SMITH TECHNOLOGY CORPORATION

Fax Cover Sheet

To: STEVE

Company:

Phone:

Fax:

US EPA RECORDS CENTER REGION 5
436219

From: Todd L. Ritsema
Transportation & Disposal Coordinator
ERCS EPA Region V
Program Management Office

Company: SMITH TECHNOLOGY CORPORATION
Construction & Remediation Services
2080 S. Carboy Road
Mt. Prospect, Illinois 60056

Phone: 847-437-3408
ERCS Fax: 847-437-6064

Date: 1-22

Number of pages : 3

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR THE ENTITY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSIMULATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US VIA THE U.S. POSTAL SERVICE. WE APPRECIATE YOUR COOPERATION

Comments:

There is no profile for Transformer Approval AT S.D. Meyers. Here is the request for pickup that was faxed today.

Pickup will be Scheduled for 2-5 or 2-6

Call w/ ?s.

TR

WED THURS 5.6

S. D. MYERS INC PG 1 of 2
SITE PICKUP/DELIVERY REQUEST FORM

ONE FORM PER GENERATOR ON THE VEHICLE IS REQUIRED

PLEASE COMPLETE AND FAX THIS FORM 72 HOURS PRIOR TO DELIVERY BY OUTSIDE CARRIER, 14 DAYS PRIOR TO SDMI PICKUP, FOR LOAD APPROVAL TO:
TRANSPORTATION DEPARTMENT fax - 216-633-6846
BOB STOVIAK - 216-633-2666 ext. 358 (OUTSIDE CARRIERS)
SCOTT CARPER - 216-633-2666 ext.238 (SDMI TRANSPORT)

****

CUSTOMER INFORMATION (ALL ITEMS MUST BE COMPLETED)

CUSTOMER NAME Smith Technology
ADDRESS 2080 S. Carboy
CITY/STATE Mt. Prospect, IL
ZIP CODE 60056
CONTACT TODD RITSEMA
PHONE 847-437-3408
FAX NUMBER 847-437-6064
PURCHASE ORDER # TO FOLLOW.
CUSTOMER'S S.D. MYERS INC., SALESMAN
QUOTE # Not Provided by Dennis

GENERATOR NAME U.S. EPA Dayton Electroplating
STREET ADDRESS 1030 Valley ST.
CITY/STATE Dayton, OH
ZIP CODE 45404
GENERATOR EPA ID# OHD 004278628
STATE ID #
GENERATOR PHONE # 513-569-7539
SITE CONTACT STEVE RENNINGER, OSC.
CONTRACT #

(QUOTE# OR CONTRACT # MUST BE PRESENT TO SCHEDULE)

✓ UNLESS OTHERWISE SPECIFIED ALL DOCUMENTATION WILL BE RETURNED TO THE CUSTOMER AT THE CUSTOMER ADDRESS SHOWN ABOVE

____ RETURN DOCUMENTATION TO :

****

LOAD INFORMATION

NUMBER OF UNITS >500 DRAINED FULL (4)
NUMBER OF UNITS <500 DRAINED FULL
NUMBER OF UNITS UNTESTED DRAINED FULL
OF DOT-17-C DRUMS OF SOLIDS FOR BURIAL INCINERATE
OF DOT-17-E DRUMS OF LIQUID FOR TREATMENT INCINERATE
DID DRUMS OF LIQUID COME FROM TRANSFORMERS ON THIS LOAD? NO YES
BULK OIL PICKUP? GAL PPM DELIVERY GAL
LEAD CABLE? # REELS # DRUMS # BOXES
NO. OF DOT-17-C DRUMS OF LIGHT BALLASTS
NO. OF DOT-17-C DRUMS OF CAPACITORS NO. OF CAPACITORS
EMPTY DRUMS FOR BURIAL TREATMENT INCINERATION
OIL FILLED BUSHINGS # DRAINED BUSHINGS # TAR FILLED BUSHINGS
OF SKIDS OF GAS METERS
WEIGHT OF LARGEST PIECE est. 2,000 lbs.
DIMENSIONS OF LARGEST PIECE: HEIGHT LENGTH WIDTH
ESTIMATED WEIGHT FOR TOTAL LOAD 10,000 lbs (est).
ARE ALL ITEMS ON THE LOAD IN THE UPRIGHT POSITION? NO YES ✓
DESCRIBE ANY MISCELLANEOUS MATERIAL:

IF WEIGHT OF LARGEST PIECE EXCEEDS 20,000 LBS, A WEIGHT SLIP FOR EMPTY AND LOADED WEIGHT MUST ACCOMPANY THE LOAD.

****

OUTSIDE CARRIERS TRANSPORTATION (NOT REQUIRED FOR SDMI TRANSPORTATION)

MANIFEST AND CONTINUATION SHEET MUST FAXED PRIOR TO LOAD ARRIVAL

TRANSPORTER NAME _____ (APPROVED CARRIERS ONLY)
REQUESTED DELIVERY DATE _____ TIME _____

****

SDMI PICKUP INFORMATION (ONLY REQUIRED IF TRANSPORTED BY SDMI)

REQUESTED PICKUP DATE Feb. 5-6, 1997 TIME Anytime 7-5:00pm

SDMI TO DRAIN? NO ✓ YES _____ TOTAL GAL _____ HOSE LENGTH _____

SDMI TO LOAD? NO ✓ YES _____ REMOVABLE GATE REQUIRED? NO ✓ YES _____

CUSTOMER TO MANIFEST? NO ✓ YES _____

****

ADDITIONAL INFORMATION

SPECIAL HANDLING (list any special requirements, specified disposal site, etc.) _____

****

SCHEDULE CONFIRMATION (TO BE FILLED OUT BY SDMI)

THE ABOVE LOAD HAS BEEN SCHEDULED TO BE PICKED UP BY OR DELIVERED TO SDMI, ON:

DATE _____ TIME _____

BY _____ _____ _____
PRINTED NAME SIGNATURE DATE

THE LOAD NUMBER FOR THIS SHIPMENT IS _____. THIS NUMBER MUST APPEAR ON ALL SHIPPING DOCUMENTS.

REV010793