EPA Region 5 Records Ctr.

264198

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

TRICON INC

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	ILD005084124	2325 Wisconsin TRICON IND. DOWNERS GROVE 312 964 2330 60515	
TRANSPORTER # 1	ILD045695715	4710 W Roosevelt H. ROSKI MOTOR SERVICE CHICAGO 312 261 7236 60650	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND063602665	AMERICAN CHEMICAL SERVICE GRIFFITH IND 312 768 3400	3/10/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
2		F001	PERCHLOR	1897		none	55gal	100gal		

SPECIAL HANDLING INSTRUCTIONS

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

COMMENTS

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

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

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

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

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

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

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

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

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

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

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

GENERATOR'S SIGNATURE 3/1/83 DATE

TSDF SIGNATURE Willie Smith 3/10/83 DATE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TO 118R T-63 3-10-83 GRM

ORIGINAL – RETURN TO GENERATOR

HAZARDOUS WASTE MANIFEST

4

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER		Tricon Mfg 2325 Wisconsin Downers Grove Il 60515 2424520	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 Roosevelt Chgo Il 60650 261 9236	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY	IND016360265	Amer Chem Serv Griffith In 46319 312 768 3400	11/17/85
TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
1 dr		F001	Perchlor CRM-A	1897		none	55g	~~150g~~ 50		
2 dr		F001	111 TRICHLOROETHANE	2831		"	"	70g		

SPECIAL HANDLING INSTRUCTIONS

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

COMMENTS

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

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

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

$ _____ per _____

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

_____ Signature

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

_____ (Signature of Consignor)

TOTAL CHARGES: $

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked

Check box if charges are to be collect ☐

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

CERTIFICATION

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

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

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

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

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60648

1- TO 1 ART-63 GRM 11-30-83

TSDF COPY

To 120 ART-63 GRM 2-22-84

004336

HAZARDOUS WASTE MANIFEST

4

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	ILD005084124	Tricon 2325 Wise. Downers Gr. Il 60515 9642330	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 Roosevelt Chgo Il 60650 2617236	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND016360265	Amer Chem Serv Griffith In 46319 3127683400	1/23/84
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
3dr 4		F001	Perchlor	1897		~~55g~~ none	55g	150g		

SPECIAL HANDLING INSTRUCTIONS

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

COMMENTS

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

PLACARDS TENDERED Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD Amt: $

C.O.D. FEE: PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES: $

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

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

$ _____ per _____

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

_____ Signature

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

_____ (Signature of Consignor)

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

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

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

GENERATOR'S SIGNATURE DATE

This is to certify acceptance of the hazardous waste shipment.

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

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

TSDF SIGNATURE DATE

5

STYLE F-50 © LABELMASTER CHICAGO, IL 60646

TSDF COPY

To 120 FT-63 GKM 1-23-84

IL 532-610
IPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

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

0930868 (1–7)

Authorization Number ____ (8–13)

Tricon Industries Inc. (Company Name), 2325 Wisconsin Ave (Address), 312 964-2330 (Phone Number) — 0 4 3 0 3 0 0 0 1 7 (14–24) Generator Number

Downers Grove (City) — Illinois (State) — 60515 (Zip) — I L D 0 0 5 0 8 4 1 2 4 EPA Number

WASTE HAULER(S)

H. Roskin Motor Svc. (Hauler Name), 4710 W. Roosevelt, Chicago, Ill (Hauler Address) — S.W.H. Registration Number X 1 4 0 0 0 0 1 (25–31)

312 261-7236 (Phone Number) — I L D 0 4 5 6 9 5 7 1 EPA Number

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

Phone Number — EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Svc. (Facility Name) — Address — 9 1 8 0 8 9 0 2 (39–46) Site Number

Griffith (City) — Indiana (State) — 46319 (Zip) — 312 768-3400 (Phone Number) — IND 0 1 6 3 6 0 26 EPA Number

Alternate (Facility Name) — Address — (39–46) Site Number

City — State — Zip — Phone Number — EPA Number

TO BE COMPLETED BY WASTE GENERATOR

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

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

SHIPPING DESCRIPTION: Perchlor — HAZARD CLASS: ORM-A — 1 8 9 7 (UN or NA Number) — F 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE 1500 (LBS) TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 1 5 0 (47–52) — (1) GALLONS (Circle One) 2 CU. YDS. (53)

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 ____ (Authorized Signature) DATE: 4/16/84

WASTE HAULER

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

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

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

Frank Price (Authorized Signature) DATE: 4/25/84 (60–65)

COMMENTS OR SPECIAL INSTRUCTIONS: ____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. 8 4

SITE COPY - PART 3

To 119R T-63 GRM

006803

IL 532-610
IPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

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

0930869

Authorization Number

Tricon Industries Inc., 2325 Wisconsin Ave, 312 964-2330 0 4 3 0 3 0 0 0 1 7 G
(Company Name) Address Phone Number Generator Number

Downers Grove Illinois 60515 I L D 0 0 5 0 8 4 1 2 4
City State Zip EPA Number

WASTE HAULER(S)

H. Roskin Motor Svc. 4710 W. Roosevelt, Chicago, Ill. S.W.H. Registration Number 1 4 0 0 0 0 1
Hauler Name Hauler Address

312, 261-7236 I L D 0 4 5 6 9 5 7 1
Phone Number EPA Number

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

Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

American Chemical Svc. 9 1 8 0 8 9 0 2
(Facility Name) Address Site Number

Griffith Indiana 46319 312 768-3400 I N D 0 1 6 3 1 6 0 2 6
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: III Trichloroethane WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: III Trichloroethane

HAZARD CLASS: ORM-A

2 8 3 1 UN or NA Number

F 0 0 1 EPA HW Number

WEIGHT FOR D.O.T. USE 500 LBS TONS (circle one)

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

QUANTITY OF WASTE DELIVERED: 50 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 1 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Frank W Price (Authorized Signature) DATE: 4/16/84

WASTE HAULER

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

(1) H Roskin (Authorized Signature) DATE: / /

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

Frank Price (Authorized Signature) DATE: 4/25/84

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. 8 4

SITE COPY - PART 3

IAK T-63

IL 532-610
IPC 62 8/81

TO BE COMPLETED BY WASTE GENERATOR

STATE OF ILLINOIS

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

SPECIAL WASTE HAULING MANIFEST

0930878

Authorization Number

Tricon Industries Inc., 2325 Wisconsin Ave, (312) 964-2330 — 0 4 3 0 3 0 5 0 1 7 G
(Company Name) Address Phone Number — Generator Number

Downers Grove Illinois 60515 — I L D 0 0 5 0 8 4 1 2 4
City State Zip — EPA Number

WASTE HAULER(S)

H. Roskin Motor Svc, 4710 W. Roosevelt, Chicago, IL — S.W.H. Registration Number 1 4 0 0 0 0 1
Hauler Name Hauler Address

312 261-7236 — I L D 0 4 5 6 9 5 7 1
Phone Number EPA Number

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

DESTINATION — DISPOSAL, STORAGE OR TREATMENT SITE

American Chemical Svc. — 9 1 8 0 8 9 0 2
(Facility Name) Address Site Number

Griffith Indiana 46319 312 768-3400 IND 0 1 6 3 6 0265
City State Zip Phone Number EPA Number

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

TO BE COMPLETED BY WASTE GENERATOR

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

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

SHIPPING DESCRIPTION: Perchlor — HAZARD CLASS: ORM-A — 1897 UN or NA Number — F001 EPA HW Number

WEIGHT FOR D.O.T. USE: 1500 LBS (circle one) XXXXXX TONS — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 150 XXXXXX — GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS XX 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 — (Authorized Signature) — DATE: 8/28/84

WASTE HAULER

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

(1) (Authorized Signature) — DATE: 11/19/84

(2) (Authorized Signature) — DATE: 11/26/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ____

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

(Authorized Signature) — DATE: 11/26/84

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. 8 4

SITE COPY - PART 3

122RT-63 ✓

006805

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

LPC 62 8/81

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 00001
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: Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312) 964-2330

A. Illinois Manifest Document Number: IL 1120341
B. Illinois Generator's ID: 0 4 3 0 3 0 5 0 0 7
C. Illinois Tranporter's ID: 1400
D. (312) 261-7236 Transporter's Phone

5. Transporter 1 Company Name: H. Roskin Motor Service
6. US EPA ID Number: I L D 0 4 5 6 9 5 7 1 5

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

E. Illinois Transporter's ID
F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: American Chemical Service
Griffith, IN 46319
10. US EPA ID Number: I N D 0 1 6 3 6 0 2 6 5

G. Illinois Facility's ID: N/A 91808900002
H. Facility's Phone: (312) 768-3400

GENERATOR

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	Perchlorethylene ORM-A UN 1897	3	DM	194 XXXX	1	EPA HW Number F001 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

To be reclaimed

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Frank Essig
Signature: [signature]
Date: Month 02 Day 06 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: C. NEAL
Signature: C. Neal
Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name
Signature
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: R Roskin
Signature: [signature]
Date: Month 12 Day 26 Year 85

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

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

REV.# 5

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

FACILITY COPY - PART 3

122 K T 63

009248

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

LPC 62 8/81

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D O 0 5 0 8 4 1 2 4 — Manifest Document No. 0 0 0 0 3

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Tricom Industries, Inc.
2325 Wisconsin Avenue, Downers Grove, Il. 60515

4. Generator's Phone (312) 964-2330

A. Illinois Manifest Document Number IL 1120342

B. Illinois Generator's ID 0 4 3 0 8 0 5 0 1 7

5. Transporter 1 Company Name
H. Roskin Motoer Service

6. US EPA ID Number I L D O 4 5 6 9 5 7 1 5

C. Illinois Tranporter's ID

D. (312) 261-7236 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, IN 46319

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

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

H. Facility's Phone (312) 768-3400

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Perchlorethylene ORM-A UN 1897	X	3	DM	165	1	EPA HW Number F001 / Authorization Number
b.	1,1,1, Trichloroethane ORM-A UN 2831	X	1	DM	55	1	EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above
To be reclaimed

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
To be reclaimed

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Frank W. Essig — Signature: Frank W. Essig — Date: Month 9 Day 16 Year 85

TRANSPORTER

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

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name: H. Roskin — Signature — Date: Month 9 Day 16 Year 8

FACILITY

19. Discrepancy Indication Space

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

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. # 5

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

FACILITY COPY - PART 3

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STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

LPC 62 8/81

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 0 8 4 1 2 4 — Manifest Document No. 0 0 0 4

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312) 964-2330

A. Illinois Manifest Document Number IL 1120343

B. Illinois Generator's ID 0 4 3 0 3 0 5 0 1 7

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

6. US EPA ID Number: ILD 0 4 5 6 9 5 7 1 5

C. Illinois Tranporter's ID 1 4 0 0

D. (312) 964-2330 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, IN 46319

10. US EPA ID Number: IND 0 1 6 3 6 0 2 6 5

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

H. Facility's Phone (312) 964-2330

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Perchlorethylene ORM-A UN 1897	X	3	DM	165		EPA HW Number F 0 0 1 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
To be reclaimed

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Frank Essig — Signature — Date: Month 12 Day 16 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: H. Roskin — Signature — Date: Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: DAVID HENRY — Signature: David Henry — Date: Month / Day / Year

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

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

REV. # 5

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FACILITY COPY - PART 3

IBK-0763 ✓
1 of 1

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

LPC 62 8/81

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILT180019879 Manifest Document No. 00002

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
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, Il. 60515

4. Generator's Phone 312 964-2330

A. Illinois Manifest Document Number IL 1190606

B. Illinois Generator's ID 0 4 3 0 3 0 5 0 1 7

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

6. US EPA ID Number: ILD045695715

C. Illinois Tranporter's ID 1 4 0 0

D. 312 261-7236 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, In 46319

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

G. Illinois Facility's ID 9 1 8 0 8 9 0 0 0

H. Facility's Phone 312 768-3400

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	X	Perchlorethylene CRM-A UN 1897	3	DM	138	1	EPA HW Number F 0 0 1 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

To be reclaimed

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Frank Essig | Signature | Date: Month 2 Day 14 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: C NEAL | Signature | Date: Month 2 Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

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

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

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

REV. # 5

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FACILITY COPY - PART 3

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

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

IL532-0610
LPC 62 8/81

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 — Manifest Document No. 00001 — 2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312) 964-2330

A. Illinois Manifest Document Number IL 1190603

B. Illinois Generator ID 0 4 3 0 3 0 5 0 1 7

5. Transporter 1 Company Name: H. Roskin Motor Service — 6. US EPA ID Number: ILD 045695715

C. Illinois Tranporter's ID 1 4 0 0

D. (312) 261-7236 Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, IN 46319

10. US EPA ID Number: IND 016360265

G. Illinois Facility's ID 9180890002

H. Facility's Phone (312) 768-3400

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Perchlorethylene ORM-A UN 1897	X	3	DM	165		EPA HW Number D 0 0 1 / Authorization Number
b.							EPA HW Number / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

To be reclaimed

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and 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: Frank Essig — Signature: [signature] — Date: Month 5 Day 2 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: CHUCK VALENTINE — Signature: [signature] — Date: Month 5 Day 24 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: F DUNFEE — Signature: [signature] — Date: Month 6 Day 3 Year 85

"24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

IN ILLINOIS: 217 / 782-3637 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. # 5

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FACILITY COPY - PART 3

120 R 1-63

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005 084 124 — Manifest Document No.: 0003

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
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312/964-2330)

A. Illinois Manifest Document Number: IL 1582129

B. Illinois Generator's ID: 0 4 8 0 8 0 5 0 1 7

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

6. US EPA ID Number: ILD 045695715

C. Illinois Transporter's ID

D. (312) 261-7236 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, IN 46319

10. US EPA ID Number: IND 016360265

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

H. Facility's Phone: (312) 768-3400

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Perchlorethylene ORM-A UN 1897	X	2	DM	110	1	EPA HW Number F001; Authorization Number
b.							EPA HW Number; Authorization Number
c.							EPA HW Number; Authorization Number
d.							EPA HW Number; Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: In Item #14 1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
To be reclaimed

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

GENERATOR — Printed/Typed Name: Frank Essig — Signature — Date: Month Day Year 081986

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: G.R. Murphy — Signature — Date: Month Day Year 08 19 86

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

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

REV. 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 against the owner or operator of not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

FACILITY COPY - PART 3

018765

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610

LPC 62 8/81

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 0002

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312) 964-2330

A. Illinois Manifest Document Number IL 1582130

B. Illinois Generator's ID 0430305017

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

6. US EPA ID Number: ILD045695715

C. Illinois Transporter's ID 1400

D. Transporter's Phone (312) 964-2330

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, IN 46319

10. US EPA ID Number

G. Illinois Facility's ID 9180890002

H. Facility's Phone ( )

GENERATOR

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.	Perchlorethylene ORM-A UN 1987	X	3	DM	165	1	EPA HW Number F001 / Authorization Number
b.	1,1,1 Trichloroethan ORM-A UN 2831	X	1	DM	55	1	EPA HW Number F001 / Authorization Number
c.							EPA HW Number / Authorization Number
d.							EPA HW Number / Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14
1 = Gallons 2 = Cubic Yards

15. Special Handling Instructions and Additional Information
To be reclaimed

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Frank Essig Signature: [signature] Date: Month 6 Day 19 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL Signature: [signature] Date: Month 6 Day 19 Year 86

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: DUNPLEE Signature: [signature] Date: Month 6 Day 24 Year 86

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

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

REV. #6

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

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

FACILITY COPY - PART 3

3-120 R 763 1-1 AE 763

011663

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

DO NOT WRITE IN THIS SPACE

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. / Manifest Document No.: ILD005084124 00008

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone (312) 964-2330

A. State Manifest Document Number: IN 089671

B. State Generator's ID: 0430305017

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

6. US EPA ID Number: ILD045695715

C. State Transporter's ID: IL. 1400

D. Transporter's Phone: 312/261-7236

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

10. US EPA ID Number: IND016360265

G. State Facility's ID: 9180890002

H. Facility's Phone: 312/ 768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Perchlorethylene ORM-A UN1897	3	DM	165	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

To be reclaimed

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

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

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

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

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

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

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

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name: HAROLD F. SCHAUER — Signature — Month / Day / Year: 12/11/86

FACILITY

IN 089671

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

T.S.D. DETACH AND RETAIN THIS COPY

Cly 3-18 T63 Bak

011660

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

DO NOT WRITE IN THIS SPACE

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I L D 0 0 5 0 8 4 1 2 4 — Manifest Document No. 0 0 0 0 9

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name: Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. Generator's Phone ( ) 312/964-233-

A. State Manifest Document Number: IN 089672

B. State Generator's ID: 0430305017

5. Transporter 1 Company Name: CBC Environmental Services

6. US EPA ID Number: W I D 0 4 7 2 5 9 2 8 8

C. State Transporter's ID: 11536

D. Transporter's Phone: 414/764-7005

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

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

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

G. State Facility's ID: 9180890002

H. Facility's Phone: 312/768-3400

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
[redacted]					
a. ~~NA Combustible Waste Flammable Liquid N.O.S. UN1993 (Flammable Liquid)~~	~~002~~	~~DM~~	~~00087~~	~~G~~	~~D001~~
b. WASTE Combustible Liquid N.O.S. (Combustible Liquid) NA1993	002	DM	000087	G	D001
c.					
d.					

J. Additional Descriptions for Materials Listed Above: b. - SUPER Agitene

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name: Frank Essig — Signature — Month Day Year: 0 1 2 6 1 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: BRUCE BENOIT — Signature — Month Day Year: 0 2 0 6 8 7

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: HARRILD F. Schmidt — Signature — Month Day Year

EPA Form 6700-22A (Rev. 11-85) UHWM 2/LP2

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MRK 2-20-92 FSOB

IN 089672

012995

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

DO NOT WRITE IN THIS SPACE

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Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 0010
2. Page 1 of: 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515
4. Generator's Phone: 312/964-2330

A. State Manifest Document Number: IN 089673
B. State Generator's ID: 0430305017

5. Transporter 1 Company Name: H. Roskin Motor Service
6. US EPA ID Number: ILD045695715
C. State Transporter's ID:
D. Transporter's Phone: 312/261-7236

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

9. Designated Facility Name and Site Address: American Chemical Service
Griffith, IN 46319
10. US EPA ID Number: IND016360265
G. State Facility's ID: 918089000 2
H. Facility's Phone: 312/769-3490

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Perchlorethylene ORM-A UN 1897	3	DM	165	1	F001
b. 1,1,1 Trichloroethane ORM-A UN 2831	1	DM	55	1	F001
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

To be reclaimed

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

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

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

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Harrold F Schmidt
Signature: [signature]
Month Day Year: 08 08 87

IN 089673

EPA Form 8700-22A (Rev. 11-85) UHWM 2/L02

1 - 204R - T-50 9/1/87 (1.0) T.S.D. DETACH AND RETAIN THIS COPY
3a - 18R - T-63 11/10/87

019998

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD180019879
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name: Tricon Industries
2325 Wisconsin Downers Grove Il 60515
4. Generator's Phone (312) 964 2330

A. State Manifest Document Number: IN 089270
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
6. US EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 261 7836

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

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

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Per-chlor O R M-A UN 1897	3	DM	150	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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

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

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

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

IN 089270

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

T.S.D. DETACH AND RETAIN THIS COPY

MAR 3-11 84 T63 P

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.L.T.1.8.0.0.1.9.8.7.9 Manifest Document No. 0.0.0.1.5

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

A. State Manifest Document Number INA 01791 74

3. Generator's Name and Mailing Address
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515

B. State Generator's ID 0430395017

4. Generator's Phone (312) 964-2330

5. Transporter 1 Company Name Jayar-Hoag Chemical

6. Use EPA ID Number I.L.D.0.2.2.9.8.8.3.8.4

C. State Transporter's ID IL30247

D. Transporter's Phone (312) 540-8811

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Services
Griffith, IN 46319

10. Use EPA ID Number I.N.D.0.1.6.3.6.0.2.6.5

G. State Facility's ID 918089002

H. Facility's Phone (312) 769-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchloroethylene ORM-A Un 1897	2	DM	110	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Avoid contact with skin or eyes. Do not breath vapors.

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good 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: Cullen Kline
Signature:
Month 3 Day 1 6 Year 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tom Holman
Signature:
Month 3 Day 1 Year 88

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Marion Schmidt
Signature:
Month 3 Day 25 Year 88

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.
State Form 11865 2-IAR 763 4/1/88

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

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

INA 01791 74

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I.L.D.1.8.0.0.1.9.8.7.9
Manifest Document No.:
2. Page 1 of
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Trieon Industries 2325 Wisconsin
Downers Grove Il 60515

4. Generator's Phone (312) 964 2330

A. State Manifest Document Number: INA 0205886
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: I.L.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID: 1400
D. Transporter's Phone: 376 9443

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

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319
10. Use EPA ID Number: I.N.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID: 9180890002
H. Facility's Phone: (312) 768 5400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor CRM-A UN 1897	3	DM	150	Gal	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name: HARROLD F. SCHMIDT
Signature:
Date: Month 3 Day 7 Year 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL
Signature:
Date: Month 3 Day 7 Year 88

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name: HARROLD F. SCHMIDT
Signature:
Date: Month 03 Day 08 Year 88

GENERATOR
TRANSPORTER
FACILITY

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

INA 0205886

EPA Form 8700-22 (Rev. 9-86)
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State Form 11865 3-1 AX T63 4/11/88 9

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

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UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address
Tricon Industries
2325 Wisconsin Av Downers Grove, Il 60515
4. Generator's Phone (312) 964 2330

A. State Manifest Document Number: INA 0205908
B. State Generator's ID:

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: I L D 0 4 5 6 9 5 7 1 5
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 768 3400

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

9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319
10. Use EPA ID Number: I N D 0 1 6 5 6 0 5 6 2
G. State Facility's ID: 9180890003
H. Facility's Phone: 312 768 3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor ORM-A UN 1897	[illegible]	DM	100	Gal	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name: Gary Kuepke
Signature: [signature]
Date: Month Day Year

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

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

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

INA 0205908

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

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

1-204KTSD 8/19
1-1AT T62 8/19

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address ILD006084124
Tricon Industries 2325 Wisconsin
Downers Grove Il 60515
A. State Manifest Document Number INA 0249454
4. Generator's Phone (312) 964-2330
B. State Generator's ID
5. Transporter 1 Company Name H. Roskin
6. Use EPA ID Number ILD 0 4 5 8 9 5 7 1 5
C. State Transporter's ID 1400
D. Transporter's Phone 312-926-5345
7. Transporter 2 Company Name
8. Use EPA ID Number
E. State Transporter's ID
F. Transporter's Phone
9. Designated Facility Name and Site Address
American Chemical Service
Griffith In 46319
10. Use EPA ID Number IND 0 1 6 3 8 0 5 6 2
G. State Facility's ID 918080002
H. Facility's Phone 312-768-3400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor CRM-A UN 1897	2	DM	150	Gal	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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GENERATOR

Printed/Typed Name: Gary Krupke
Signature: Gary Krupke
Date: Month 10 Day 31 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL
Signature: Clarence Neal
Date: Month 11 Day 27 Year 90

TRANSPORTER

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

19. Discrepancy Indication Space

FACILITY

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

INA 0249454

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

EPA Form 8700-22 (Rev. 9-86)
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PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

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

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 | Manifest Document No. 06019 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Tricon Industries 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (312) 964 2330

A. State Manifest Document Number: INA 0322642
B. State Generator's ID

5. Transporter 1 Company Name: H Roskin Motor Service
6. Use EPA ID Number: ILD045695715
C. State Transporter's ID: 1400
D. Transporter's Phone: 312 376 9543

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

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319
10. Use EPA ID Number: IND016356052
G. State Facility's ID: 9180690002
H. Facility's Phone: 312 376 9543

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. Perchlor ORM-A UN 1897	2	DM	100	Gal	F001
b. 1,1,1 Trichloroethane ORM-A UN2831	1	DM	50	Gal	F001
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL | Signature: Clarence Neal | Date Month Day Year

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: HAROLD F. SCHMIDT | Signature: Harold F. Schmidt | Month Day Year 06 03 95

EPA Form 8700-22
Previous editions are obsolete.

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

INA 0322642

When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable St. regulations.

INSTRUCTIONS TO GENERATORS *(Please type or print clearly)*

(1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
(2) Enter total number of pages comprising this Manifest.
(3) Enter **generator's** name and mailing address.
(4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
(5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
(7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
(9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
(11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
(12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I — Types of Containers

DM—Metal drums	TT—Tank Trucks	CM—Metal boxes (including roll-offs)
DW—Wooden drums	TC—Tank cars	CW—Wooden boxes
DF—Fiberboard/plastic	DT—Dump truck	CF—Fiber or plastic boxes
TP—Tanks portable	CY—Cylinders	BA—Bags

(13) Enter total quantity of waste described on each line.
(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II — Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

(16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

(D) Enter the phone number of **first transporter.**
(F) Enter the phone number of **second transporter** (if applicable).
(H) Enter the phone number of the designated facility.
(I) Enter the most appropriate EPA waste code.

GENERATOR IN STATE: Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy 3** to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS *(Please type or print clearly)*

(17, 18) Enter name of the person accepting the waste on behalf of the **transporter.** That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR.**

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES *(Please type or print clearly)*

(19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
(20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy 5,** return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain **Copy 5,** return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P.O. Box 7035
Indianapolis, IN 46207-7035

Manifest Tracking Phone Number: (317)243-5014

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I.L.D.0.0.5.0.8.4.1.2.4 Manifest Document No. 08.0.19
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Tricon Industries 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (312) 964 2330

A. State Manifest Document Number
INA 0322642
B. State Generator's ID

5. Transporter 1 Company Name
H Roskin Motor Service
6. Use EPA ID Number
I.L.D.0.4.5.6.9.5.7.1.5
C. State Transporter's ID 1400
D. Transporter's Phone 312 376 9343

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

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319
10. Use EPA ID Number
I.N.D.0.1.6.3.6.0.5.6.2
G. State Facility's ID 9180090002
H. Facility's Phone 312 376 9343

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor ORM-A UN 1697	2	DM	100	Gal	F001
b. 1,1,1 Trichloroethane ORM-A UN2831	1	DM	50	Gal	F001
c.					
d.					

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

15. Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good 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 Item 19.
Printed/Typed Name | Signature | Month Day Year

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

INA 0322642

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

COPY 8. GENERATOR COPY

When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable State regulations.

INSTRUCTIONS TO GENERATORS *(Please type or print clearly)*

(1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
(2) Enter total number of pages comprising this Manifest.
(3) Enter **generator's** name and mailing address.
(4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
(5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
(7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
(9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
(11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
(12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I — Types of Containers

DM—Metal drums	TT—Tank Trucks	CM—Metal boxes (including roll-offs)
DW—Wooden drums	TC—Tank cars	CW—Wooden boxes
DF—Fiberboard/plastic	DT—Dump truck	CF—Fiber or plastic boxes
TP—Tanks portable	CY—Cylinders	BA—Bags

(13) Enter total quantity of waste described on each line.
(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II — Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

(16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

(D) Enter the phone number of **first transporter.**
(F) Enter the phone number of **second transporter** (if applicable).
(H) Enter the phone number of the designated facility.
(I) Enter the most appropriate EPA waste code.

GENERATOR IN STATE: Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy 3** to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS *(Please type or print clearly)*

(17, 18) Enter name of the person accepting the waste on behalf of the **transporter.** That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR.**

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES *(Please type or print clearly)*

(19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
(20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy 5,** return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain **Copy 5,** return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P.O. Box 7035
Indianapolis, IN 46207-7035

Manifest Tracking Phone Number: (317)243-5014

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 050 841 260 | Manifest Document No. 039 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Tricon Industries, Inc.
2325 Wisconsin Avenue
Downers Grove, IL 60515
Generator's Phone (312) 964-3330

A. State Manifest Document Number INA 0179178

5. Transporter 1 Company Name: Rockin Motor Service | 6. Use EPA ID Number: ILD 056 957 215

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

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, IN 46319

10. Use EPA ID Number: IND 016 360 562

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlor OSM-A UN 1897 Perchloroethylene	2	M	110	G	
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
Avoid Skin or Eye Contact

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

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

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

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

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

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

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

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL D 0 0 5 0 8 4 1 2 4
Manifest Document No.: 0 3 2 0 0
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
Tricon Industries 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (708) 964 2330

A. State Manifest Document Number: INA 0322700
B. State Generator's ID

5. Transporter 1 Company Name: H Roskin
6. Use EPA ID Number: I L D 0 4 5 6 9 5 7 1 5
C. State Transporter's ID: 1400
D. Transporter's Phone: 5123769343

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

9. Designated Facility Name and Site Address
American Chemical Service
Griffith IN 46319
10. Use EPA ID Number: I N D 0 1 6 3 6 0 5 6 2
G. State Facility's ID: 9180890002
H. Facility's Phone: 312 7683400

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. Perchlorethylene ORM-A UN1897	2	DM	100	Gal	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above
15 Special Handling Instructions and Additional Information

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

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good 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: Gary Kaupie
Signature: Gary Kaupie
Date: Month 3 Day 22 Year 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CLARENCE NEAL
Signature: Clarence Neal
Date: Month 3 Day 23 Year 90

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name: Whatavex H
Signature
Date: Month 4 Day 6 Year 90

In case of a spill call the Indiana Office of E
tional Response Center at 800/424-880
tal Response at 317/241-4336 (day or night) and the
26-2675

INA 0322700

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

COPY 4. TSD MAIL TO GENERATOR

When using the uniform waste manifest for rail or water (bulk shipments) or international shipments, refer to the applicable state regulations.

INSTRUCTIONS TO GENERATORS *(Please type or print clearly)*

(1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
(2) Enter total number of pages comprising this Manifest.
(3) Enter **generator's** name and mailing address.
(4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
(5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
(7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
(9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
(11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
(12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I – Types of Containers

DM–Metal drums	TT–Tank Trucks	CM–Metal boxes (including roll-offs)
DW–Wooden drums	TC–Tank cars	CW–Wooden boxes
DF–Fiberboard/plastic	DT–Dump truck	CF–Fiber or plastic boxes
TP–Tanks portable	CY–Cylinders	BA–Bags

(13) Enter total quantity of waste described on each line.
(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II – Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

(16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

(D) Enter the phone number of **first transporter.**
(F) Enter the phone number of **second transporter** (if applicable).
(H) Enter the phone number of the designated facility.
(I) Enter the most appropriate EPA waste code.

GENERATOR IN STATE: Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy** to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS *(Please type or print clearly)*

(17, 18) Enter name of the person accepting the waste on behalf of the **transporter.** That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

TRANSPORTER(S): Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR.**

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES *(Please type or print clearly)*

(19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
(20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy 5,** return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain **Copy 5,** return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P.O. Box 7035
Indianapolis, IN 46207-7035

Manifest Tracking Phone Number: (317)243-5014

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66 Rev. 3-89

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

FOR DNR USE ONLY

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 0 9 1 4 0
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Tricon Mfg. 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (708) 964 2330

A. State Manifest Document Number: WI J 60031
B. State Generator's ID

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

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

9. Designated Facility Name and Site Address
Avganic Ind.
114 N Main
Cottage Grove WI 53527
10. US EPA ID Number: WIJ000808824
G. State Facility's ID
H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Perchlorethylene ORM-A UN1897 RQ	4	dm	200	G	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
14232X30392

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, 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 practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good 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 & Position Title: NIGHT SUPERINTENDANT JOE PETRIK
Signature: Joe Petrik
Date: Month 9 Day 19 Year 9

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: WILLIE SMITH
Signature: Willie Smith
Date: Month 09 Day 19 Year 9

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title
Signature
Date: Month Day Year

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name & Position Title
Signature
Date: Month Day Year

GENERATOR — TRANSPORTER — FACILITY

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

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
4 — Facility retain
5 — Facility send to Generat
6 — Transporter retain

Emergency 24 Hour Assistance Telephone Number

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66 Rev. 3-89

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

FOR DNR USE ONLY

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124
Manifest Document No. 09140
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Tricon Mfg. 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (708) 964 2330

A. State Manifest Document Number WI J 60031
B. State Generator's ID

5. Transporter 1 Company Name
H Roskin Motor Service
6. US EPA ID Number ILD045695715
C. State Transporter's ID 666
D. Transporter's Phone 608 257 1411

7. Transporter 2 Company Name AUGUSTINE END.
8. US EPA ID Number WID000020824
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Avgenic Ind.
114 N Main
Cottage Grove WI 53527
10. US EPA ID Number WID000808824
G. State Facility's ID
H. Facility's Phone 608 257 1411

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Perchlorethylene ORM-A UN1897 RQ	4	dm	200	G	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
14232I30392

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, 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 practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good 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 & Position Title | Signature | Date (Month Day Year)

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title | Signature | Date (Month Day Year)

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title JOHN A WEBER DRIVER | Signature John A Weber | Date 09 25 90

19. Discrepancy Indication Space

FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title | Signature | Date (Month Day Year)

GENERATOR

TRANSPORTER

FACILITY

0-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
4 — Facility retain
5 — Facility send to Generator
6 — Transporter retain

Copies 1 & 3 mail to Wis. DNR at above address.

Hour Assistance Telephone Number
(608) 266-3232

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P 10-89

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

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 12 04 11
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Tricon Industries 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (708) 964 2330 EMERGENCY CONTACT

A. State Manifest Document Number: WI J201927
B. State Generator's ID

5. Transporter 1 Company Name: Avganic Industries
6. US EPA ID Number: WID000808824
C. State Transporter's ID: 2066
D. Transporter's Phone: 6082571414

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

9. Designated Facility Name and Site Address
Avganic Industries
114 N Main
Cottage Grove WI 53527
10. US EPA ID Number: WID000808824
G. State Facility's ID
H. Facility's Phone: 1 608 257 1414

11. US DOT Description (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 Perchlorethylene ORM-A UN 1897RQ	3	DM	165	G	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
14232X42166

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, 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 practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good 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 & Position Title: Gary Kaupie Asst Plateor
Signature: Gary Kaupie
Date: Month 12 Day 11 Year 9

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: MIKE SNADER DRIVER
Signature: Mike Snader
Date: Month 12 Day 11 Year 9

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title
Signature
Date: Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title
Signature
Date: Month Day Year

FACILITY

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

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
4 — Facility retain
5 — Facility send to Generat
6 — Transporter retain

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608) 266-3232

COPY 2

Copies 1 & 3 mail to Wis. DNR at above address

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P 10-89

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

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039. Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IL0005084124
Manifest Document No.: 12 04 11
2. Page 1 of 1
Information in the shaded area is not required by Federal law.

3. Generator's Name and Mailing Address
Tricon Industries 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (708) 964 2330

A. State Manifest Document Number: WI 1201327
B. State Generator's ID

5. Transporter 1 Company Name: Avganic Industries
6. US EPA ID Number: WID000808824
C. State Transporter's ID
D. Transporter's Phone: 6082571414

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

9. Designated Facility Name and Site Address
Avganic Industries
114 N Main
Cottage Grove WI 53527
10. US EPA ID Number: WID000808824
G. State Facility's ID
H. Facility's Phone: 1 608 257 1414

11. US DOT Description (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 Perchlorethylene ORM-A UN 1897RQ	3	DN	165	G	F002
b.					
c.					
d.					

Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

14232X42166

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, 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 practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good 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 & Position Title | Signature | Date (Month Day Year)

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title | Signature | Date (Month Day Year)

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title | Signature | Date (Month Day Year)

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name & Position Title | Signature | Date (Month Day Year) 12 12 1

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

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
4 — Facility retain
5 — Facility send to Generator
6 — Transporter retain

Copies 1 & 3 mail to Wis. DNR at above address.

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608) 266-3232

COPY 5 — FACILITY SEND TO GENERATOR

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66 Rev. 3-89

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

FOR DNR USE ONLY

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 07 16 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Tricon Ind. 2325 Wisconsin
Downers Grove IL 60515
4. Generator's Phone (708 964 2330

A. State Manifest Document Number: WI J 84013
B. State Generator's ID

5. Transporter 1 Company Name: Avganic Industries
6. US EPA ID Number: WID000808824
C. State Transporter's ID: 2666
D. Transporter's Phone: 6082571414

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

9. Designated Facility Name and Site Address
Avganic Industries
114 N Main
Cottage Grove WI 53527
10. US EPA ID Number: WID000808824
G. State Facility's ID
H. Facility's Phone: 16082571414

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE Perchlorethylene ORM-A UN 1897 RQ F001	5	DM	275	G	F001
b.					
c.					
d.					

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

15. Special Handling Instructions and Additional Information
14232 1232238495
EMERGENCY CONTACT (708) 964-2330

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, 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 practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good 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 & Position Title | Signature | Date (Month Day Year)

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: MIKE SCANLON DRIVER | Signature | Date (Month Day Year)

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title | Signature | Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title: STEVE NORTON | Signature | Date (Month Day Year): 8 1 6 91

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

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
4 — Facility retain
5 — Facility send to Generator
6 — Transporter retain
Copies 1 & 3 mail to Wis. DNR at above address.

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

TRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P 10-89

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

FOR DNR USE ONLY

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

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005004124
Manifest Document No.: 0 5 06 21
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Tricon Industries 2325 Wisconsin Av.
Downers Grove IL 60515
4. Generator's Phone (708 964 2330

A. State Manifest Document Number: WI J201951
B. State Generator's ID

5. Transporter 1 Company Name: Avganic Industries
6. US EPA ID Number: WID000808924
C. State Transporter's ID
D. Transporter's Phone: 6082571414
7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Avganic Industries
114 N Main
Cottage Grove WI 53527
10. US EPA ID Number: WID000808924
G. State Facility's ID
H. Facility's Phone: 608 257 1414

11. US DOT Description (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 Perchlorethylene ORM-A UN 1897 RQ	3	DM	150	C	F001
b.					
c.					
d.					

Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
14232X46018

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, 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 practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good 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 & Position Title: Gary Kauppie
Signature: Gary Kauppie
Date: Month 9 Day 1 Year 9

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: [illegible]
Signature: [illegible]
Date: Month 9 Day 1 Year 9

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title
Signature
Date: Month Day Year

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name & Position Title: [illegible]
Signature: [illegible]
Date: Month 10 Day 5 Year 92

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

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
4 — Facility retain
5 — Facility send to Generator
6 — Transporter retain

Copies 1 & 3 mail to Wis. DNR at above address.

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608) 266-3232

COPY 5 — FACILITY SEND TO GENERATOR