performed by a foundation consultant, the results of which are contained in the consultant's report. The consultant's report presents his conclusions on the subsurface conditions based on his interpretation of the data obtained in the investigation. The contractor acknowledges that he has reviewed the consultant's report and any addenda thereto, and that his bid for earthwork operations is based on the subsurface conditions, as described in that report. It is recognized that a subsurface investigation may not disclose all conditions as they actually exist and further, conditions may change, particularly groundwater conditions, between the time of a subsurface investigation and the time of earthwork operations. In recognition of these facts, this clause is entered in the contract to provide a means of equitable additional compensation for the contractor if adverse unanticipated conditions are encountered and to provide a means of rebate to the owner if the conditions are more favorable than anticipated.

At any time during earthwork, paving and foundation construction operations that the contractor encounters conditions that are different than those anticipated by the foundation consultant's report, he shall immediately (within 24 hours) bring this fact to the owner's attention. If the owner's representative on the construction site observes subsurface conditions which are different than those anticipated by the foundation consultant's report, he shall immediately (within 24 hours) bring this fact to the contractor's attention. Once a fact of unanticipated conditions has been brought to the attention of either the owner or the contractor, and the consultant has concurred, immediate negotiations will be undertaken between the owner and the contractor to arrive at a change in contract price for additional work or reduction in work because of the unanticipated conditions. The contractor agrees that the following unit prices would apply for additional or reduced work under the contract. For changed conditions for which unit prices are not provided, the additional work shall be paid for on a time and material basis."

Another example of a changed conditions clause can be found in paper No. 4035 by Robert F. Borg published in ASCE Construction Division Journal, No. CO2, September 1964, page 37.



SCALE 1" = 80'±

SOIL BORING LOCATION DIAGRAM
PROPOSED PLANT ADDITION for
FLEXIBLE STEEL LACING Company
2525 WISCONSIN AVE, DOWNERS GROVE, ILL.

NORTH

SOIL TESTING SERVICES, INC.
111 PFINGSTEN ROAD
NORTHBROOK ILLINOIS 60062

MP	ABH	10-19-1981	10222-B

12-042

FORM LD: D

GENERAL NOTES

DRILLING & SAMPLING SYMBOLS:

SS	:	Split Spoon - 1 3/8" I.D., 2" O.D. Unless otherwise noted	OS	:	Osterberg Sampler - 3" Shelby Tube
ST	:	Shelby Tube - 2: O.D., Unless otherwise noted	HS	:	Hollow Stem Auger
PA	:	Power Auger	WS	:	Wash Sample
DB	:	Diamond Bit - NX, BX, AX	FT	:	Fish Tail
AS	:	Auger Sample	RB	:	Rock Bit
JS	:	Jar Sample	BS	:	Bulk Sample
VS	:	Vane Shear	PM	:	Pressuremeter Test, In-Situ
			CS	:	Giddings Sampler

Standard "N" Penetrations: Blows per foot of a 140 pound hammer falling 30 inches on a 2 inch O.D. split spoon sampler, except where otherwise noted.

WATER LEVEL MEASUREMENT SYMBOLS:

WL	:	Water Level	WCI	:	Wet Cave In
WS	:	While Sampling	DCI	:	Dry Cave In
WD	:	While Drilling	BCR	:	Before Casing Removal
AB	:	After Boring	ACR	:	After Casing Removal

Water levels indicated on the boring logs are the levels measured in the boring at the times indicated. In pervious soils, the indicated elevations are considered reliable groundwater levels. In impervious soils, the accurate determination of ground water elevations may not be possible, even after several days of observations; additional evidence of ground water elevations must be sought.

GRADATION DESCRIPTION & TERMINOLOGY:

Coarse Grained or Granular Soils have more than 50% of their dry weight retained on a #200 sieve; they are described as: boulders, cobbles, gravel or sand. Fine Grained soils have less than 50% of their dry weight retained on a #200 sieve; they are described as: clays or clayey silts if they are cohesive and silts if they are non-cohesive. In addition to gradation, granular soils are defined on the basis of their relative in-place density and fine grained soils on the basis of their strength or consistency and their plasticity.

Major Component Of Sample	Size Range	Descriptive Term Of Components Also Present in Sample	Percent Of Dry Weight
Boulders	Over 8 in. (200 mm)	Trace	1 - 9
Cobbles	8 inches to 3 inches (200 mm to 75 mm)	Little	10 - 19
Gravel	3 inches to #4 sieve (75 mm to 4.76 mm)	Some	20 - 34
Sand	#4 to #200 sieve (4.76 mm to 0.074 mm)	And	35 - 50
Silt	Passing #200 sieve (0.074 mm to 0.005 mm)		
Clay	Smaller than 0.005 mm		

CONSISTENCY OF COHESIVE SOILS:

Unconfined Compressive Strength, Qu, tsf	Consistency
< 0.25	Very Soft
0.25 - 0.49	Soft
0.50 - 0.99	Medium (Firm)
1.00 - 1.99	Stiff
2.00 - 3.99	Very Stiff
4.00 - 8.00	Hard
> 8.00	Very Hard

RELATIVE DENSITY OF GRANULAR SOILS:

N - Blows per ft.	Relative Density
0 - 3	Very Loose
4 - 9	Loose
10 - 29	Medium Dense
30 - 49	Dense
50 - 80	Very Dense
80+	Extremely Dense

PROCEDURES REGARDING FIELD LOGS,

LABORATORY DATA SHEETS AND SAMPLES

In the process of obtaining and testing samples and preparing this report, procedures are followed that represent reasonable and accepted practice in the field of soil and foundation engineering.

Specifically, field logs are prepared during performance of the drilling and sampling operations which are intended to portray essentially field occurrences, sampling locations and other information.

Samples obtained in the field are frequently subjected to additional testing and reclassification in the laboratory by more experienced soil engineers, and differences between the field logs and the final logs exist.

The engineer preparing the report reviews the field and laboratory logs, classifications and test data, and in his judgement in interpreting this data, may make further changes.

Samples taken in the field, some of which are later subjected to laboratory tests, are retained in our laboratory for sixty days and are then destroyed unless special disposition is requested by our client. Samples retained over a long period of time, even in sealed jars, are subject to moisture loss which changes the apparent strength of cohesive soil, generally increasing the strength from what was originally encountered in the field. Since they are then no longer representative of the moisture conditions initially encountered, an inspection of these samples should recognize this factor.

It is common practice in the soil and foundation engineering profession that field logs and laboratory data sheets not be included in engineering reports, because they do not represent the engineer's final opinions as to appropriate descriptions for conditions encountered in the exploration and testing work. On the other hand, we are aware that perhaps certain contractors and subcontractors submitting bids or proposals on work might have an interest in studying these documents before submitting a bid or proposal. For this reason, the field logs will be retained in our office for inspection by all contractors submitting a bid or proposal. We would welcome the opportunity to explain any changes that have and typically are made in the preparation of our final reports, to the contractor or subcontractors, before the firm submits its bid or proposal, and to describe how the information was obtained to the extent the contractor or subcontractor wishes. Results of laboratory tests are generally shown on the boring logs or are described in the text of the report, as appropriate.

The descriptive terms and symbols used on the logs are described on the attached sheet, entitled, General Notes.

OWNER: Flexible Steel Lacing Company	LOG OF BORING NUMBER: B-1
PROJECT NAME: Proposed Plant Addition	ARCHITECT-ENGINEER:
SITE LOCATION: 2525 Wisconsin Ave., Downers Grove, Illinois	

SURFACE ELEVATION 98.2

ELEVATION / DEPTH	SAMPLE NO.	SAMPLE TYPE	SAMPLE DISTANCE	RECOVERY	DESCRIPTION OF MATERIAL
	1	ST			Clayey topsoil, little silt, trace roots -black (OH)
		RB			
	2	ST			Silty clay, trace gravel & sand - brown & gray- very stiff to hard (CL) Color changed to gray at 9.5'±
5.0		RB			
	3	ST			
		RB			
	4	ST			
10.0		RB			
	5	ST			
		RB			
15.0					
	6	ST			
		RB			
20.0					
	7	ST			
		RB			
25.0		RB			Silty clay, little sand, trace gravel & shale -brownish gray- hard (CL)
	8	ST			
27.0					END OF BORING

UNIT DRY WT. LBS./FT.³

UNCONFINED COMPRESSIVE STRENGTH TONS/FT.² (1 2 3 4 5)

PLASTIC LIMIT % — WATER CONTENT % — LIQUID LIMIT % (10 20 30 40 50)

STANDARD PENETRATION BLOWS/FT. (10 20 30 40 50)

6.0

7.0+

*CALIBRATED PENETROMETER

THE STRATIFICATION LINES REPRESENT THE APPROXIMATE BOUNDARY LINES BETWEEN SOIL TYPES: IN-SITU THE TRANSITION MAY BE GRADUAL

WL WS OR WD	BORING STARTED 10/7/81	SOIL TESTING SERVICES, INC. 111 PFINGSTEN ROAD NORTHBROOK ILLINOIS 60062
WL BCR ACR	BORING COMPLETED 10/7/81	
WL 7.5', 0 Hrs. AB	RIG Auger FOREMAN M.B.	APP'D BY ABH/ms STS JOB NO. 10222-B

12-045

BL:I

OWNER	LOG OF BORING NUMBER
Flexible Steel Lacing Company	B-2
PROJECT NAME	**ARCHITECT-ENGINEER**
Proposed Plant Addition	

SITE LOCATION
2525 Wisconsin Ave., Downers Grove, Illinois

ELEVATION / DEPTH	SAMPLE NO.	SAMPLE TYPE	SAMPLE DISTANCE	RECOVERY	DESCRIPTION OF MATERIAL	UNIT DRY WT. LBS./FT.³
					SURFACE ELEVATION 96.4	
	1	ST			"A"	
		RB			Silty clay, trace gravel & sand - brown & gray- very stiff (CH)	
	2	ST				
5.0		RB			Silty clay, trace gravel and sand -brown- medium to stiff (CL)	
	3	ST				
		RB				
	4	ST			Silty clay, trace gravel, sand and shale -brown & gray- very stiff to hard (CL) Color changed to gray at 9.5 ft	
10.0		RB				
	5	ST				
		RB				
		RB			Clayey silt, little sand -grayish brown- saturated (MH)	
15.0	6	ST				
	6A				Silty clay, trace gravel, sand and shale -gray- very stiff to hard (CL)	
		RB				
20.0	7	ST				
		RB				
25.0	8	ST				
27.0					END OF BORING	
					"A" - Clayey topsoil, little silt, trace roots -black (OH)	

UNCONFINED COMPRESSIVE STRENGTH TONS/FT.² (1 2 3 4 5)

PLASTIC LIMIT % — WATER CONTENT % — LIQUID LIMIT % (10 20 30 40 50)

STANDARD PENETRATION BLOWS/FT. (10 20 30 40 50)

64

*CALIBRATED PENETROMETER

THE STRATIFICATION LINES REPRESENT THE APPROXIMATE BOUNDRY LINES BETWEEN SOIL TYPES: IN-SITU, THE TRANSITION MAY BE GRADUAL

WL	WS or WD	BORING STARTED 10/7/81	SOIL TESTING SERVICES, INC. 111 PFINGSTEN ROAD NORTHBROOK ILLINOIS 60062
WL	BCR ACR	BORING COMPLETED 10/7/81	
WL 7.5', 0 Hrs. AB		RIG Auger FOREMAN M.B.	APP'D BY ABH/ms STS JOB NO. 10222-B

12-046

BL:1

OWNER: Flexible Steel Lacing Company	LOG OF BORING NUMBER: B-3
PROJECT NAME: Proposed Plant Addition	ARCHITECT-ENGINEER:
SITE LOCATION: 2525 Wisconsin Ave., Downers Grove, Illinois	

UNCONFINED COMPRESSIVE STRENGTH TONS/FT.² (1, 2, 3, 4, 5)

PLASTIC LIMIT % — WATER CONTENT % — LIQUID LIMIT % (10, 20, 30, 40, 50)

STANDARD PENETRATION BLOWS/FT. (10, 20, 30, 40, 50)

ELEVATION / DEPTH	SAMPLE NO.	SAMPLE TYPE	SAMPLE DISTANCE	RECOVERY	DESCRIPTION OF MATERIAL	UNIT DRY WT. LBS./FT.³
					SURFACE ELEVATION 101.0	
	1	ST			Silty clay, trace gravel, sand, topsoil & roots -brown & sl. black- very stiff to hard (CL-CH)	
		PA				
	2	ST			Silty clay, trace gravel, sand and shale -brown & gray- very stiff (CL-CH)	
5.0		PA				
	3	ST				
		PA				
	4	ST			Silty clay, trace gravel, sand and shale -brown & gray- very stiff to hard (CL)	
10.0		PA				
	5	ST				
		PA				
15.0						
	6	ST				
		PA				
20.0						
22.0	7	ST				
					END OF BORING	

*CALIBRATED PENETROMETER

THE STRATIFICATION LINES REPRESENT THE APPROXIMATE BOUNDARY LINES BETWEEN SOIL TYPES: IN-SITU, THE TRANSITION MAY BE GRADUAL

WL	WS or WD	BORING STARTED 10/7/81	SOIL TESTING SERVICES, INC. 111 PFINGSTEN ROAD NORTHBROOK ILLINOIS 60062
WL	BCR ACR	BORING COMPLETED 10/7/81	
WL 5.5', 0 Hrs. AB		RIG Auger FOREMAN M.B.	APP'D BY ABH/ms STS JOB NO. 10222-B

12-047

BL:I

OWNER: Flexible Steel Lacing Company

LOG OF BORING NUMBER: B-4

PROJECT NAME: Proposed Plant Addition

ARCHITECT-ENGINEER:

SITE LOCATION: 2525 Wisconsin Ave., Downers Grove, Illinois

UNCONFINED COMPRESSIVE STRENGTH TONS/FT.² (1, 2, 3, 4, 5)

PLASTIC LIMIT % / WATER CONTENT % / LIQUID LIMIT % (10, 20, 30, 40, 50)

STANDARD PENETRATION BLOWS/FT (10, 20, 30, 40, 50)

ELEVATION / DEPTH	SAMPLE NO.	SAMPLE TYPE	SAMPLE DISTANCE	RECOVERY	DESCRIPTION OF MATERIAL	UNIT DRY WT. LBS./FT.³
					SURFACE ELEVATION 101.2	
	1	ST			"A"	
	1A	RB			Silty clay, trace gravel, sand and shale -brown- very stiff (CL-CH)	
5.0	2	ST			Silty clay, trace gravel, sand, shale & roots -brown & gray- very stiff to hard (CL)	
		RB				
	3	ST				
		RB				
	4	ST				
10.0		RB				
	5	ST				
		RB				
15.0		RB			Silty clay, trace gravel, sand and shale -grayish brown- stiff (CL)	
	6	ST				
		RB				
20.0		RB			Silty clay, little sand, trace shale -gray- very stiff to hard (CL)	
22.0	7	ST				
					END OF BORING	
					"A" - Clayey topsoil, little silt, trace roots -black (OH)	

7.0+

*CALIBRATED PENETROMETER

THE STRATIFICATION LINES REPRESENT THE APPROXIMATE BOUNDRY LINES BETWEEN SOIL TYPES IN-SITU. THE TRANSITION MAY BE GRADUAL

WL	WS OR WD	BORING STARTED 10/7/81
WL	BCR ACR	BORING COMPLETED 10/7/81
WL 3.5', 0 Hrs. AB	RIG Auger FOREMAN M.B.	APP'D BY ABH/ms STS JOB NO. 10222-B

SOIL TESTING SERVICES, INC.
111 PFINGSTEN ROAD
NORTHBROOK ILLINOIS 60062

12-048

BL:1

Based on the available information, we recommend that this poorly compacted material be removed and that the trench be filled with granular material in lifts not to exceed 9 inches in loose thickness and compacted to 95% of the maximum density obtained in accordance with ASTM D-1557, Modified Proctor Method. The zone of compacted fill should extend beyond the outside edges of the footings a minimum of 1 foot and from this point outward laterally 1 foot for each foot of fill thickness required beneath the footings. As a second alternative, we recommend removal of all fill material and low strength soil down to an approved natural soil capable of supporting 4000 pounds per square foot (PSF) design bearing pressure and placing the foundation at this deeper elevation.

On August 17 and 19, our representative observed soil conditions at the bottom of the overexcavated footings on E Line between Columns 3 and 10. The contractor removed all fill material, including the abandoned fire protection pipe line from footings E-4, 5, 6, 7, 8, and 9 to depths ranging from 5 to 7 feet below the existing subgrade elevation. Material at these depths consisted of natural brown silty clay with unconfined strength ranging from 2.5 to 4.5 TSF as was indicated by a calibrated pocket penetrometer. We recommended to the contractor that water and loose material should be removed prior to concrete placement.

If you have any questions with regard to the information and recommendations presented in this letter, please do not hesitate to contact us.

Very truly yours,

STS CONSULTANTS LTD.

Varoujan V. Kazanjian
Area Manager

Michael T. Russell, P.E.
Principal Engineer

/et

encls.

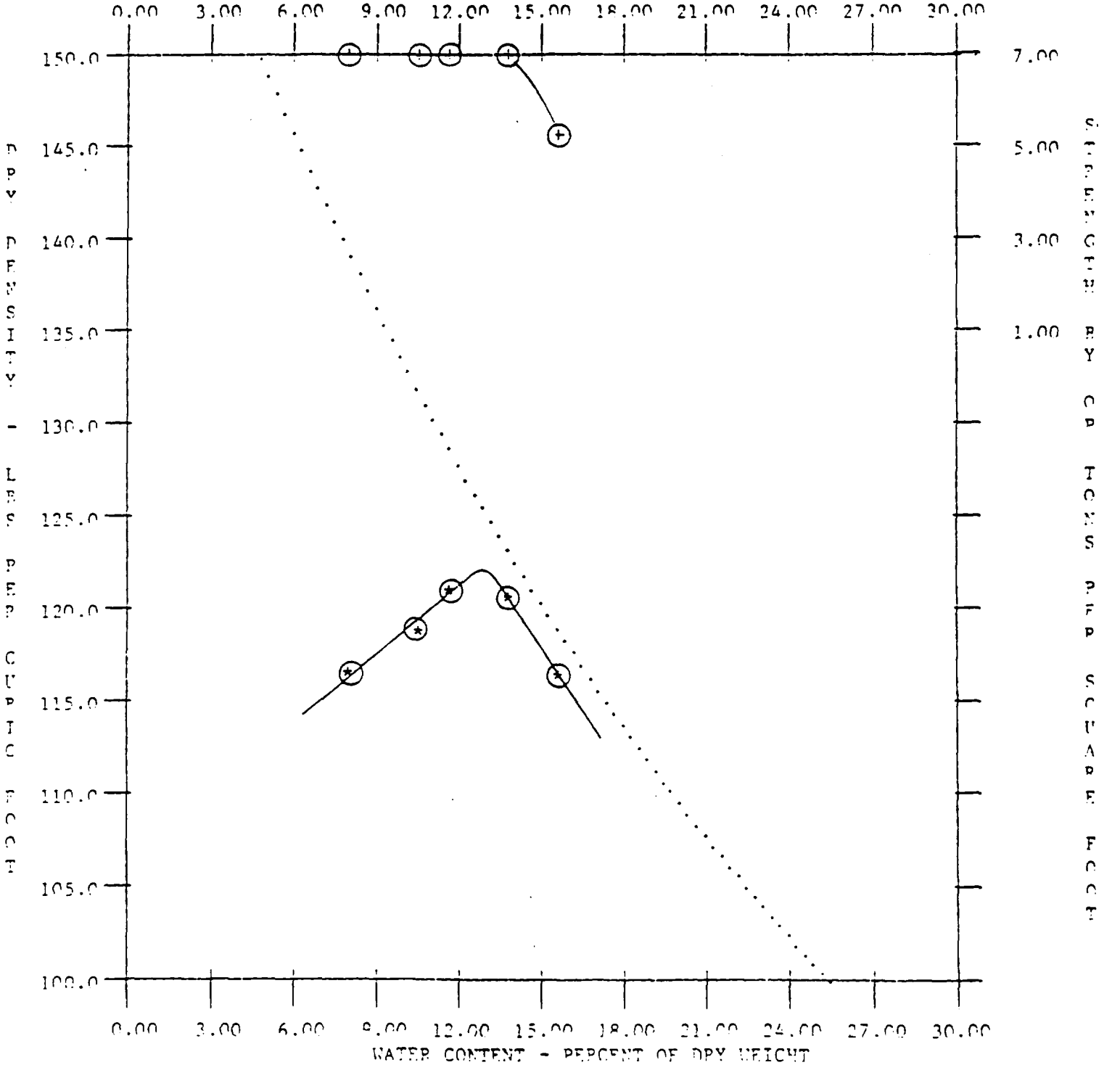
cc: Ewald Associates Architects, Ltd.
457 Coventry Green
Crystal Lake, Illinois 60014
Attn: Mr. William H. Ewald

STS CONSULTANTS LTD.

JOB: 10222-C FLEXIBLE STEEL LACING CO. DATE: 8-13-82
SOIL DESC: SILTY CLAY,TRACE SAND,GRAVEL-BROWN(CL)
SAMPLE # 4
WATER CONTENT AS RECD: 17.9 %

MAXIMUM DRY DENSITY (PCF)= 121.9
OPTIMUM WATER CONTENT (%)= 12.8
* PROCTOR RESULTS
. ZERO AIR VOID CURVE FOR SG= 2.72
+ PENETROMETER RESULTS-CP

MOISTURE-DENSITY RELATION OF SOILS
ASTM D 1557-70 MODIFIED PROCTOR METHOD A



CASE	AVG W/C %	CP TSF	DRY DENSITY LBS/FT3	CASE	AVG W/C %	CP TSF	DRY DENSITY LBS/FT3
1	8.0	7	116.64	4	13.8	7	120.52
2	10.5	7	119.75	5	15.7	5.2	116.25
3	11.7	7	120.96				

SOIL TESTING SERVICES, Inc.
111 Pfingsten Road
Northbrook, Illinois

STS Job No. 10222-C

SHELBY TUBE TEST DATA SUMMARY

Job Name and Location: Flexible Steel Lacing Company, Downers Grove, Illinois

Architect or Engineer: Ewald Associates Architects, Ltd. Crystal Lake, Illinois

Contractor: Jenkins & Boller and Company, Downers Grove, Illinois

TEST LOCATION	SAMPLE DATE	DEPTH	SOIL DESCRIPTION	UNCONF STNG * TSF	WATER CONTENT % DRY WT	DRY DENSITY PCF	PERCENT COMPACT **	REMARKS
HA-1,	8/11/82	2.0'-	Silty clay, trace sand &	3.0-	17.1	116.2	95	Fill
S-1		3.0'	gravel - brown & slightly	3.7				
			gray, CL (top 1" black top-					
			soil)					
S-2	"	3.0'-	Silty clay, trace sand &	0.8-	19.5	110.5	91	Fill
		4.5'	gravel- brown & slightly	1.3				
			gray (CL)					
HA-2,	"	1.0'-	Silty clay, trace sand &	3.2-	19.1	112.6	92	Fill
S-1		2.0'	gravel & topsoil - brown &	4.5+				
			gray & slightly black (CL)					
			(horizontal seams of black					
			topsoil)					
S-2	"	2.0'-	Silty clay, trace sand &	1.1-	19.9	110.3	90	Fill
		3.5'	gravel & topsoil - brown &	4.5+				
			gray & slightly black, (CL)					
S-3	"	3.5'-	Silty clay, trace sand &	0.4-	21.2	103.3	85	Fill
		4.25	gravel - brown & slightly	1.25				
			gray (CL)					

NOTES: TEST LOCATIONS ARE ESTIMATED. [X] SEE ATTACHED DRAWING. THE BOUNDARY BETWEEN SOIL TYPES IS ESTIMATED AND THE TRANSITION MAY BE GRADUAL. * UNCONFINED COMPRESSIVE STRENGTH; [X] Qp, CALIBRATED HAND PENETROMETER. [ ] Qu, LABORATORY APPARATUS. ** PERCENT COMPACTION BASED ON MAXIMUM DRY DENSITY OF 121.9 PCF ([X] SEE ATTACHED LAB SHEET) PERFORMED ACCORDING TO: ASTM D [X] 1557, [ ] 698, [ ] ESTIMATED, [ ] OTHER _____. DEPTHS ARE ESTIMATED FROM (REFERENCE): Subgrade elevation = 0.00'. DRILLING METHOD: [ ] TRUCK MOUNTED RIG. [X] HAND AUGER. SAMPLING METHOD: THIN-WALLED TUBE SAMPLING OF SOILS, ASTM D 1587. SAMPLER IS 2" OD THIN-WALLED SEAMLESS OPEN-TUBE TYPE WITH SHARP CUTTING EDGE. WL = WATER LEVEL DEPTH. B = BORING. S = SAMPLE. BN = BROWN. GY = GRAY. BK = BLACK. TS = TOPSOIL. CL = CLAY. SI = SILT. SA = SAND. GR = GRAVEL.

12-057

SOIL TESTING SERVICES, Inc.
111 Pfingsten Road
Northbrook, Illinois

STS Job No. 10222-C

SHELBY TUBE TEST DATA SUMMARY

Job Name and Location: Flexible Steel Lacing Company, Downers Grove, Illinois

Architect or Engineer: Ewald Associates Architects, Ltd., Crystal Lake, Illinois

Contractor: Jenkins & Boller and Company, Downers Grove, Illinois

TEST LOCATION	SAMPLE DATE	DEPTH	SOIL DESCRIPTION	UNCONF STNG * TSF	WATER CONTENT % DRY WT	DRY DENSITY PCF	PERCENT COMPACT **	REMARKS
HA-3,	8/11/82	1.0'-	Silty clay, little sand,	5.7-	13.5	124.7	100+	Fill
S-1		2.5'	trace gravel - brown (CL)	6.2				
HA-4,	"	1.0'-	Silty clay, trace sand &	6.0-	15.8	119.3	98	Fill
S-1		1.5'	gravel - brown & slightly	7+				
			gray (CL)					
S-1A	"	1.5'-	Silty clay, trace sand &	2.8-	18.4	113.2	93	Fill
		2.5'	gravel - brown (CL)	4.5+				
S-2	"	2.5'-	Silty clay, trace sand &	1.25-	22.0	100.4	82	Fill
		3.0'	gravel & topsoil - brown	2.4				
			(CL)					
S-3	"	4.0'-	Silty clay, trace sand &	0.4-	22.6	97.5	80	Fill
		5.5'	gravel - brown (CL)	0.8				
			(disturbed)					
HA-5,	"	1.5'-	Silty clay, trace sand &	3.5-	20.8	114.1	94	Fill
S-1		3.0'	& gravel & shale - brown &	5.3				
			gray (CL)					

NOTES: TEST LOCATIONS ARE ESTIMATED. [X] SEE ATTACHED DRAWING. THE BOUNDARY BETWEEN SOIL TYPES IS ESTIMATED AND THE TRANSITION MAY BE GRADUAL. * UNCONFINED COMPRESSIVE STRENGTH: [X] Qp, CALIBRATED HAND PENETROMETER, [ ] Qu, LABORATORY APPARATUS. ** PERCENT COMPACTION BASED ON MAXIMUM DRY DENSITY OF 121.9 PCF ([X] SEE ATTACHED LAB SHEET PERFORMED ACCORDING TO: ASTM D [X] 1557, [ ] 698, [ ] ESTIMATED, [ ] OTHER _____
DEPTHS ARE ESTIMATED FROM (REFERENCE): Subgrade elevation = 0.00'
DRILLING METHOD: [ ] TRUCK MOUNTED RIG. [X] HAND AUGER. SAMPLING METHOD: THIN-WALLED TUBE SAMPLING OF SOILS, ASTM D 1587. SAMPLER IS 2" OD THIN-WALLED SEAMLESS OPEN-TUBE TYPE WIT SHARP CUTTING EDGE. WL = WATER LEVEL DEPTH. B = BORING. S = SAMPLE. BN = BROWN. GY = GRAY. BK = BLACK. TS = TOPSOIL. CL = CLAY. SI = SILT. SA = SAND. GR = GRAVEL.

12-058

SOIL TESTING SERVICES, Inc.
111 Pfingsten Road
Northbrook, Illinois

STS Job No. 10222-C

SHELBY TUBE TEST DATA SUMMARY

Job Name and Location: Flexible Steel Lacing Company, Downers Grove, Illinois

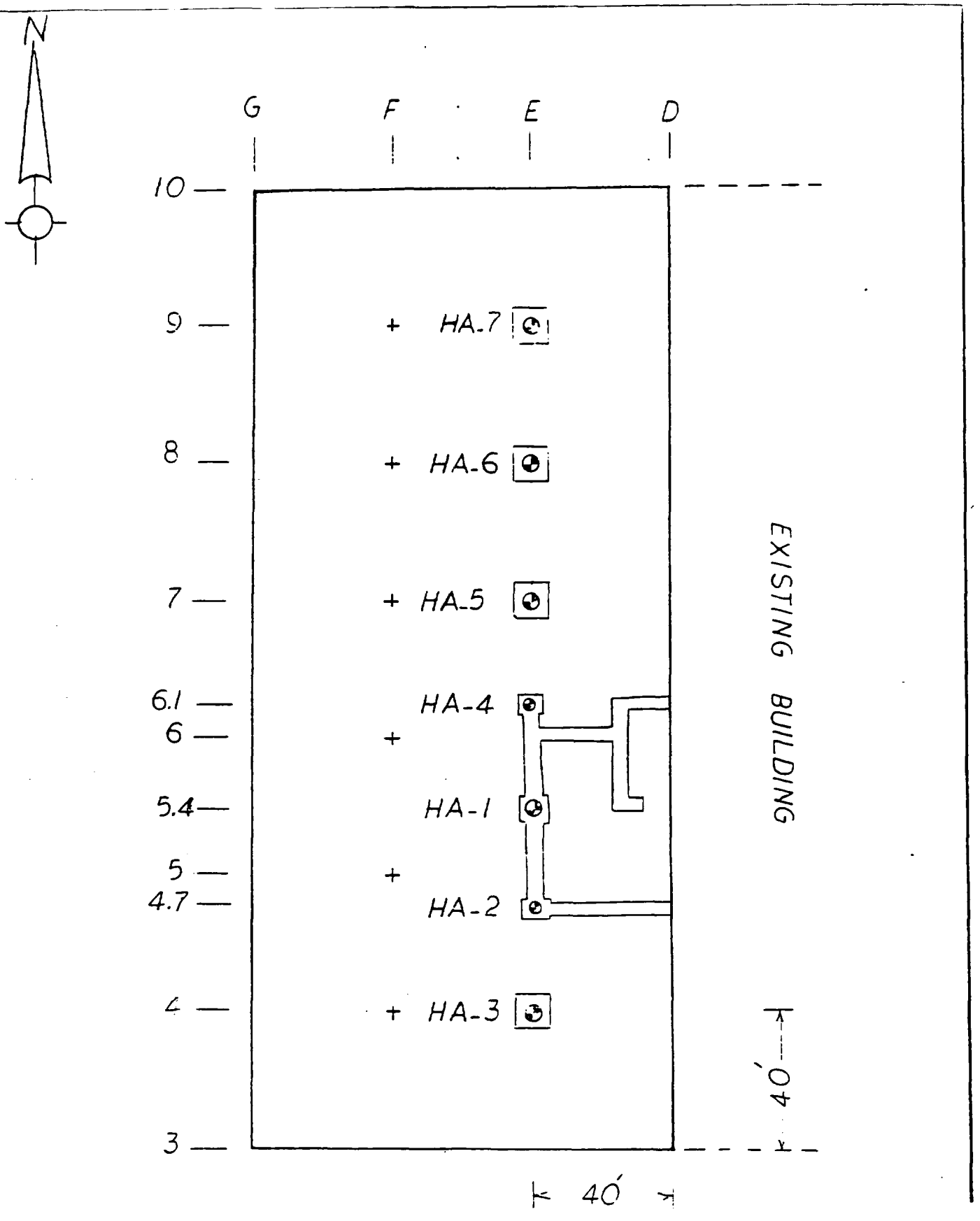
Architect or Engineer: Ewald Associates Architects, Ltd., Crystal Lake, Illinois

Contractor: Jenkins & Boller and Company, Downers Grove, Illinois

TEST LOCATION	SAMPLE DATE	DEPTH	SOIL DESCRIPTION	UNCONF STNG * TSF	WATER CONTENT % DRY WT	DRY DENSITY PCF	PERCENT COMPACT **	REMARKS
HA-6,	8/11/82	1.0'-	Silty clay, little sand,	7+	16.0	121.5	100	Fill
S-1		2.5'	trace gravel - brown & gray					
			(CL)					
HA-7,	"	1.5'-	Silty clay, trace sand &	7+	13.3	121.6	100	Fill
S-1		2.5'	gravel & topsoil - brown &					
			slightly gray (CL)					
S-1A	"	2.5'-	Clayey topsoil, little	7+	19.6	104.6	86	Fill
		3.0'	silt, trace roots - black					
			(OH) (tip changing to					
			brown clay)					

NOTES: TEST LOCATIONS ARE ESTIMATED. [X] SEE ATTACHED DRAWING. THE BOUNDARY BETWEEN SOIL TYPES IS ESTIMATED AND THE TRANSITION MAY BE GRADUAL. * UNCONFINED COMPRESSIVE STRENGTH: [X] Qp, CALIBRATED HAND PENETROMETER. [ ] Qu, LABORATORY APPARATUS. ** PERCENT COMPACTION BASED ON MAXIMUM DRY DENSITY OF 121.9 PCF ([X] SEE ATTACHED LAB SHEET) PERFORMED ACCORDING TO: ASTM D [X] 1557, [ ] 698, [ ] ESTIMATED, [ ] OTHER _____. DEPTHS ARE ESTIMATED FROM (REFERENCE): Subgrade elevation = 0.00'. DRILLING METHOD: [ ] TRUCK MOUNTED RIG. [X] HAND AUGER. SAMPLING METHOD: THIN-WALLED TUBE SAMPLING OF SOILS, ASTM D 1587. SAMPLER IS 2" OD THIN-WALLED SEAMLESS OPEN-TUBE TYPE WITH SHARP CUTTING EDGE. WL = WATER LEVEL DEPTH. B = BORING. S = SAMPLE. BN = BROWN. GY = GRAY. BK = BLACK. TS = TOPSOIL. CL = CLAY. SI = SILT. SA = SAND. GR = GRAVEL.

12-059



FLEXIBLE STEEL LACING COMPANY ADDITION
Downers Grove, Illinois
HAND AUGER LOCATION DIAGRAM

STS Consultants Ltd.
WILLOWBROOK, ILLINOIS

VVK	VVK	10/6/82	10222-C

12-060

STS Consultants Ltd.
835 Midway Drive
Willowbrook, Illinois 60521
(312) 655-4540

August 27, 1982

Flexible Steel Lacing Company
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

Attention: Mr. Alfred E. Gladding STS Job No. 10222-C

Reference: Flexible Steel Lacing Company Addition in Downers Grove, Illinois

Gentlemen:

This report summarizes our part-time services provided on an as requested basis from June 10 through July 27, 1982. The contractor was notified of all test results and copies of our daily field reports were left at the job site for review.

During this progress report period, our field representatives observed the stripping of topsoil and performed field density tests on the silty clay fill placed in the area bordered by Lines 8-10 and D-G.

During the stripping operation, approximately 2 feet of topsoil was noted overlying a very stiff, brown silty clay material. We observed removal of black topsoil from the northern half of the addition and we recommended that all topsoil, soft and unsuitable material be removed from the remainder of the building area prior to any back-filling operation. All topsoil was later removed prior to backfilling.

Laboratory Tests

Three samples of a silty clay material were obtained at the site and returned to our laboratory for testing. Sample No. 1 with a maximum dry density of 110.8 pounds per cubic foot (PCF) and an optimum moisture content of 17.2% was used in all areas within the proposed structure. Sample No. 2 was used outside the structure in the roadway area and had a maximum dry density of 128.7 PCF and an optimum moisture content of 10.1%. Sample No. 3 was used both outside and inside the structure and had a maximum dry density of 121.6 PCF and an optimum moisture content of 12.7%. These tests were performed in accordance with ASTM D-1557, Modified Proctor, Method A.

Field Compaction Tests

The major soil work performed at the site during this period has been the backfilling of the building area between Column Lines 8 and 10 from D to G, and the roadway leading to the loading dock. The degree of fill compaction was evaluated utilizing a nuclear density guage. Results of these tests along with location diagrams are included with this report.

In the driveway area just north of the proposed structure, the excavated area was proofrolled with a heavy loaded truck. No significant deflection under this load was detected. The area was then backfilled in lifts approximately 8 inches in loose thickness. Test results in the driveway area ranged from 89% to 98% when compared with the maximum dry unit weight of 128.7 PCF, and an estimated average value of 122.0 PCF. Low test results that did not meet the specification's requirement of 95% of ASTM D-1557 were obtained in the driveway area at subgrade elevation 725.0'. On July 27, this area was retested and test results exceeded the required 95% compaction. However, prior to the placement of base course material, it is recommended that the loading dock and the driveway areas be carefully observed and proofrolled. Areas which indicate excessive deflection should be removed and new fill material be placed and compacted in accordance with the project specifications.

A low test result was obtained at subgrade elevation 730.0' at the southeast corner of the building between Column Line D-E and 3-4, (Test No. 30, Location Diagram #2). We recommended to the contractor that this area be scarified, recompacted, and retested prior to placement of subbase material.

If you have any questions concerning the information contained in this report, please do not hesitate to contact us. We appreciate this opportunity to be of service to you.

Sincerely,

STS CONSULTANTS LTD.

John D. Fincham
Senior Field Engineer

Varoujan V. Kazanjian
Area Manager

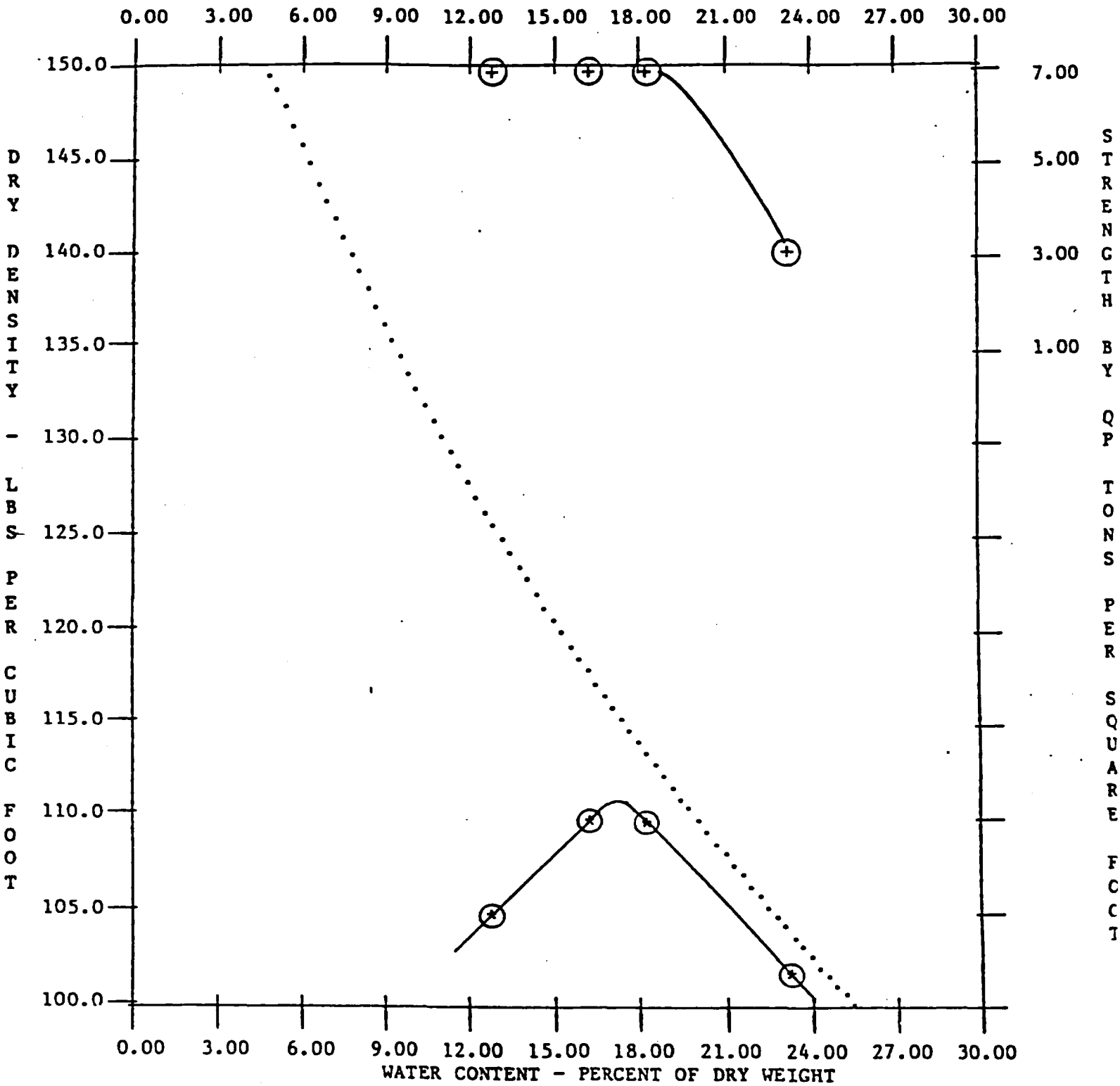
/et
encl.
cc: Ewald Associates Architects, Ltd.
Mr. William H. Ewald

Jenkins & Boller and Co.
Mr. Richard Stanczak

SOIL DESC: SILTY CLAY,TRACE GRAVEL,SAND-BROWN(CH)
SAMPLE # 1
PROPOSED USE: SLAB
WATER CONTENT AS REC'D: 22.1 %

MAXIMUM DRY DENSITY [PCF]= 113.5
OPTIMUM WATER CONTENT [%]= 17.2
* PROCTOR RESULTS
. ZERO AIR VOID CURVE FOR SG= 2.7
+ PENETROMETER RESULTS-QP

MOISTURE-DENSITY RELATION OF SOILS
ASTM D 1557-70 MODIFIED PROCTOR METHOD A

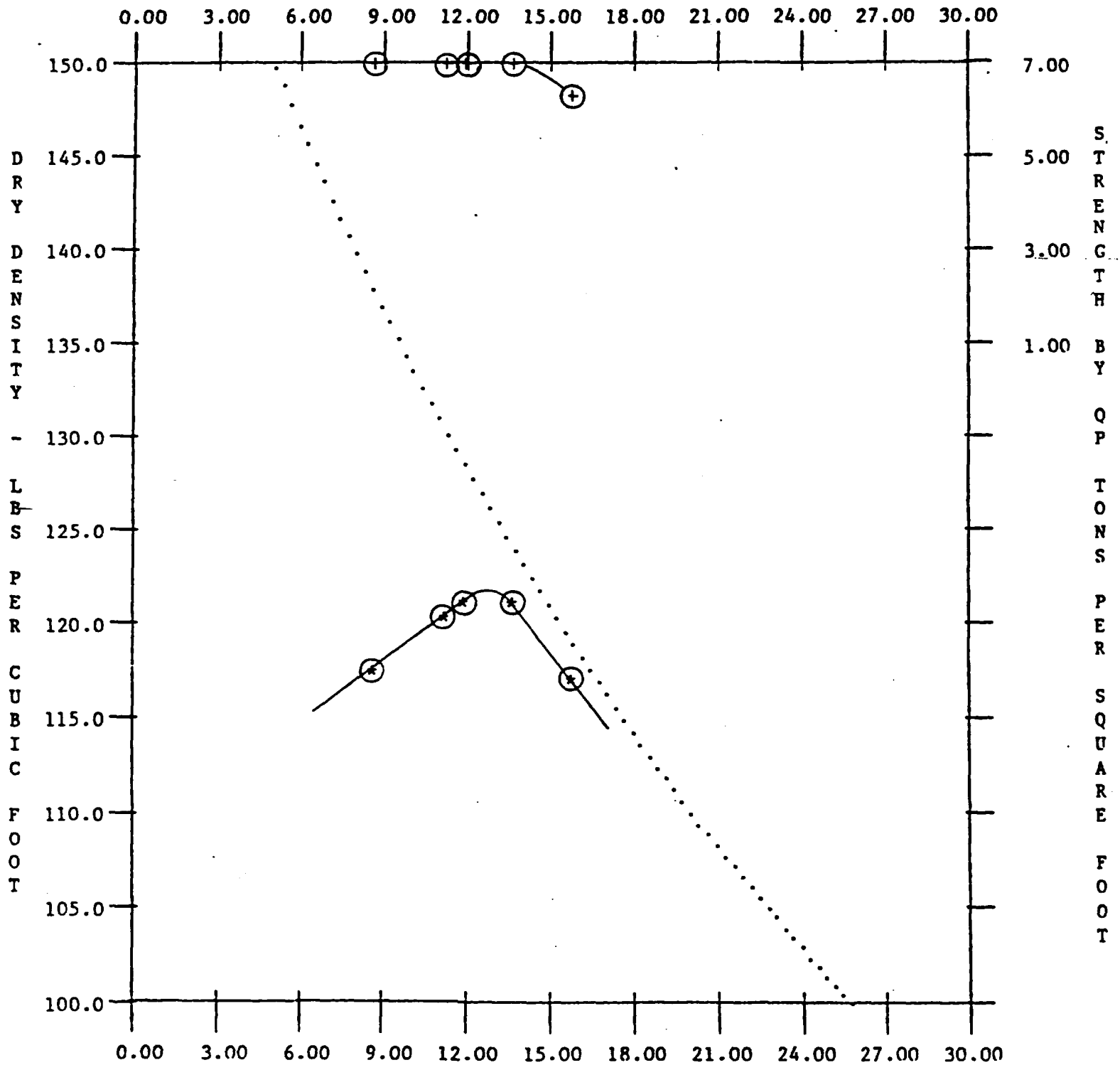


CASE	AVG W/C %	QP TSF	DRY DENSITY LBS/FT3	CASE	AVG W/C %	QP TSF	DRY DENSITY LBS/FT3
1	12.8	7	105.11	3	18.3	7	109.78
2	16.3	7	110.07	4	23.3	3	101.49

12-063

JOB: 10222-C FLEXIBLE STEEL LACING DATE: 7-29-82 MAXIMUM DRY DENSITY (PCF)= 121.6
SOIL DESC: SILTY CLAY,TRACE SAND,GRAVEL-BROWN(CL) OPTIMUM WATER CONTENT (%)= 12.7
SAMPLE # 3 * PROCTOR RESULTS
PROPOSED USE: ROADWAY . ZERO AIR VOID CURVE FOR SG= 2.74
WATER CONTENT AS REC'D: 12.2 % + PENETROMETER RESULTS-QP

MOISTURE-DENSITY RELATION OF SOILS
ASTM D 1557-70 MODIFIED PROCTOR METHOD A



CASE	AVG W/C %	QP TSF	DRY DENSITY LBS/FT3	CASE	AVG W/C %	QP TSF	DRY DENSITY LBS/FT3
1	8.7	7	117.51	4	13.7	7	121.24
2	11.2	7	120.40	5	15.8	6.3	116.91
3	12.0	7	121.18				

12-064

STS Consultants Ltd.
835 Midway Drive
Willowbrook, Illinois 60521
(312) 655-4540

S.T.S. Job No. 10222-C

FIELD COMPACTION SUMMARY

Job Name and Location: Flexible Steel Lacing Company, Downers Grove, Illinois

Architect or Engineer: Ewald Associates Architects, Ltd.

Contractor: Jenkins, Boller & Company, Waukegan, Illinois

Method of Field Density Measurement: ☐ Sand Cone Method ☒ Nuclear Method ☐ _____ DATUM _____

TEST NO.	1982 DATE	LOCATION	LIFT NO. OR ELEV.	MTL. MARK	MAXIMUM LAB DRY DENSITY	WATER CONTENT	IN-PLACE DRY DENSITY	PERCENT COMPACTION	COMMENTS
1	6/16	See Diagram #1	728'	#1	110.8	22.0	102.0	92	
2	6/21	"	729'	"	"	21.5	104.2	94	
3	"	"	"	"	"	19.6	107.8	97	
4	"	"	"	"	"	17.3	110.3	100	
5	"	"	"	"	"	18.0	106.6	96	
6	"	"	"	"	"	17.1	109.3	99	
7	6/22	"	730'	"	"	17.4	111.4	100	
8	"	"	"	"	"	19.1	110.2	99	
9	"	"	728'	"	"	17.0	107.4	97	
10	"	"	"	"	"	16.9	111.1	100	Retest #1
11	"	"	727'	"	"	18.4	107.2	97	
12	"	"	"	"	"	16.6	110.5	100	
13	"	"	"	"	"	17.6	106.3	96	
14	6/23	"	730'	"	"	18.6	107.1	97	
15	"	"	"	"	"	18.8	109.7	99	
16	"	"	729'	"	"	17.7	108.6	98	
17	"	"	730'	"	"	18.0	106.2	96	
18	"	"	729'	"	"	17.1	111.3	100	
19	"	"	730'	"	"	16.9	110.8	100	
20	"	"	"	"	"	17.8	109.7	99	
21	"	"	"	"	"	16.0	112.1	100	

12-065

NOTES: Densities shown: lbs. per cubic foot
Water Content: Percent of dry weight
Elevations and Locations: Estimated

Percent Compaction: Based on maximum dry density obtained on a sample indicated by material mark or ☐ estimated.
See attached Laboratory Compaction Report

STS Consultants Ltd.
835 Midway Drive
Willowbrook, Illinois 60521
(312) 655-4540

S.T.S. Job No. 10222-C

FIELD COMPACTION SUMMARY

Job Name and Location Flexible Steel Lacing Company, Downers Grove, Illinois

Architect or Engineer Ewald Associates Architects, Ltd.

Contractor Jenkins, Boller & Company, Waukegan, Illinois

Method of Field Density Measurement ☐ Sand Cone Method ☒ Nuclear Method ☐ _____ DATUM _____

TEST NO.	1982 DATE	LOCATION	LIFT NO. OR ELEV.	MTL MARK	MAXIMUM LAB DRY DENSITY	WATER CONTENT	IN-PLACE DRY DENSITY	PERCENT COMPACTION	COMMENTS
22	6/30	See Diagram #2	724'	est.	122.0	14.9	119.4	98	
23	"	"	"	"	"	13.2	115.8	95	
24	7/2	"	725'	#2	128.7	14.9	116.3	90	Failed
25	"	"	"	"	"	16.3	114.7	89	"
26	"	"	"	"	"	16.0	114.4	89	"
27	"	"	"	"	"	15.7	114.0	89	"
28	7/27	"	subgrade	#3	121.6	16.7	113.6	94	
29	"	"	"	"	"	16.3	115.4	95	
30	"	"	"	"	"	20.0	102.8	85	Failed
31	"	"	725'	#2	128.7	11.7	123.7	96	Retest #24,26
32	"	"	"	"	"	11.0	125.5	98	Retest #25,27

12-066

NOTES: Densities shown: lbs. per cubic foot
Water Content: Percent of dry weight
Elevations and Locations: Estimated

Percent Compaction: Based on maximum dry density obtained on a sample indicated by material mark or ☐ estimated. See attached Laboratory Compaction Report

FOUNDATIONS
ENGINEERING ANALYSES AND REPORTS
CONSTRUCTION QUALITY CONTROL
INSPECTION DESIGN

SOIL TESTING SERVICES, INC.

111 PFINGSTEN ROAD NORTHBROOK, ILL. 60062

ADDRESS REPLY TO: P.O. BOX 266 NORTHBROOK, ILL. 60062

JOHN P. GNAEDINGER, P.E.
CLYDE N. BAKER, JR., P.E.
ROBERT G. LUKAS, P.E.
HAROLD C. HALL, P.E.
DIXON O'BRIEN, JR., P.E.
CLYDE L. McCOMB, P.E.

JOSEPH M. CASERO, P.E.
JAMES A. CUNNINGHAM, P.E.
VERNON C. HOFFMAN, P.E.
RANDOLPH A. LONIER, P.E.
KEGHAM K. SHIRANIAN, P.E.
RODNEY M. K. WONG, P.E.

CONRAD R. DeLATOUR
CHARLES W. PFINGSTEN
RAYMOND W. RUSIN
SARTAJ H. SIDDIQUI

July 6, 1970

Chicago Associates
410 South Michigan Avenue
Chicago, Illinois

Attention: Mr. Bill Kehoe STS Job No. 10222-A

Reference: Investigation of parking lot subgrade at the Proposed Flexible Steel Company in Downers Grove, Illinois

Gentlemen:

We performed five (5) shallow hand auger type borings in the proposed parking lot area, as directed. The results of these test data are attached to this letter report.

It is our understanding the proposed parking lot final grade is approximately the same as the present grade and is designed with 2 in. of bituminous pavement and 6 in. of macadam base and is designed for auto wheel traffic, only. Apparently the fill has been in place approximately 2 years.

As indicated by the test data at the boring locations, a minimum of 3 ft. of fill to the maximum depth of the borings at 6 ft., consisted of a silty clay fill and topsoil. In the vicinity of borings #1 through #3, the fill is variable with some layers relatively firm and other thin layers soft. Borings #4 and #5 indicated at least 6 ft. of topsoil with layers of varying densities and moisture contents.

There are a number of alternate construction procedures to use depending primarily on economics. Of course the best procedure would be to completely remove all fill and topsoil and replace with suitable compacted fill. A second alternate would be to remove a portion of the fill and topsoil; for example, use a minimum of 12 in. of compacted granular subbase. The macadam base should be increased from 6 to 8 in. minimum. In lieu of the 8 in. waterbound macadam base, we often recommend the use of CA-6 material, placed in two 4 in. lifts and compacted to 95% of ASTM D 1557-66T, according to the State of Illinois Standard Specifications for road and bridge construction. A third alternate is to use at least a 12 in. macadam base (or 14 in. of CA-6 compacted in three layers) and increase the bituminous paving to 3 in. Unless all fill and topsoil is removed, some settlement will occur due both to the soft layer within the fill and the topsoil. The magnitude of the settlement is difficult to predict.

It will depend on the thickness of the fill and topsoil left in place and the conditions of the underlying natural soils. Some maintenance will be required and the extent will again depend on the soil conditions and the thickness of the material left in place.

If granular material is used as a subbase, proper subdrainage should be provided such that the ground or surface water does not accumulate for prolonged periods within the granular fill.

Regarding alternate No. 2, suitable clayey fill could be used in place of the granular fill; however, difficulties with compaction can be anticipated due to the instability of the topsoil and clay fill below. Of course all fill placed should be placed in thin layers and compacted to a maximum of 95% of ASTM D 1557-66T.

If there are any questions with regard to this report, please do not hesitate to contact us.

Very truly yours,

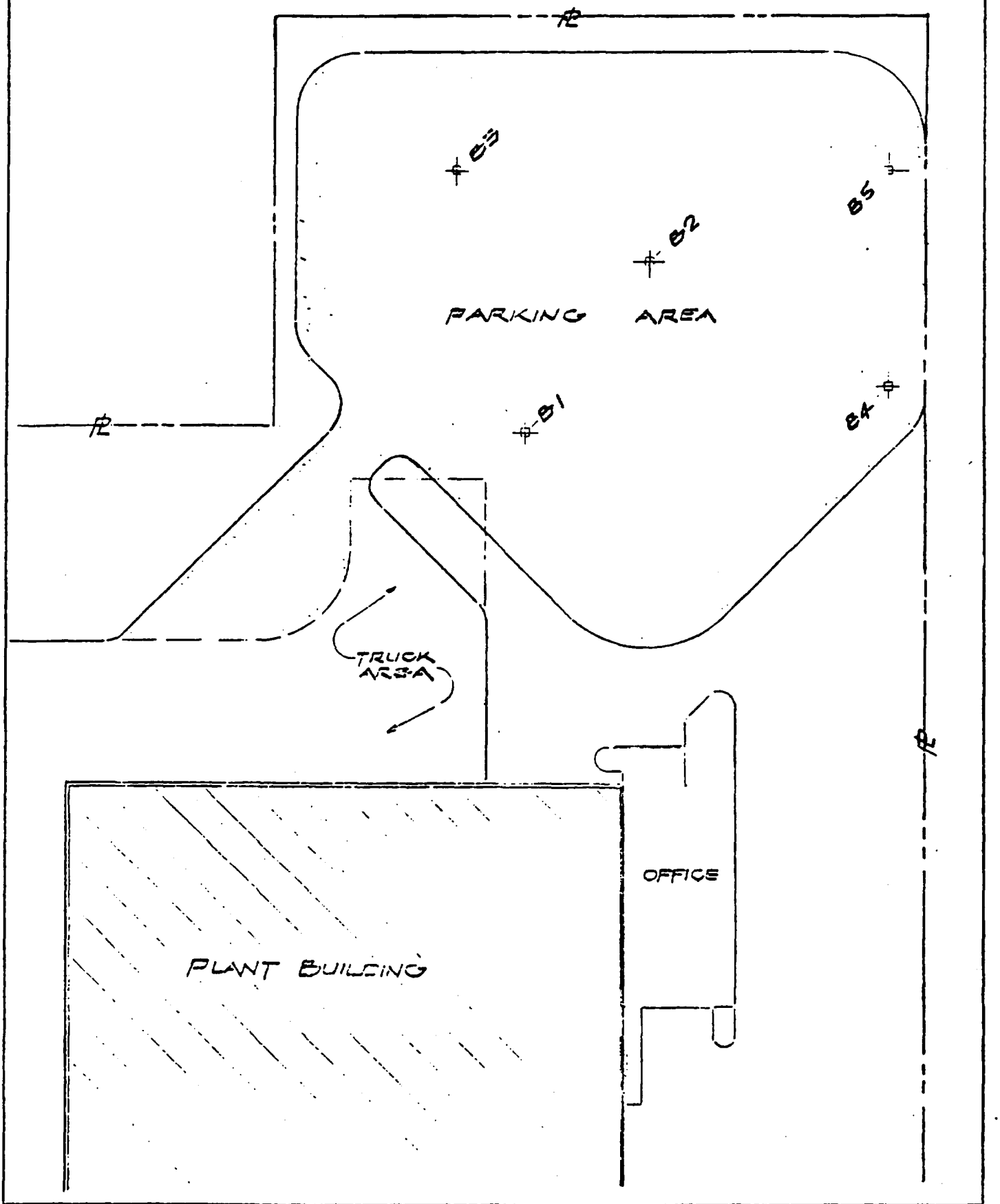
SOIL TESTING SERVICES, INC.

Clyde L. McComb

Clyde L. McComb
Registered Professional Engineer
Illinois

Clyde H. Baker, Jr.
Chief Engineer

CLM:es



SOIL BORING LOCATION DIAGRAM
PROPOSED PARKING AREA
FLEXICLE STEEL COMPANY
DOWNERS GROVE ILUNOIS

SOIL TESTING SERVICES, INC.
111 PFINGSTEN ROAD
NORTHBROOK ILLINOIS

MP	R.E.	6-30-70	10222-A

[illegible] Pfingsten Road
Northbrook, Illinois

STS Job No. 10222-A
DATE SAMPLED IN FIELD _____

SHELBY TUBE TEST DATA SUMMARY

Job Name and Location [illegible]

Architect or Engineer CAPA

Contractor [illegible]

TEST LOCATION	DEPTH	SOIL DESCRIPTION	WATER CONTENT	DRY DENSITY	PERCENT COMPACT	UNCONF. STNG.	REMARKS
B-1 ; S-1	0-1'3"	Silty Clay Tr to So Sa + Gr - Brown CL	19.1	117.5	--	6.0	Fill
" ; S-2	1'3"-1'6"	Silty Cl Tr Sa Gr + roots Tr to soil [illegible] CL-CH	17.9	183.8	--	3.0	Fill
" ; S-2A	1'7"-1'10"	Silty [illegible] Tr [illegible] [illegible] CL-CH	26.9	--	--	2.7	Fill
" ; S-2B	1'10"-2'3"	Silty Cl Tr to So Sa Tr Gr brown + gray CL-CH	16.7	115.0	—	4.3	Fill
" ; S-3	2'3"-2'9"	Silty Cl Tr to So Sa Tr Gr - brown + gray - CL	15.9	120.8	--	4.0	Fill
" ; S-3A	2'9"-2'10"	Silty Cl Tr Sa. Some to soil. brown + gray CL-CH	23.5	—	—	2.0	Fill
" ; S-3B	2'10"-3'3"	Silty Cl Tr Sa + Gr - brown + gray - CL-CH	20.3	110.8	—	4.5	Fill
" ; S-4	3'3"-4'3"	Silty Cl Tr to So Sa Tr Gr brown - CL	17.3	115.3	—	4.5	—
" ; S-5	4'3"-5'3"	Silty Clay Tr to So Sa Tr Gr brown - CL	18.8	114.6	—	4.0	—
B-2 ; S-1	0-1'	Silty Cl Tr to So Sa Tr Gr brown + gray - CL	17.5	114.6	—	4.5	Fill
" ; S-2	1'-2'	Silty Cl Tr Sa, Gr + roots brown + gray. CL-CH	19.4	104.0	—	2.0	Fill
" ; S-3	2'-3'3"	Clay [illegible] Some to soil Tr [illegible] brown + gray - CL-CH	19.5	108.4	—	2.2	Fill
" ; S-4	3'3"-4'3"	Silty Cl Tr Sa + Gr brown CL-CH	20.9	107.9	—	1.4	Fill

12-023

NOTE: METHOD OF SAMPLING: THIN-WALLED TUBE SAMPLING OF SOILS, ASTM D 1587
SAMPLER, 2" OD THIN-WALLED SEAMLESS OPEN-TUBE TYPE WITH A SHARP CURRING EDGE. DEPTH IS MEASURED FROM EXIST. GRADE. WATER CONTENT IS PERCENT OF DRY WT. DENSITY IS LBS PER CU FT. UNCONFINED COMPRESSIVE STRENGTH IS TONS PER SQ FT., * INDICATES A CALIBRATED HAND PENETROMETER. % COMPACTION BASED ON MAXIMUM DRY DENSITY OF — PCF ACCORDING TO ASTM D ☐ 1557 OR ☐ 698 ☐ ESTIMATE

Northbrook, Illinois

STS Job No. 10222-A

DATE SAMPLED IN FIELD

SHELBY TUBE TEST DATA SUMMARY

Job Name and Location: Flexible Steel - Downers Grove-Ill.

Architect or Engineer: CAPA

Contractor: Reksto-1 - Bldrs. -

TEST LOCATION	DEPTH	SOIL DESCRIPTION	WATER CONTENT	DRY DENSITY	PERCENT COMPACT	UNCONF. STNG.	REMARKS
B-2; S-5	4'-5'6"	Silty Cl Tr Sa - Sr + roots.	26.5	105.1	—	1.1	Fill
		Tr shale - brown-gray. CL-CH	19.6	111.2	—	3.1	Fill
B-3; S-1	0-1'	Silty Cl Tr Sa Gr + roots	19.4	107.3	—	2.0	Fill
		brown-gray. CL-CH					Fill
" S-2	1'-2'	Silty Cl Tr Sa, Gr + roots	27.0	104.6	—	2.2	Fill
		brown-gray. CL-CH					
" S-3	2'-3'	Same	21.9	103.5	—	2.0	Fill
" S-4	3'-4'	Same	26.5	97.6	—	1.2	Fill
" S-5	4'-5'	Silty Cl Tr Sa Sa Tr Gr	16.4	113.1	—	4.0	Fill
		brown-gray CL					
B-4; S-1	0-1'	Silty + clayey Topsoil	39.8	81.1	—	1.5	
		Tr roots. black OL-OH					
" S-2	1'-2'	Silty clayey Topsoil Tr roots	39.2	75.3	—	0.7	
		dk gray-dk brown CL-OH					
" S-3	2'-4'	Same	44.0	79.0	—	1.7	
" S-4	4'-6'	Same (black)	35.0	87.7	—	2.3	
B-5; S-1	0-1'	Silty clayey Topsoil black	42.5	75.5	—	—	
		brown (OL-OH)					
" S-2	1'-2'	Same	35.7	84.9	—	0.7	
" S-3	2'-4'	Same	28.3	81.0	—	1.6	
" S-4	4'-5'	Same	27.3	93.5	—	1.0	
" S-5	5'-6'	Same	35.3	83.7	—	1.1	

12-024

NOTE: METHOD OF SAMPLING: THIN-WALLED TUBE SAMPLING OF SOILS, ASTM D 1587 SAMPLER, 2" OD THIN-WALLED SEAMLESS OPEN-TUBE TYPE WITH A SHARP CURRING EDGE. DEPTH IS MEASURED FROM Exist. Grade. WATER CONTENT IS PERCENT OF DRY WT. DENSITY IS LBS PER CU FT. UNCONFINED COMPRESSIVE STRENGTH IS TONS PER SQ FT., * INDICATES A CALIBRATED HAND PENETROMETER. % COMPACTION BASED ON MAXIMUM DRY DENSITY OF — PCF ACCORDING TO ASTM D ☐ 1557 OR ☐ 698 ☐ ESTIMATE

COOPERATIVE EXTENSION SERVICE
799 Roosevelt Road -- Building #4 - Suite 320
Glen Ellyn, Illinois 60137
Telephone: 469-2467

LAWN SOIL TEST REPORT

Name Flexible Steel Lacing Company Date April 13, 1972

Address 2525 Wisconsin - Downers Grove, Illinois 60515

Sample New Lawn Sample

ACIDITY TEST (pH)

	Sample	Sample
Alkaline	✓ 5'	
Neutral	8'	
Acid		

Apply 40 lbs of Sulphate per 1000 sq ft

No pH correction needed

Apply _____ lbs of _____ per 1000 sq ft

No pH correction needed

PHOSPHORUS & POTASSIUM TESTS

P_1-Available Phosphate --- P_2-Reserve & Available Phosphate --- K-Potassium

	Sample P_1	Sample P_2	Sample K
Surplus			
Sufficient		✓	✓
Slightly Deficient			
Moderately Deficient	✓		
Extremely Deficient			

10-6-4

Levels are satisfactory. Follow one of the maintenance programs suggested on pages 4 and 5 of KEEPING A LAWN.

Apply 15 pounds of a 12-12-12 analysis fertilizer per 1000 square ft.

	Sample P_1	Sample P_2	Sample K
Surplus			
Sufficient			
Slightly Deficient			
Moderately Deficient			
Extremely Deficient			

Levels are satisfactory. Follow one of the maintenance programs suggested on pages 4 and 5 of KEEPING A LAWN.

Apply ____ pounds of a _____ analysis fertilizer per 1000 square ft.

The first number of the fertilizer analysis refers to the percentage of (N) Nitrogen, the second to (P_2O_5) Phosphate, and the third to K (Potash). If not available, use a similar analysis.

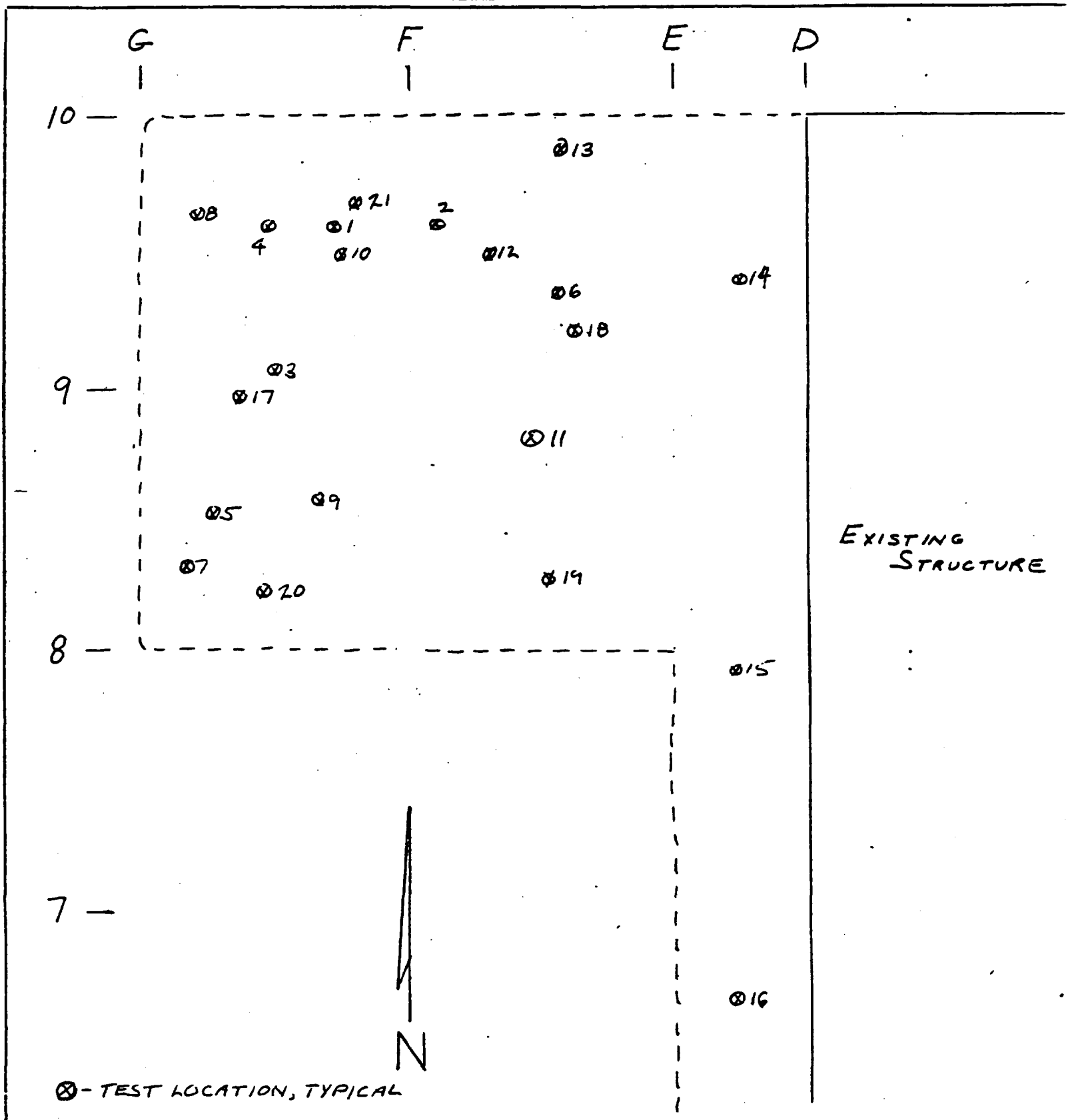
12-025

SOIL TESTING SERVICES, Inc.
111 Pfingsten Road
Northbrook, Illinois

STS Job No. 10222-C

LOCATION DIAGRAM #1

Job Name FLEXIBLE STEEL LACING CO., DOWNERS GROVE, ILLINOIS



NOTE: THIS DRAWING IS NOT TO SCALE — ALL LOCATIONS ARE ESTIMATED.

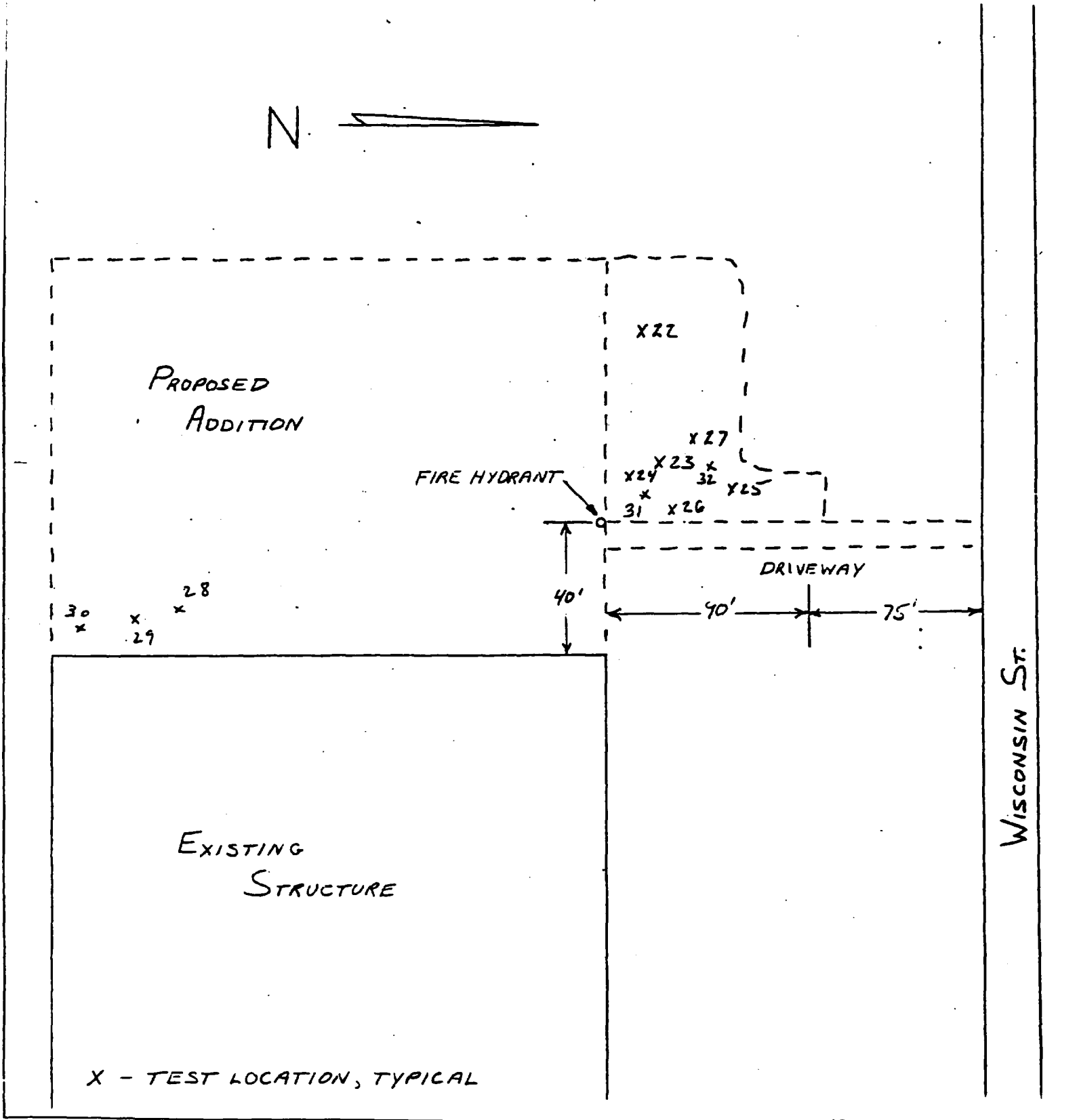
12-067

SOIL TESTING SERVICES, Inc.
111 Pfingsten Road
Northbrook, Illinois

STS Job No. 10222-C

LOCATION DIAGRAM #2

Job Name FLEXIBLE STEEL LACING CO., DOWNERS GROVE, ILLINOIS



NOTE: THIS DRAWING IS NOT TO SCALE — ALL LOCATIONS ARE ESTIMATED.

12-068

LD-OC 7

SOIL TEST REPORT

No. 47391
PAGE 1

_____ County

Samples brought in by _____

Date: _____ (received) 4/04/72 (tested)

Samples tested by NU-AG, INC.

TENANT FLEXIBLE STEEL ADDRESS _____

OWNER _____ ADDRESS _____

CHARGE TO DUPAGE CO

Field and sample No.	% Organic Matter	ACIDITY		PHOSPHORUS			POTASSIUM	
		pH	Lime need	P_1 test for available only	P_2 test for available and rock phosphate		K Test	Rating
					Test	Rating		
-		7.9		37	101		428	

Limestone Recommendations: _____

Rock Phosphate Recommendations: _____

Potash Recommendations: _____

Signature of Qualified Soil Technician _____

Title _____

12-027

WO 8-9497

JOHN TRAYER

EARTHMOVING CONTRACTOR

4602 MAIN STREET

LISLE, ILLINOIS 60532

August 21, 1966

Winsauer- Taylor & Associates
212 South Marian
Oak Park, Illinois

Gentlemen:

We gladly submit our proposal for site grading for the Flexible Steel Lacing Co. Wisconsin Ave. Downers Grove, Ill.

All work to be done according to plans and specifications submitted to me. We have assumed that the final grade of the building to be elevation 60 which makes the grading elevation in the building 59.

We have figured also to grade parking areas to allow for paving. We have also assumed all dirt is to stay on the property and that if grades should need to be adjusted to make dirt balance this will be done with architect's approval.

Price- Eleven thousand eight hundred fifty five and 00/100 dollars

Respectfully submitted,

John Trayer

John Trayer

Approved & Accepted by W B Beach

Date 8-31-66

RECEIVED
NOV 0 2001
IE 18-001

#7

SPECIFICATIONS

for

GRADING, FILLING & SEED PREPARATION

for

FLEXIBLE STEEL LACING CO.
Wisconsin Ave. near [illegible]
in Ellsworth Park
Downers Grove, Illinois

[illegible]-Taylor & Associates
215 South Harlem Street
Oak Park, Illinois

Commission #6[illegible]

August 15, [illegible]

GENERAL REQUIREMENTS:

a. All pronounced depressions left by the removal of objectionable material from within limits shall be filled with suitable material and then compacted in accordance with applicable requirements provided herein before fill is placed.

b. Prior to placing fill, topsoil shall be stripped to depths shown on the plans, or as directed by the Architect. Before placing of the fill is started, the top eight (8) inches of graded surface shall be scarified and compacted to not less than ninety-five (95) percent of the maximum density as determined in accordance with approved tests.

c. Suitable materials for fill shall be obtained from excavations with the property and as indicated on drawings. Organic soils, topsoils, and other material with sod or humus shall not be used for fill. No frozen material, stumps, roots, all or parts of trees, brush, or other perishable material shall be placed in the fill. Material having a maximum dry density of less than ninety-eight (98) pounds per cubic foot, as determined by appropriate tests shall not be used for fill.

d. Filling operations shall be suspended when, in the opinion of the Architect, satisfactory results cannot be obtained because of rain, thawing temperatures, or other unsatisfactory conditions.

e. Fill shall be so constructed that adequate surface drainage will be provided at all times, and the surface shall be kept uniformly graded and compacted. Each lift shall extend transversely over the entire area and be kept smooth.

COMPACTION:

a. General:

1. During the progress of the Work, the Architect will inspect the material as to type, condition, moisture content and fluffiness, and may direct the location of its placement in the fill. The completion of each layer shall be completed both in width and longitudinal extent before the next lift is started. The quantity of material being placed shall not exceed the capacity of the compaction equipment.

2. During the placing of the fill, the Contractor shall route his equipment at all times, both when loaded and when empty, over the layers as they are placed and shall distribute the travel evenly over the entire width of the fill. The equipment shall be operated in such manner that hard cemented gravel, clay, or other soil aggregations will be broken up into small particles and incorporated with the other material in the layer.

c. To facilitate compaction and drainage of the fill, the Contractor shall maintain sufficient blade graders or other approved equipment to keep the fill smooth and free from ruts during construction.

d. In the placing of fill, starting layers shall be placed in the deepest portion of the fill, and, as placement progresses, layers shall be constructed approximately parallel to the finished building floor lines.

b. Thickness of Layers:

Fill material, except as hereinafter provided, shall be placed in successive horizontal layers not more than six (6) inches in loose depth for the full width of the embankment. ~? 2 Pages

c. Moisture Control:

1. The material in the layers shall not be compacted when the moisture content is more than two (2) percentage points above or three (3) percentage points below the optimum moisture content, except for cohesionless materials for which no optimum point can be obtained and which may be compacted as long as there is sufficient water to lubricate the particles and permit proper compaction . If the material has been either dried or sprinkled, whichever is necessary, to the extent that the compacted densities and moisture contents meet the requirements specified herein.

2. Sprinkling shall be done with sprinkling wagons, pressure distributors, or other equipment that will distribute the water efficiently, all as approved by the Architect. Sufficient equipment to provide the required water shall be available at all times. No direct payment will be made for the furnishing and application of water, but the cost thereof shall be considered as included in other pay items of the contract, which shall be full compensation for furnishing all material, labor, equipment, and tools necessary for obtaining, transporting, and applying the water.

d. Densities:

1. Fill materials shall be compacted to the following densities:

Cohesive Material: The fill shall be constructed of materials having a maximum dry density of not less than ninety-eight (98) pounds per cubic foot, and shall be compacted to not less than ninety-five (95) percent of maximum dry density. The maximum dry density will be determined in accordance with appropriate tests, as determined by the testing Engineers. Compaction requirements specified herein shall be for the full width of the cross-section.

COMPACTING EQUIPMENT:

The compacting equipment for constructing the embankment shall be of such design, weight, and quality as to obtain the required density in accordance with the Specifications.

9752

June 15, 1967 Order #

John Trayer
4602 Main Street
Lisle, Illinois 60532

Atten: Mr. John Trayer Ref: Your Proposal of June 12, 1967

Please enter our order for the extra grading in the parking lot and spreading of Topsoil in front of the lot.

You are to regrade the front of the lot 65 ft. back from the curb, spread black dirt over this area and machine grade it. You are to remove the dirt which has been pushed up from adjoining lot and spread it south of the present black dirt pile. The slope is to be cut on a three to one (approx.) along east end of our lot with the top being approx. 30 ft. west of the pole line.

You are to reshape the parking lot with drainage from middle to southwest corner and provide a swale draining north half of lot to northwest corner of said lot. You are also to cut the existing ditch along the south side of the building to drain to the south at the most logical place.

It is understood that the Harrington Corp. is to pay one half of the expense for removing the dirt pushed up on the lot and for cutting the slope on the east lot line. This work totals $1200.00.

The total price to Flexible Steel Lacing Co. for all of the above work is to be $1800.00.

Yours truly,
FLEXIBLE STEEL LACING COMPANY
By:

Asst. Purchasing Agent

BA/mm

18-007

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610 MAY 21 20 EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CESQG — Manifest Document No. 153685

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
Flexible Steel Lacing Co.
2525 Wisconsin Ave - Downers Grove, IL 60515
PHONE: (630) 971-0150

A. Illinois Manifest Document Number IL 9653685 FEE PAID IF APPLICABLE

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (248)799-3820

B. Generator's IL ID Number

5. Transporter 1 Company Name: Detrex Corporation — 6. US EPA ID Number: I L D 0 7 4 4 2 4 9 3 8

C. Transporter's ID Number 0 2 9 7

D. Transporter's Phone (708)345-3806

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

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
Pollution Control Ind of IN
4343 Kennedy Avenue
East Chicago, IN 46312

10. US EPA ID Number: I N D 0 0 0 6 4 6 9 4 3

G. Facility's IL ID Number

H. Facility's Phone (219) 397-3951

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Flammable Liquid, N.O.S., (Acetone, Lacquer Thinner), 3, UN1993, PG II	001	DM	55	G	EPA HW Number D001 F003 000246
b. Waste Corrosive liquid, acidic, inorganic, n.o.s., (Hydrochloric Acid), 8, UN3264, PG II	001	~~DM~~ DF	5	G	EPA HW Number D002 000246
c. Non-Regluated Solid (Ion Exchange Resin)	003	DM	756	G	EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
Approval # (a) LP15000 add F002
(b) LP15000
(c) LP15000

K. Handling Codes for Wastes Listed Above In Item #14
S01

15. Special Handling Instructions and Additional Information
ERG # (a) 128
(b) 154

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

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

GENERATOR — Printed/Typed Name: JAMES P. HUBBS — Signature: James P. Hubbs — Date: Month 04 Day 19 Year 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: ERIC MENDEZ — Signature: Eric Mendez — Date: Month 04 Day 19 Year 01

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: Marilyn Nelson — Signature — Date: Month 04 Day 29 Year 01

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator 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.

20-530

COPY 1 FOR MAIL TO GENERATOR

Form 126—10M ~ 6-68

Flexible Steel Lacing Co.

4607 Lexington Street, CHICAGO 44

"United States law prohibits disposition of these commodities to the Soviet Bloc, Communist China, North Korea, Macao, Hong Kong, or Communist controlled areas of Viet Nam, Laos, and Cuba, unless otherwise authorized by the United States."

PAYABLE IN NEW YORK OR CHICAGO EXCHANGE

INVOICE NO.

DATE INVOICED December 4, 1968
DATE SHIPPED

SOLD TO Mr. Joe Beale
C/o J. J. Harrington & Co.
39 S. LaSalle St.
Chicago, Ill.

SHIP TO

SHIP VIA

REG. NO
YOUR ORD.
DATE ENTD.
MIN. FGT.
CLASS
INV. REQ.

Top Soil removed from our property

Approximately 30 yards $90.00

Please remit at once

18-008

TELEPHONE
WOodland 8-0050

REKSTAD BUILDERS, INC.

General Contractors

1040 OGDEN AVE.
DOWNERS GROVE, ILLINOIS
60515

December 2, 1971.

Flexible Steel Lacing Company
2525 Wisconsin Street
Downers Grove, Illinois 60515

Attention: Mr. John Ramsey.

Gentlemen:

Per your recent request we attach herewith a list of Sub-Contractors who were involved in the construction of your new office and warehouse building in Downers Grove.

If you have any questions or require any additional information, please do not hesitate to give us a call.

Very truly yours,

REKSTAD BUILDERS, INC.

Q. E. Rekstad, President

encl.

jc

18-009

rbi SEDWIN REKSTAD CHAIRMAN QUENTIN REKSTAD PRESIDENT F. H. EICKEMEYER SECY. TREAS. rbi

Les Severson

Anning-Johnson Co.	1959 Anson Drive,	Melrose Park, Ill.	60160
Trostrud Mosaic & Tile Co., Inc.	6216 W. North Ave.,	Chicago, Illinois	60639
Overhead Door Co. of Elk Grove	100 Kelly Street,	Elk Grove Village,	60007
Budron Excavating Co.	P. O. Box 119	Addison, Illinois	60101
The Air-O-Therm Co., Inc.	225 N. Arlington Heights Road	Elk Grove Village	60007
National Hamilton Division	1515 W. 35th St.	Chicago, Illinois	60609
Ken-Lee Hardware Co.	4820 N. Central Ave.	Chicago, Illinois	60630
Johnson Fireproof Door Co., Inc.	P. O. Box 654	Rosemont, Illinois	60018
Rock Wool Insulation Co.	501 Rogers St.	Downers Grove, Ill.	60515
Rite-Hite Co. of Illinois, Inc.	2434 W. Dempster	Des Plaines, Ill.	60017
Mudrak & Zajicek, Inc.	6507 W. Stanley Ave.	Berwyn, Illinois	60402
Accurate Partitions, Inc.	P. O. Box 287	Lyons, Illinois	60534
Cazel & Associates	5524 W. Fullerton	Chicago, Illinois	60639
Harry Goelitz Jr. Co.	P. O. Box 391	Oak Park, Illinois	60303
Len Pilon Lathing & Plastering	401 N. Raynor Ave.	Joliet, Illinois	60400
Crowther Roofing & Sheet Metal	P. O. Box 354	Naperville, Ill.	60540
Super Sky Products, Inc.	6601 W. Donges Bay Road	Thiensville, Wisc.	53092
Joe Halm Bldg. Specialties	P. O. Box 525	LaGrange, Illinois	60525
Jones & Brown Co., Inc.	568 W. Winthrop Ave.	Addison, Illinois	60101
Mazza-Aiello, Inc.	26W251 St. Charles Rd.	Wheaton, Ill.	60187
Henry Newgard & Company	774 Roosevelt Road	Glen Ellyn, Illinois	60137
A & D Heating Corp.	7575 So. Madison St.,	Hinsdale, Illinois	60521
Adler Plumbing & Heating, Inc.	9034 Brookfield Ave.,	Brookfield, Ill.	60513
Kelly Systems, Inc.	422 N. Western Ave.,	Chicago, Illinois	60612
Illinois Sprinkler Corp.	111 S. York Road,	Elmhurst, Illinois	60126
Schmitz & Liss, Inc.	6743 West Cermak Road	Berwyn, Illinois	60402
California Mfg. Company	2243 So. Troy Street,	Chicago, Illinois	60623
D. S. Woodrow & Associates	1811 Willow Lane	Mt. Prospect, Ill.	60056
Elmhurst-Chicago Stone Co.	400 W. First St.	Elmhurst, Illinois	60126

18-010

TELEPHONE
WOodland 8-0050

REKSTAD BUILDERS, INC.

General Contractors

1040 OGDEN AVE.
DOWNERS GROVE, ILLINOIS
60515

November 4, 1975

Flexible Steel Lacing Co.
2525 Wisconsin Street
Downers Grove, Illinois 60515

Attn: Mr. Philip Rinaldo, Treasurer

Re: Final Billing for Building Addition

Gentlemen:

We enclose herewith our invoice for completion of building addition at above location, together with our final waiver of lien, all in the amount of $107,064.44. We also enclose our invoice for 30% of savings on "not-to-exceed" contract in the amount of $5,079.35.

Attached herewith are copies of invoices from our sub contractors and material suppliers in support of our invoice to you.

Also enclosed are the following waivers of lien for this project:

Partial	A & D Heating Corp.	$55,000.00
Partial	A & D Heating Corp.	6,500.00
Final	A & D Heating Corp.	13,487.49
Final	Dick's Crane Rental Service,Inc.	100.00
Final	Midwest Helicopter	1,500.00
Final	Vesco Ventilation Equip. Sales Co.	855.75
Final	Lennox Industries Inc.	44,403.43
Partial	Adler Plumbing & Heating, Inc.	7,930.00
Final	Adler Plumbing & Heating, Inc.	1,871.00
Final	Admiral Steel Corp.	197.40
Final	Anning-Johnson Co.	37,700.00
Final	Cazel Decorating Service	4,192.00
Partial	C. D. Chidester Excavating	3,659.50
Partial	C. D. Chidester Excavating	2,195.70
Final	C. D. Chidester Excavating	1,463.80
Final	Crowther, Inc.	21,852.00
Partial	The Eldridge Construction Co.	10,000.00

-Continued--

Final	The Eldridge Construction Company	$ 23,720.00
Final	Elmhurst-Chicago Stone Co.	2,599.75
Final	Gateway Erectors-Div. of Imoco	445.00
Partial	Gregory Electric, Inc.	X5,000.00
Partial	Gregory Electric, Inc.	X10,000.00
Final	Gregory Electric, Inc.	25,255.85
Final	Hammerschmidt & Franzen Co.	524.20
Final	Hammerschmidt & Franzen Co.	362.88
Final	Edward Hines Lumber Co.	52.59
Final	Edward Hines Lumber Co.	234.36
Partial	Illinois Sprinkler Corp.	X10,668.00
Partial	Illinois Sprinkler Corp.	X15,507.00
Final	Illinois Sprinkler Corporation	17,330.00
Final	Ziebell Water Service Products, Inc.	5,348.80
Partial	Jones & Brown Co., Inc.	47,815.00
Partial	Jones & Brown Co., Inc.	32,117.00
Final	Jones & Brown Co., Inc.	25,381.00
Partial	Jones & Brown Co., Inc.	750.00
Final	L & N Paving Company	1,858.00
Final	DuKane Asphalt Co. $823.20	
Final	Mahon Rolling Door Div. of RCM Corp.	962.00
Final	Naturalite, Inc.	2,919.28
Final	E.D.Siebert Trucking Service, Inc.	473.07
Final	E.D.Siebert Trucking Service, Inc.	518.78
Final	E.D.Siebert Trucking Service, Inc.	5,811.63
Final	E.D.Siebert Trucking Service, Inc.	608.48

The following additional waivers are forthcoming and will be submitted to you upon receipt at our office:

Final	Advance Concrete Breaking	448.00
Final	Artlow Sealing	1,008.00
Final	Circle Hardware	833.20
Final	Elmhurst-Chicago Stone Co.	225.90
Final	Schor Glass	1,010.22

Yours very truly,

REKSTAD BUILDERS, INC.

J. H. Crotty

Encls.
sk

Approval Signature

DESCRIPTION OF WORK

Job Address

Name

Total Time Hrs.

Quitting Time P.M.

Started Work A.M.

EXCAVATOR'S REPORT
PLAZA EXCAVATING CONTRACTORS
2069 SO. BUSSE RD.
MT. PROSPECT, ILL. 60056
Phone 439-6050

Nº 13257

Date

PHONE 439-6050

Plaza EXCAVATING CONTRACTORS

Nº 7578

2069 SO. BUSSE RD.
MT. PROSPECT, ILLINOIS

DECEMBER 16, 1982

JENKINS AND BOLLER CONSTRUCTION CO.
P.O. BOX 1070
WAUKEGAN, ILLINOIS
60085

RE: FLEXIBLE STEEL
LACING COMPANY
DOWNERS GROVE, ILLINOIS

EXTRA TO CONTRACT - EQUIPMENT RENTAL

TICKET #13257 - 12-9-82

1-931 BACKHOE	12 HRS. @ $87.00	$1,044.00

18-013

APPLICATION FOR PAYMENT AND SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO THE OWNER

Project Title: Office Addition to
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

PAYMENT APPLICATION NUMBER: NINE

ARCH/ENG: Ewald Associates, Architect

Billing Period: 5/7/87 to 8/1/87

Contractor: M.B. CHRISTENSEN CONSTRUCTION CO.
777 Busse Highway
Park Ridge, Illinois 60068

Change Orders Included: One thru Six

Sub-Contractor's Name	Work/Material Contracted For	Total Contract	Previously Requested Net	Amount Requested Net	Balance To Become Due Net
M.B.CHRISTENSEN CONST. CO.	Gen. Conds..O.H.& P.	$103,067.64	$83,930.00	$0.00	$19,137.64
WEBSTER ASHLAND, INC.	Demolition Work	$7,750.00	$7,750.00	$0.00	$0.00
GREINIG & SON, INC.	Excavation Work	$15,718.00	$15,718.00	$0.00	$0.00
MARTIN CEMENT CO.	Concrete Work	$22,247.50	$22,247.50	$0.00	$0.00
RASCO	Masonry Work	$3,850.00	$3,850.00	$0.00	$0.00
S. G. KRAUSS CO.	Structural Steel	$120,521.61	$100,422.00	$0.00	$20,099.61
TUSCHALL ENGINEERING CO. INC.	Metal Siding Work	$6,828.00	$6,828.00	$0.00	$0.00
P. H. OLSON CO.	Carpentry Work	$7,769.00	$7,769.00	$0.00	$0.00
HOGE-WARREN-ZIMMERMANN CO.	Roofing Work	$8,720.00	$7,848.00	$872.00	$0.00
M.B. CHRISTENSEN CONST CO	Insulation Work	$1,350.00	$1,350.00	$0.00	$0.00
JIM MICHEL BLDG. SPECIALTIES,	Hollow Mtl Drs & Frs	$7,712.00	$7,712.00	$0.00	$0.00
LIND HARDWARE COMPANY, INC.	Finish Hardware	$5,878.00	$5,878.00	$0.00	$0.00
BUILDERS UNITEDSALES CO., INC.	Folding Doors	$1,155.00	$1,155.00	$0.00	$0.00
MADDEN GLASS, INC.	Glass & Glazing	$30,536.00	$30,536.00	$0.00	$0.00
REICHEL-ANDERSON ASSOCIATES	Skylight Work	$56,530.00	$56,530.00	$0.00	$0.00
TRIO CONSTRUCTION CORPORATION	Drywall Work	$11,846.00	$11,846.00	$0.00	$0.00
J. P. PHILLIPS, INC.	Plaster Work	$12,500.00	$12,500.00	$0.00	$0.00
BLOOM/LOHRE PAINTING CO., INC.	Painting Work	$11,719.75	$10,547.75	$1,172.00	$0.00
H. F. HUSTER COMPANY, INC.	Vinyl Base Work	$1,332.00	$1,332.00	$0.00	$0.00
N. H. McLENNAN, INC.	Acoustical Work	$9,547.00	$9,547.00	$0.00	$0.00
COMMERCIAL TILING, INC.	Quarry Tile Work	$5,440.00	$5,440.00	$0.00	$0.00
URBAN ELEVATOR COMPANY, INC.	Dumbwaiter	$10,000.00	$10,000.00	$0.00	$0.00
CLAYTON AUTOMATIC SPRINKLER CO	Fire Protection	$10,467.00	$8,820.00	$1,647.00	$0.00
KOPP SHEET METAL, INC.	H.V.A.C.	$64,665.00	$63,665.00	$1,000.00	$0.00
GREGORY ELECTRIC, INC.	Electrical Work	$35,280.50	$35,280.50	$0.00	$0.00
SHERMAN PLUMBING & HEATING CO	Plumbing Work	$8,500.00	$8,500.00	$0.00	$0.00
UNISTRUT ILLINOIS	Access Floor	$3,597.00	$3,165.30	$431.70	$0.00
	TOTAL	$584,507.00	$540,167.05	$5,122.70	$39,237.25

CHANGE ORDERS

		EXTRAS	CREDITS
C.O. #1:	Skylight Color	$0.00	($770.00)
C.O. #2:	Pave Rd, Sign, Hatch	$2,804.00	$0.00
C.O. #3:	Fin. Hdw. Allow. Adj	$3,802.00	$0.00
C.O. #4:	Misc. Items	$14,179.00	$0.00
C.O. #5:	Misc. Items	$11,794.00	$0.00
C.O. #6:	Misc. Items	$7,049.00	$0.00
	TOTALS	$38,628.00	($770.00)

Original Contract Amount	$546,669.00	Total Amount Requested	$545,289.75
Total Extras To Contract	$38,628.00	Retention NONE	$0.00
Total Contract With Extras	$585,297.00	Net Amount Earned	$545,289.75
Total Credits To Contract	($770.00)	Previously Paid	$540,167.05
Adjusted Total Contract	$584,527.00	Amount Now Due	$5,122.70
		Balance To Complete	$39,237.25

STATE OF ILLINOIS }
COUNTY OF COOK }

The undersigned RICHARD M. CHRISTENSEN being duly sworn, on oath deposes and says that he is Vice Pres of M. B. CHRISTENSEN CONSTRUCTION COMPANY, Contractor for the GENERAL CONTRACT WORK for the following project:

Office Addition to
Flexible Steel Lacing Co.
2525 Wisconsin Avenue
Downers Grove, Illinois 60515

That, for the purpose of this work the foregoing orders have been placed and the foregoing parties subcontracted with and these have furnished materials or provided labor, or both, for said project.

That, the amount of such order or subcontract is as stated above and that there is due and to become due them respectively, the amounts opposite their names for material labor or both.

That, this statement is made in compliance with the statutes relating to Mechanics Liens and for the purpose of procuring from the Owner PARTIAL payment in accordance with the terms of the Contract and is a full, true and complete statement, of all parties furnishing labor and/or material, and of the amounts paid, due and to become due them.

Subscribed and sworn to me this 15th day of August 1987.

Martin B. Christensen
Notary Public

My Commission Expires June 22, 1988

Richard M. Christensen
Richard M. Christensen - Vice President

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ARCHITECT'S CERTIFICATE FOR PAYMENT APPLICATION NINE

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, informatio and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and M. B. CHRISTENSEN CONSTRUCTION CO. is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... $ 5122.70

Architect: EWALD ASSOCIATES ARCHITECTS, LTD. By: William H. Ewald DATE 9-3-87

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to M. B. CHRISTENSEN CONSTRUCTION CO. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or M. B. CHRISTENSEN CONSTRUCTION CO. under this Contract.

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