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STATE OF ILLINOIS

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

0538382

M.C.C. MC-148355
Authorization Number 8 13

Ir ark Corporation (Company Name)	650 West 67th Place (Address)	219/322-5030 (Phone Number)	9 8 0 8 9 0 0 1 5 G (14 Generator Number 24)
Schererville, (City)	Indiana (State)	46375 (Zip)	I N D 0 6 4 4 0 0 0 5 4 (EPA Number)

WASTE HAULER(S)

A-1 Disposal Corporation (Hauler Name)	400 Broad Street/Plainwell, Michigan 49080 (Hauler Address)	616/685-9801 (Phone Number)	S.W.H. Registration Number 0 7 0 6 1 0 1 4 (25 31) M I D 0 5 9 6 9 5 4 5 2 (EPA Number)
Hauler Name	Hauler Address	Phone Number	S.W.H. Registration Number (32 38) EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Alburn, Inc. (Facility Name)	2200 E. 119th Street (Address)			0 3 1 6 0 0 3 1 (39 Site Number 46)
Chicago, (City)	Illinois (State)	60617 (Zip)	312/734-4966 (Phone Number)	I L D 0 0 0 7 1 6 8 5 2 (EPA Number)
Alternate (Facility Name)	Address			39 Site Number 46
City	State	Zip	Phone Number	EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent and Resin WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION.	HAZARD CLASS:	UN or NA Number	EPA HW Number
Flammable Liquid n.o.s.	Flammable Liquid	UN 1993	D001

WEIGHT FOR O.D.T. USE _____ LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 0 0 4 1 8 0 (47 52) 1 GALLONS (Circle One) 2 CU YDS. (53)

METHOD OF SHIPMENT (Circle One) (DRUMS 76 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 Dec. 15 1981

WASTE HAULER

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

FEB 3 1983

1) _____ (Authorized Signature) DATE 12/15/81 (54 59)

2) _____ (Authorized Signature) ATTORNEY GENERAL DATE __/__/__

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO X

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

_____ (Authorized Signature) 7722 DATE 12/15/81 (60 65)

COMMENTS OR SPECIAL INSTRUCTIONS _____

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

PER BOTTOM PART GENERATOR PART 2 IEPA PART 3 SITE PART 4 HAULER PART 5 IEPA PART 6 GENERATOR

SITE COPY - PART 3

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

Illinois Manifest # 0538378

TO:		FROM:	
T/S/D FACILITY	Album, Inc.	Generator	Thermark Corporation
E.P.A. ID Code No.	[illegible]716352	E.P.A. ID Code No.	[illegible]400054
Address	[illegible] 115th Street	Address	[illegible] West 67th Place
Destination	[illegible]cago, Illinois [illegible]037	Origin	[illegible]ville, Indiana 46375
Phone	[illegible]	Phone	[illegible]

No. Shipping Units	Proper Shipping Name	Hazard Class	Hazardous Material I.D. No.	EPA Haz. Waste No.	Weight	Labels Required (or Exemption No.)
1	Flammable Liquid n.o.s.	Flammable Liquid	UN1993	D001		Flammable

PLACARDS REQUIRED Flammable

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

$ _____ Per _____

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

(Signature of Consignor)

FREIGHT CHARGES
PREPAID ☐ COLLECT ☐

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

ALTERNATE DESTINATION (EMERGENCY ONLY)

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

EMERGENCY RESPONSE INFORMATION

CONTACT Name Thermark Corporation
Phone 219/222-5000

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

GENERAL

Generator Signature _____ Date _____

TRANSPORTER #1 ~~A-1 Disposal Corporation~~ E.P.A. ID No. ~~MID053695452~~
Address ~~430 Broad Street/P.O. Box 343~~
City ~~Plainwell,~~ State ~~MI.~~ Zip ~~49080~~ Phone ~~616/685-9801~~

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date 12/[illegible]/81

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date 7722

TREATMENT/STORAGE/DISPOSAL FACILITY

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

T/S/D FACILITY Signature _____ Date _____

COPY

n6

ALBURN, Inc. OFFICE: 111 W. WASHINGTON ST., CHICAGO, ILLINOIS 60602
PLANT: 2200 EAST 119TH ST., CHICAGO, ILLINOIS 60617
(312) 743-4966

TP 1205

GENERATOR

OK

Signature of Generator's Agent and Title | Date 12-15-81 | Time

DESCRIPTION OF MATERIAL &/OR WORK

Stream ID# [illegible] Gals. [illegible]

I certify that the described liquid waste was hauled in a vehicle with a valid liquid waste registration certificate to the facility named below.

DISPOSITION

Name [illegible] Permit No. [illegible]

Address [illegible] E 119th

Incineration

Other

I certify that the above named contractor delivered the described liquid waste to this facility.

Signature of Operator and Title | Date 12-15-81 | Time

REMARKS

Dedrum

7725

TO BE COMPLETED BY WASTE GENERATOR

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

U538382

I.C.C. MC-148355
Authorization Number

Thermark Corporation (Company Name) | 650 West 67th Place (Address) | 219/322-5030 (Phone Number) | ok | 9 8 0 8 9 0 0 1 5 (Generator Number)

Schererville, (City) | Indiana (State) | 46375 (Zip) | I N D 0 6 4 4 0 0 0 5 4 (EPA Number)

WASTE HAULER(S)

A-1 Disposal Corporation (Hauler Name) | 400 Broad Street/Plainwell, Michigan 49080 (Hauler Address) | S.W.H. Registration Number 0 7 0 6 / 0 1 4

616/685-9801 (Phone Number) | M I D 0 5 9 6 9 5 4 5 2 (EPA Number)

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

Phone Number | EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Alburn, Inc. (Facility Name) | 2200 E. 119th Street (Address) | 0 3 1 6 0 0 3 1 (Site Number)

Chicago, (City) | Illinois (State) | 60617 (Zip) | 312/734-4966 (Phone Number) | I L D 0 0 0 7 1 6 8 5 2 (EPA Number)

Alternate (Facility Name) | Address | Site Number

City | State | Zip | Phone Number | EPA Number

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent and Resin | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Flammable Liquid n.o.s. | HAZARD CLASS: Flammable Liquid | UN 1993 (UN or NA Number) | D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE _____ LBS / TONS (circle one) | WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. | QUANTITY OF WASTE DELIVERED: 0 0 4 1 8 0 | 1 GALLONS (circle One) 2 CU. YDS.

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

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

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Robert F. Roach (Authorized Signature) DATE: Dec. 15, 1981

WASTE HAULER

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

1) T. M. Jaim (Authorized Signature) DATE: 12 / 15 / 81

2) _____ (Authorized Signature) DATE: / /

DISPOSAL, STORAGE OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

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

(Authorized Signature) DATE 12 / 15 / 81

COMMENTS OR SPECIAL INSTRUCTIONS 7726

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

EV # 3

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

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

0538382

M.C.C. IC-148355
Authorization Number

Thermark Corporation (Company Name) | 650 West 67th Place (Address) | 219/322-5030 (Phone Number) | 1 988089001 5 (Generator Number)
Shhererville, (City) | Indiana (State) | 46375 (Zip) | IND064400054 (EPA Number)

WASTE HAULER(S)

A-1 Disposal Corporation (Hauler Name) | 400 Broad Street/Plainwell, Michigan 49080 (Hauler Address) | S.W.H. Registration Number 0706/014
816/685-9801 (Phone Number) | MID059695452 (EPA Number)

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

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Alburn, Inc. (Facility Name) | 2200 E. 119th Street (Address) | 03169031 (Site Number)
Chicago, (City) | Illinois (State) | 60617 (Zip) | 312/734-4966 (Phone Number) | ILD000716852 (EPA Number)

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

TO BE COMPLETED BY WASTE GENERATOR

WASTE NAME: Paint Solvent and Resin | WASTE PHASE: Liquid (Liquid, Gaseous, Solid)

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

SHIPPING DESCRIPTION: Flammable Liquid n.o.s.
HAZARD CLASS: Flammable Liquid
UN 1993 (UN or NA Number)
D001 (EPA HW Number)

WEIGHT FOR D.O.T. USE _____ LBS / TONS (circle one)
WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL
QUANTITY OF WASTE DELIVERED 004180 (GALLONS (Circle One) / CU. YDS)

METHOD OF SHIPMENT (Circle One): (DRUMS 76 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 _____

RECEIVED
FEB 3 1983
ATTORNEY GENERAL

WASTE HAULER

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

(1) _____ (Authorized Signature) DATE 12/15/81

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

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO X

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

_____ (Authorized Signature) DATE 12/15/81

COMMENTS OR SPECIAL INSTRUCTIONS _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

IV #3

C01429

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy thereof, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO: T/S/D FACILITY [illegible] Inc.	FROM: Generator [illegible] Corporation
E.P.A. ID Code No. [illegible]	E.P.A. ID Code No. [illegible]
Address [illegible]	Address [illegible]
Destination [illegible]	Origin [illegible]
Phone [illegible]	Phone [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]

PLACARDS REQUIRED

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

$ _____ Per _____

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

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

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

ALTERNATE DESTINATION (EMERGENCY ONLY)

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

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

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

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT, STORAGE, DISPOSAL FACILITY

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

T/S/D FACILITY Signature _____ Date _____

COPY

001430

5/19/04

① Copy 2 sided to 1 sided.

② If Federal Exp or UPS - send to:
(won't go to P.O. Box)

Travelers
14132 Natures Place Ct.
Lowell, MI 49331

③ Send bill (hard copy) with documents. Thanks
Tom

Thomas N. Kearns

Lead Investigator
Special Liability Coverage Unit
Travelers Property Casualty

Travelers

P.O. Box 211
Lowell, MI 49331-0211
248-423-2314
Fax: 616-897-6085
TKEARNS@travelers.com