TRICON INDUSTRIES INCORPORATED

October 18, 2001

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

Re: Downers Grove Groundwater Investigation Site

Response to Attachment C Information Requests

1. Ralph Grandle
President
Tricon Industries

Downers Grove, IL 60516-4911

John (Jay) Winkler
Vice President
Tricon Industries

Glen Ellyn, IL 60137

Larry McDaniel
Plant Manger
Tricon Industries

Naperville, Ill. 60565

Rich Schmitt
Maintenance Supervisor
Tricon Industries

Homer Glen, IL. 60441

Len Lucchesi
Materials Manager
Tricon Industries

Naperville, IL 60564

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2325 Wisconsin Avenue • Downers Grove, IL 60515-4076
Telephone: (630) 964-2330 • Fax: (630) 829-5125

John Cieplak
Director of Manufacturing
Tricon Industries

Lisle, IL 60532

Frank Mroczka
Plating/Finishing Supervisor
Tricon Industries

Naperville, IL 60565

2. A. Blueprints: Geologic Survey
   Plat of Survey
   Site Plans 1 & 2
   Piping floor plan (addition)
   Finishing/Cleaning department piping plan
   Wastewater treatment process flow diagram
   Plumbing plans 1 & 2 (original structure)
   Plot plan (original structure)
   B. Perchloroethylene invoices
   C. I.E.P.A. Annual emissions reports
   D. I.E.P.A. operating permits
   E. Downers Grove Sanitary District Discharge Permits
   F. Downers Grove Sanitary District Quarterly Reports
   G. U.S.E.P.A. Toxic Chemical Release Inventory Reporting Forms (Form R)
   H. Manifests (current & old)
   I. Work instructions:
      A. Environmental Compliance – Wastewater
      B. Environmental Compliance – NESHAP
      C. Vapor Degreaser
      D. Environmental Compliance – Waste Management
      E. Spill Contingency Plan

3. N/A

4. Larry McDaniel Plant Manager Tricon Industries
   Rich Schmitt Maintenance Supervisor Tricon Industries
   Frank Mroczka Finishing Supervisor Tricon Industries

   Waste disposal/treatment:

   Heritage Environmental Services
   15330 Canal Bank Road
   Lemont, IL. 60439
   US EPA # ILD0853449264

Detrix Corporation
2537 LeMoyne Ave.
Melrose Park, IL. 60160
US EPA # ILD074424938

Hydrite Chemical Co.
114 North Main St.
Cottage Grove, WI. 53527
US EPA #WID000808824

Safety Kleen Systems Inc.
1500 E. Villa St.
Elgin, IL. 60120
US EPA # ILD000805911

CES Recovery Systems
400 Blaine Street
Gary, IN.46406
US EPA #IND985092600

Clean Harbors Services Inc.
11800 South Stony Island Ave.
Chicago, IL. 60617
US EPA # ILD000608471

American Chemical Service
Griffith, IND. 46319
US EPA # IND016360265

Technic Inc.
1 Spectacle St.
Cranston, RI 02910
US EPA # RID001200252

Chemical Waste Management Inc.
John Brannon Road
Carlyss, LA 70663
US EPA # LAD000777201

Baron-Blakeslee Inc.
1634 S. Laramie Ave.
Cicero, IL 60650
US EPA # ILD051937068

Ashland Chemical
6428 Joliet Road
Countryside, IL 60525

Avganic Ind.
114 N. Main
Cottage Grove WI 53527
US EPA # WIJ000808824

American Chemical & Refining
1179 N. Ellsworth Ave.
Villa Park, IL 60181
US EPA # ILD000675249

Encycle/Texas, Inc.
550 River Road
Corpus Christi, TX 78407
US EPA # TXD008117186

Beaver Oil Co. Inc.
6037 Lenzi Ave.
Hodgkins, IL 60525
US EPA # ILD064418353

5. Tricon Industries is a manufacturer of insert injection molded componentry. As a supplement to the plastic molded parts, we employ metal stamping, assembly, plating and finishing operations. The plating/finishing department is the sole consumer of hazardous chemicals, which are used in the vapor degreasing operation, plating and wastewater treatment. A limited amount of hazardous materials are kept on hand. (See Spill Contingency Plan Work Instructions)

   Tricon is an environmentally conscience company that has always complied with EPA, RCRA, OSHA and Municipal regulations concerning safety, air and water quality and waste disposal.
   Waste perchloroethylene has always been shipped off site for recycling or disposal. (See item # 4 waste treatment and manifests file)

6. Tricon purchased the land in 1959; construction on the building started in 1962 and was occupied early in 1963. An addition to the original structure was made in 1983.

7. A. See Plat of survey
   B. See piping plan
   C. See Plat of survey
   D. N/A
   E. See piping plan
   F. See plat of survey, no other changes have occurred nor is any planned.
   G. See additional drawings

8. N/A

9. N/A see item #6

10. N/A see item #6

11. See EPA air permits and Downers Grove Sanitation wastewater treatment permits.

12. See air quality testing folder.

13. No

14. There have been no reportable incidences of leaks, spills or releases.

15. N/A

16. No

17. N/A

18. No

19. See manifests and invoice files.

20. See manifests file.

Submitted by:

Larry McDaniel
Plant Manager

Tricon Industries
Wastewater Treatment
Process Flow Diagram

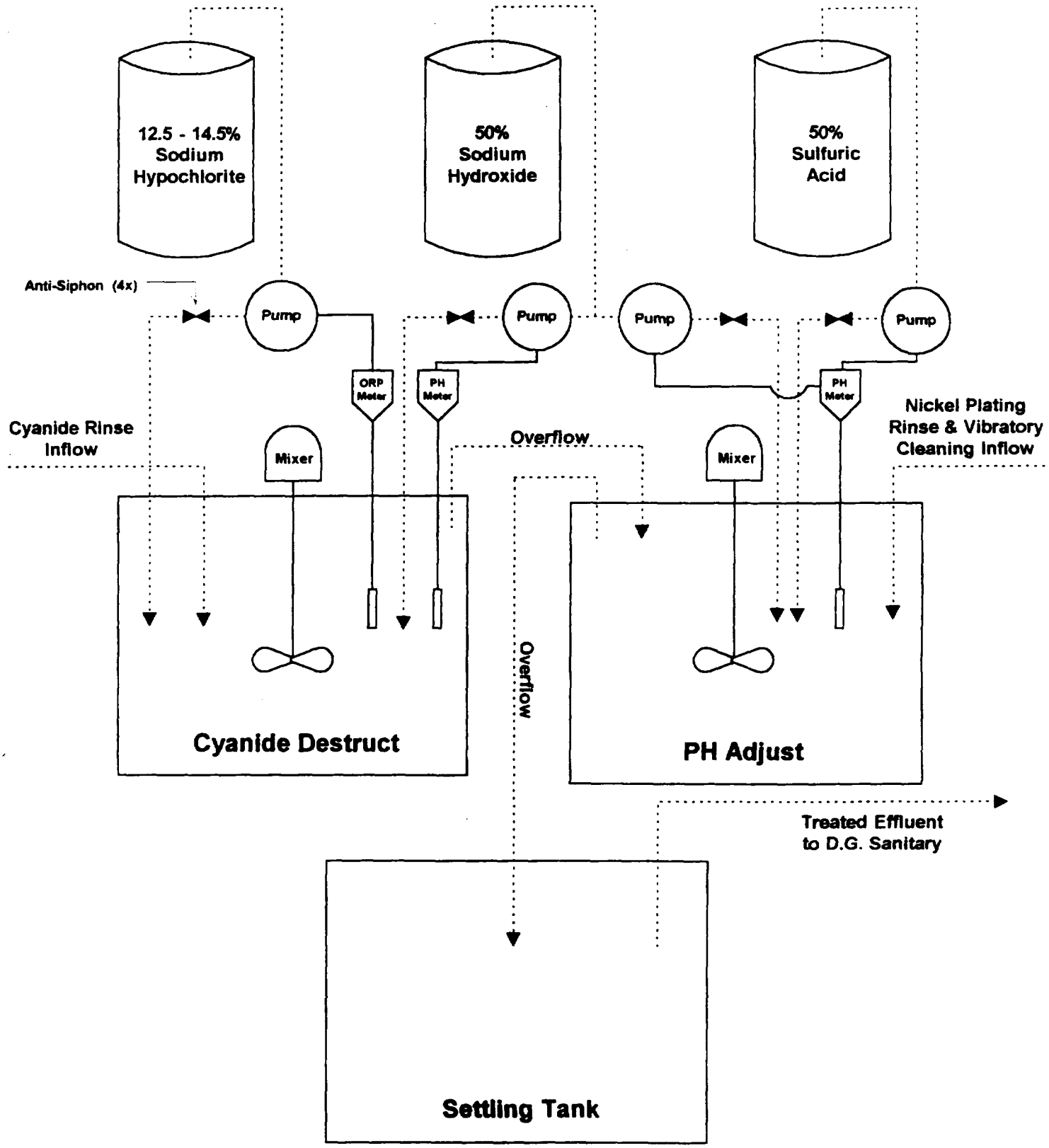
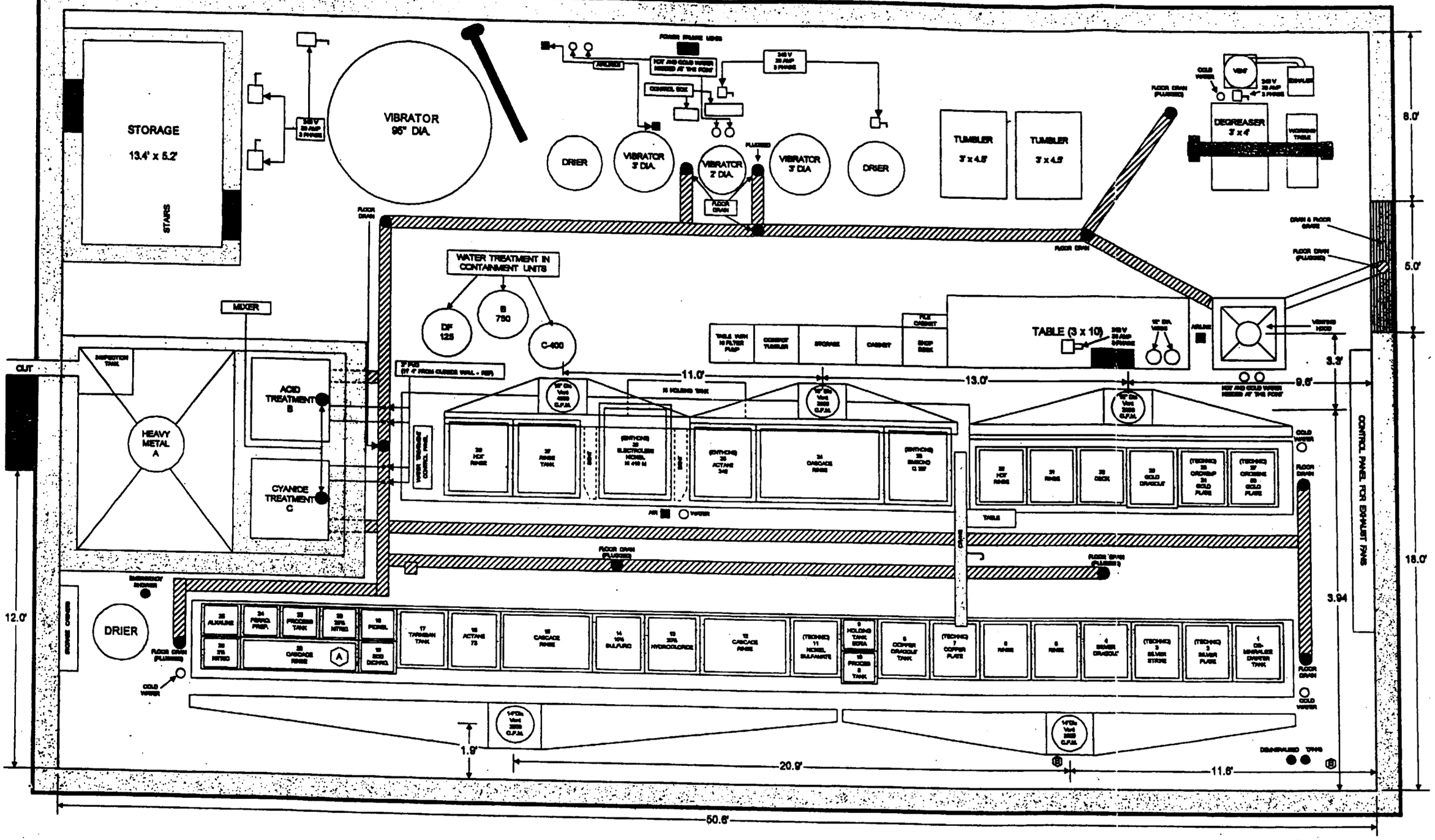


Exhibit A

TRICON INDUSTRIES INC.

CLEANING DEPARTMENT LAYOUT



ATTACHMENT "C"

MATERIAL SAFETY DATA SHEET

PERCY HARMS CORPORATION
430 SOUTH WHEELING ROAD
WHEELING, IL 60090

PRODUCT NAME: SLIDE E-S PAINTABLE SILICONE MOLD RELEASE 44412

ERGENCY TELEPHONE #: 800-535-5053 REVISION DATE: 09-04-91
FORMATION TELEPHONE #: 708-541-7220 PRODUCT NUMBER: 44412
J.N.S. NUMBER: 00-299-4168 FAX NUMBER: 708-541-7986

SECTION I. IDENTIFICATION

EMICAL NAME: ALKYL-PHENYL POLYSILOXANE
EMICAL FAMILY: SILICONE
RMULA: 52451
NONYMS: SLIDE E-S PAINTABLE SILICONE SPRAY
T HAZARD CLASSIFICATION: ORM-D
T SHIPPING NAME: NON-FLAMMABLE COMPRESSED GAS NOS
EMICAL ABSTRACT REGISTRY NUMBER: N/A, MIXTURE
ENTIFICATION NUMBER: UN 1956
M.I.S. RATING: 1,0,0,1

SECTION II. PHYSICAL DATA

TA IN SECTION II APPLY TO CONCENTRATE BEFORE PRESSURE-FILLING

ILING POINT: 220-244 DEGREES F.
EEZING POINT: 32 DEGREES F.
ECIFIC GRAVITY (H2O =1): .8947
IGHT PER GALLON @ 60 F.: 7.468
POR PRESSURE @ 70 F. (MM HG): 6.9
POR DENSITY (AIR = 1): >1
LUBILITY IN WATER, % BY WT.: MISCIBLE
RCENT VOLATILE BY WEIGHT: 92.85
APORATION RATE (MINUTES): SLOW
PEARANCE AND ODOR: WHITE EMULSION

SECTION III. HAZARDOUS INGREDIENTS

TERIAL:	APPROX. WEIGHT %:	CAS NUMBER:	PEL (OSHA):
TROLEUM DISTILLATE	20	64742-48-9	400
BUTANE	8.4	106-97-8	1000
OBUTANE	5.7	75-28-5	1000
OPANE	15.9	74-98-6	1000
ERT NON-TOXIC INGREDIENTS	50	MIXTURE	N/A

SECTION IV. FIRE AND EXPLOSION HAZARD DATA

AMMABLE LIMITS IN AIR: LEL: 1.1 UEL: 5.0 (VOLUME %)
LASH POINT: NO FLAME EXTENSION WITH AEROSOL CANDLE TEST
TINGUISHING MEDIA: FOAM, WATER MIST
PECIAL FIRE FIGHTING PROCEDURES:

NUSUAL FIRE & EXPLOSION HAZARDS: AEROSOLS MAY BURST VIOLENTLY AT TEMPERATURES ABOVE 130 DEGREES F.

SECTION V. REACTIVITY DATA

TABILITY: STABLE
NCOMPATIBILITY (MATERIALS TO AVOID): NONE KNOWN
AZARDOUS COMBUSTION BY-PRODUCTS: SEE SECTION IV
AZARDOUS POLYMERIZATION: WILL NOT OCCUR

SECTION V. REACTIVITY DATA (CONT'D.)

CONDITIONS TO AVOID: TEMP. ABOVE 130°F. - DIRECT SUNLIGHT

SECTION VI. HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE: 400 PPM

* EFFECTS OF OVEREXPOSURE *

INGESTION (SWALLOWING): N/A
INHALATION: POSSIBLE IRRITATION OF THROAT
SKIN CONTACT: NO EFFECT
EYE CONTACT: TEMPORARY IRRITATION

* EMERGENCY AND FIRST AID PROCEDURES *

SKIN: WASH WITH SOAP AND WATER
INHALATION: REMOVE TO FRESH-AIR LOCATION AWAY FROM EXPOSURE
EYES: RINSE WITH PLENTY COOL CLEAN WATER UNTIL IRRITATION SUBSIDES

SECTION VII. SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED: REMOVE LEAKING CONTAINER TO DISPOSAL SITE

WASTE DISPOSAL METHOD: APPROVED METHOD FOR AEROSOLS IS CRUSHING IN SAFE-RATED COMPACTOR - DO NOT INCINERATE EMPTY OR FULL CONTAINERS - REMOVE TO APPROVED LAND-FILL SITE, IN ACCORDANCE WITH APPLICABLE REGULATIONS.

SECTION VIII. SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (SPECIFY TYPE): NOT NEEDED
VENTILATION: MECHANICAL (GENERAL) RECOMMENDED
PROTECTIVE GLOVES: NOT NEEDED
EYE PROTECTION: PROPER EYE CARE SHOULD BE PRACTICED IN ALL IND. OPERATIONS
OTHER PROTECTIVE EQUIPMENT: AS YOUR COMPANY REQUIRES

SECTION IX. SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING: STORE INDOORS AWAY FROM HEAT SOURCES OR DIRECT SUNLIGHT - DO NOT PUNCTURE OR INCINERATE - DO NOT DROP!
OTHER PRECAUTIONS: DO NOT SPRAY DIRECTLY INTO A FLAME. DO NOT ALLOW TO FREEZE

THIS DATA IS OFFERED IN GOOD FAITH AS TYPICAL VALUES AND NOT AS A PRODUCT SPECIFICATION. NO WARRANTY, EXPRESS OR IMPLIED, IS HEREBY MADE. THE RECOMMENDED INDUSTRIAL HYGIENE AND SAFE HANDLING PROCEDURES ARE BELIEVED TO BE GENERALLY APPLICABLE. HOWEVER, EACH USER SHOULD REVIEW THESE RECOMMENDATIONS IN THE SPECIFIC CONTEXT OF THE INTENDED USE AND DETERMINE WHETHER THEY ARE APPROPRIATE. THE INFORMATION CONTAINED IN THIS MATERIAL SAFETY DATA SHEET IS BELIEVED TO BE CORRECT AS OF THIS DATE. THE REGULATIONS PROMULGATED BY OSHA FOR HAZARD COMMUNICATION, 29 CFR 1910.1200, AS WELL AS SEVERAL STATE AND LOCAL LAWS AND REGULATIONS, HAVE BEEN CONSIDERED IN PREPARING THIS M.S.D.S.

C-28

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: T. R. Boedeker	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.
3. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	4. CITY OF EMISSION SOURCE: Downers Grove

GENERAL INFORMATION

5. NAME OF PROCESS: Degreaser	6. NAME OF EMISSION SOURCE EQUIPMENT: Tally Degreaser	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: N/A	8. MODEL NUMBER: SP104	9. SERIAL NUMBER: 388
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: Degreaser		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 2 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 4 HRS/DAY 5 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:
- AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.
- AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.
- AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:
- MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.
- MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.
- MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION		
NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a. Trichlorotrifluoroethane (Freon TMS)	b. 1.47 LB/HR	c. 2.25 LB/HR
21a.	b. LB/HR	c. LB/HR
22a.	b. LB/HR	c. LB/HR
23a.	b. LB/HR	c. LB/HR
24a.	b. LB/HR	c. LB/HR

PRODUCT INFORMATION		
NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a. Metal blades to be cleaned	b. N/A LB/HR	c. N/A LB/HR
31a.	b. LB/HR	c. LB/HR
32a.	b. LB/HR	c. LB/HR
33a.	b. LB/HR	c. LB/HR
34a.	b. LB/HR	c. LB/HR

WASTE MATERIAL INFORMATION		
NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a. Trichlorotrifluoroethane (Freon TMS)	b. .86 LB/HR	c. 1.16 LB/HR
41a.	b. LB/HR	c. LB/HR
42a.	b. LB/HR	c. LB/HR
43a.	b. LB/HR	c. LB/HR
44a.	b. LB/HR	c. LB/HR

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50a. NATURAL GAS ☐	b.	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GAL
COAL ☐		BTU/LB
OTHER ☐		BTU/LB
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 1 - Vapor degreaser #2

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. N/A PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. N/A PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. Trichlorotrifluoroethane PPM (VOL)	b. .61 LB/HR	c.
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. Trichlorotrifluoroethane PPM (VOL)	b. 1.09 LB/HR	c.
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: See attached

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): See attached

66. EXIT HEIGHT ABOVE GRADE: 22'	67. EXIT DIAMETER: 6"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 36' FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	MAXIMUM OPERATION
70. EXIT GAS TEMPERATURE: 70 degrees °F	72. EXIT GAS TEMPERATURE: 78 degrees °F
71. GAS FLOW RATE THROUGH EACH EXIT: 225 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 600 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
P.O. BOX 19506
SPRINGFIELD, IL 62794-9506

STANDARD CONDITIONS FOR LIFETIME OPERATING PERMITS

July 1, 1998

The Illinois Environmental Protection Act [415 ILCS 5/39 (formerly Illinois Revised Statutes, Chapter 111-1/2, Section 1039)] grants the Illinois Environmental Protection Agency authority to impose conditions on permits which it issues.

1. The issuance of this Permit does not release the Permittee from compliance with state and federal regulations which are part of the Illinois State Implementation Plan, as well as with other applicable statutes and regulations of the United States or the State of Illinois, or with applicable local laws, ordinances and regulations.

2. The Illinois EPA has issued this Permit based upon the information submitted by the Permittee in the permit application. Any misinformation, false statement or misrepresentation in the application shall be grounds for the revocation under 35 Ill. Adm. Code 201.166.

3. a. The Permittee shall not authorize, cause, direct or allow any modification as defined in 35 Ill. Adm. Code 201.102, of equipment, operations or practices which are reflected in the permit application as submitted, until the appropriate permit is obtained from the Illinois EPA.

   b. The Permittee shall obtain a new or revised permit under Section 39.5 of the Act, if the source no longer meets the applicability criteria of 35 Ill. Adm. Code 201.169 because of changes in emissions units or control equipment.

   c. The Permittee shall obtain a revised permit prior to any of the following changes at the source:

      i. An increase in emissions above the amount the emission unit or the source is permitted to emit; or

      ii. A modification; or

      iii. A change in operations that will result in the source's noncompliance with a condition in the existing permit; or

      iv. A change in ownership, company name, or address, so that the application or existing permit is no longer accurate.

4. a. This Permit only covers emission units and control equipment while physically present at the indicated source location. Unless the Permit specifically provides for equipment relocation, this Permit is void for an item of equipment on the day it is removed from the permitted location, or if all equipment is removed.

   b. The Permittee shall notify the Illinois EPA in writing to withdraw the Permit if all operations at the source have been permanently discontinued.

Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries, Inc.
Attention: Frank Essig
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Application No.: 87040046
I.D. No.: 043030ADR
Applicant's Designation: DEGREASER 2
Date Received: April 17, 1987
Subject: Open Top Vapor Degreaser
Date Issued: May 5, 1987
Expiration Date: April 17, 1992
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of one Phillips degreaser and one Tally degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto and the following special condition(s):

1. Emissions of organic material from the Tally degreaser shall not exceed 0.57 tons/year. This limit is based on maximum organic emissions from the degreaser and the maximum hours of operation indicated in your permit application.

Terry A. Sweitzer

Terry A. Sweitzer, P.E.
Manager, Permit Section
Division of Air Pollution Control

TAS:DAA:ds:4223H/9

cc: Region 1

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

OPEN TOP VAPOR DEGREASER

This questionnaire is being used as a supplement to a Construction/Operation permit application and a Compliance Plan and Project Completion Schedule (an APC 200 and a APC 220 form must accompany this form) for an Open Top Vapor Degreaser.

1. Discrete identity of degreaser Tally Degreaser # SP104

2. Is the degreaser equipped with a cover designed to open and close easily without disturbing the vapor zone? X yes _____ no

3. Is the degreaser equipped with the following switches:

   a. a device which shuts off the sump heat source if the amount of condenser coolant is not sufficient to maintain the designed vapor level, X yes _____ no

   b. a device which shuts off the spray pump if the vapor level drops more than 10 centimeters (4 inches) below the bottom condenser coil, X yes _____ no

   c. a device which shuts off the sump heat source when the vapor level exceeds the design level, X yes _____ no

4. Is permanent conspicuous label summarizing the operating procedure affixed to the degreaser? X yes _____ no

5. Is degreaser equipped with one of the following devices:

   a. a freeboard height of 3/4 the inside width of the degreaser tank or 36 inches, whichever is less, and if the degreaser opening is greater than $1m^2$ (10.8 ft. ^{2}), a powered or mechanically assisted cover, X yes _____ no

   b. any other equipment or system of equivalent emission control as approved by the Agency. Such equipment or system may include a refrigerated chiller, an enclosed design, or a carbon adsorption system, X yes _____ no

6. If the vapor degreaser does not currently comply with items 2, 3, 4 and 5 will compliance be achieved by July 1, 1980? N/A
   yes N/A no

IL 532-0649

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter [illegible]

7. Is cover of the degreaser closed when workloads are not being processed through the degreaser? ___X___ yes _____ no

8. Are solvent carryout emissions minimized by:

   a. racking parts to allow complete drainage, ___X___ yes _____ no

   b. moving parts in and out of the degreaser at less than 3.3 meters per minute (11 feet per minute), ___X___ yes _____ no

   c. holding the parts in the vapor zone until condensation ceases, ___X___ yes _____ no

   d. tipping out any pools of solvent on the cleaned parts before removal from the vapor zone, ___X___ yes _____ no

   e. allowing parts to dry within the degreaser until visually dry, ___X___ yes _____ no

9. Are porous or absorbent materials, such as cloth, leather, wood, or rope degreased? _____ yes ___X___ no

10. Is less than half of the degreaser's open top area occupied with a workload? ___X___ yes _____ no

11. Is the degreaser not loaded to the point where the vapor level would drop more than 10 centimeters (4 inches) when the workload is removed from the vapor zone? ___X___ yes _____ no

12. Is spraying done below the vapor level only? ___N/A___ yes ___N/A___ no

13. Are solvent leaks repaired immediately? ___X___ yes _____ no

14. Is waste solvent stored in covered containers only and not disposed of in such a manner that more than 20% of the waste solvent (by weight) is allowed to evaporate into the atmosphere, ___X___ yes _____ no

15. Is water not visually detectable in solvent exiting from the water separator? ___X___ yes _____ no

16. Is exhaust ventilation exceeding 20 cubic meters per minute per square meter (65 cubic feet per minute per square foot) of degreaser open area used (if it is used explain why)? ___N/A___ yes ___N/A___ no

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

APPLICATION FOR A PERMIT (A)

☐ CONSTRUCT ☒ OPERATE

NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: Open top vapor degreaser (B)

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

1a. NAME OF OWNER: Tricon Industries, Inc.	2a. NAME OF OPERATOR: Tricon Industries, Inc.
1b. STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue	2b. STREET ADDRESS OF OPERATOR: 2325 Wisconsin Avenue
1c. CITY OF OWNER: Downers Grove	2c. CITY OF OPERATOR: Downers Grove
1d. STATE OF OWNER: Illinois; 1e. ZIP CODE: 60515	2d. STATE OF OPERATOR: Illinois; 2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: Tricon Industries, Plant 1		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue		
3c. CITY OF EMISSION SOURCE: Downers Grove	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: Du Page	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) Frank Essig, Safety Director	5. TELEPHONE NUMBER FOR AGENCY TO CALL: 312/964-2330
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☒ OWNER: ☐ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) Degreaser 2

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (D)

BY [signature] 4-13-87
SIGNATURE DATE

TYPED OR PRINTED NAME OF SIGNER

TITLE OF SIGNER

BY _____ _____
SIGNATURE DATE

TYPED OR PRINTED NAME OF SIGNER

TITLE OF SIGNER

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY ONLY BE USED TO REQUEST ONE TYPE OF PERMIT - CONSTRUCTION OR OPERATION - AND NOT BOTH.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

(C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, PART 1, RULE 103(a)(4) OR 103(b)(5) WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

[X] YES [ ] NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

[ ] YES [X] NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

[X] YES [ ] NO

11a. WAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

[X] YES [ ] NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 14, 1972.

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOT PREVIOUSLY RECEIVED AN OPERATING PERMIT:

[ ] YES [ ] NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION--INCORPORATION BY REFERENCE" BEEN COMPLETED.

[X] YES [ ] NO

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE:

[ ] YES [ ] NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE:

[ ] YES [ ] NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

[ ] YES [X] NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

[ ] YES [ ] NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

[ ] YES [X] NO

17. WAS THIS OPERATION THE SUBJECT OF A VARIANCE PETITION FILED WITH THE ILLINOIS POLLUTION CONTROL BOARD ON OR BEFORE JUNE 13, 1972:

[ ] YES [X] NO

IF "YES," CITE: PCB NUMBER(S) _____, DATE OF BOARD ORDER _____

WAS CONSTRUCTION OR MODIFICATION OF EQUIPMENT, SUFFICIENT TO ACHIEVE COMPLIANCE WITH THE "RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION" EFFECTIVE PRIOR TO APRIL 14, 1972, COMMENCED PRIOR TO APRIL 14, 1972:

[ ] YES [ ] NO

IF "YES," EXPLAIN IN DETAIL, AND IDENTIFY EXPLANATION AS EXHIBIT D.

18. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS ON EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

Exhibit A
Exhibit B
Plot Plan/Map
Process Flow Diagram

TOTAL NUMBER OF PAGES _____

Exhibit A

List of Equipment

1) Tally Model # SP104

2) Exhaust fan (existing)

3) Duct work and vent (existing)

The above equipment was in compliance with rules and regulations governing the control of air pollution prior to 4/14/1972.

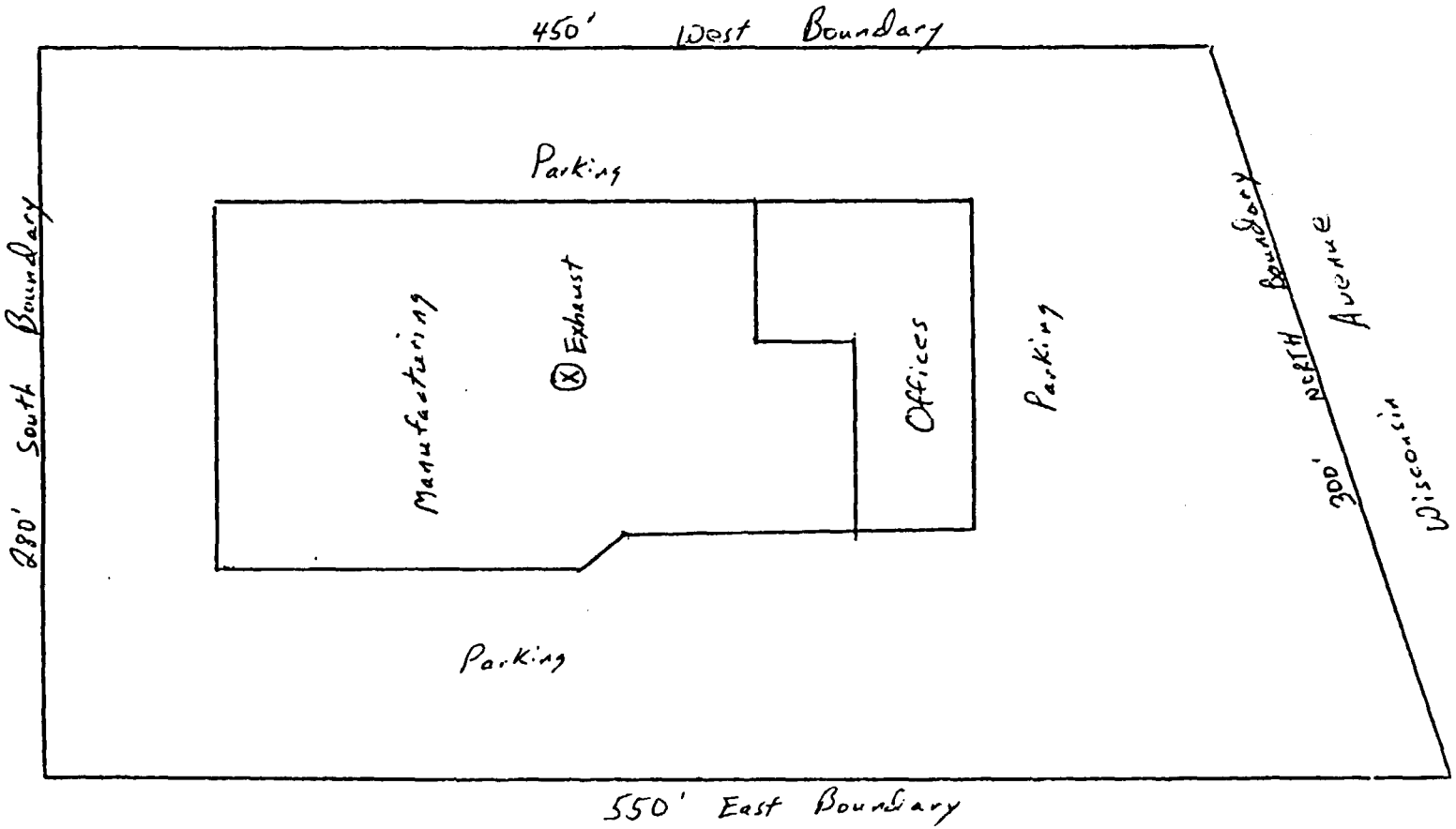
Exhibit B

1) Tally Model # SP104

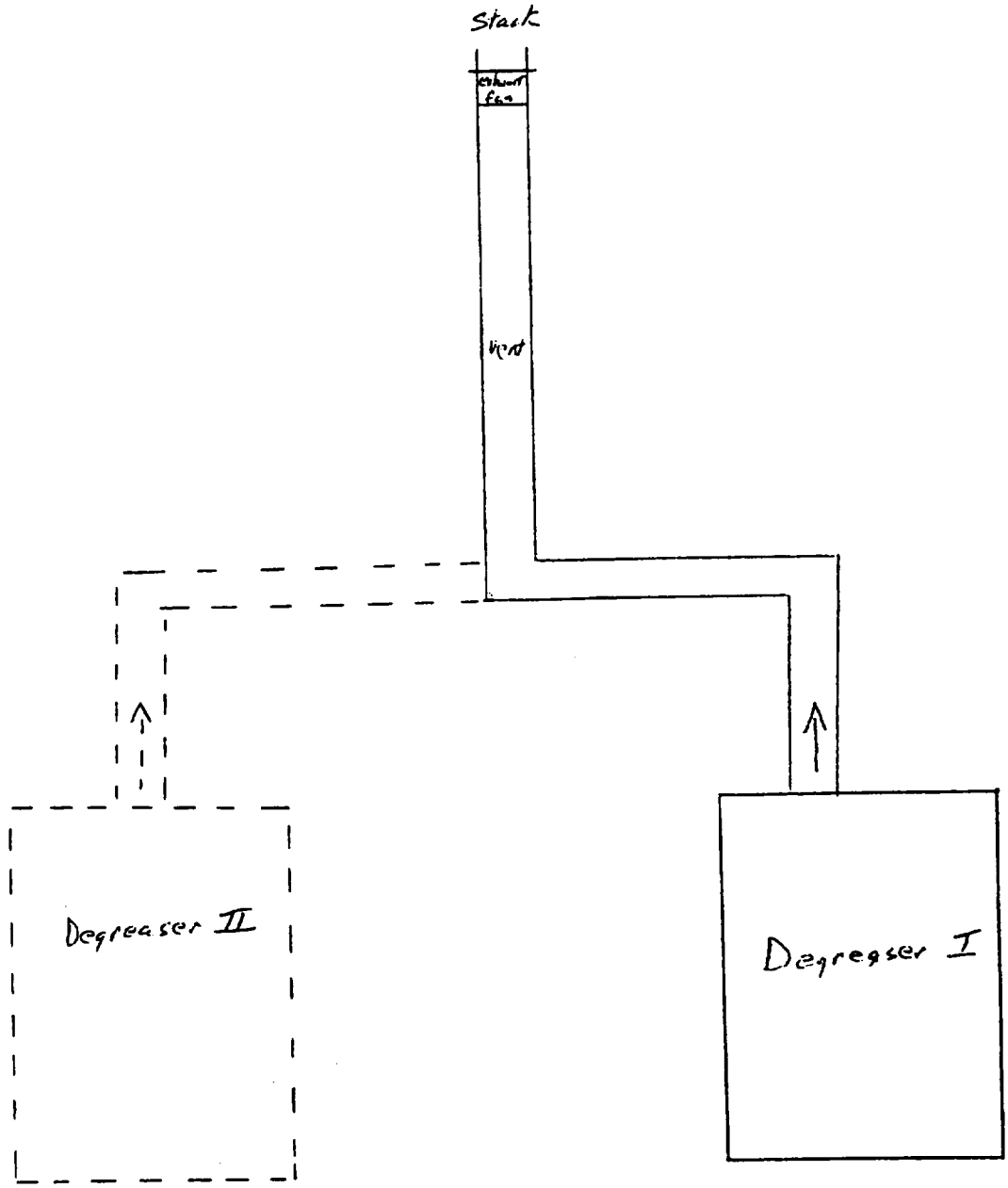
2) Exhaust fan--existing equipment

3) Duct work and vent--existing equipment

Construction of duct work and installation of fan completed as of July 1, 1984.



Exhaust approximately 300 ft. from nearest residence
150 ft from nearest manufacturing facility



ID # 043030 ADR
Application # 8407002
Date Issued 8/4/8

——— existing equipment
- - - - - New equipment

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

DATA AND INFORMATION INCORPORATION BY REFERENCE	FOR AGENCY USE ONLY

THIS FORM IS TO BE USED TO INCORPORATE OR TRANSFER INFORMATION FROM ONE PERMIT APPLICATION TO ANOTHER, INCLUDING THE TRANSFER OF INFORMATION FROM A CONSTRUCTION PERMIT APPLICATION INTO AN OPERATING PERMIT APPLICATION. THIS FORM SHOULD ACCOMPANY THE APPLICATION INTO WHICH INFORMATION IS TO BE TRANSFERRED.

1. NAME OF OWNER: Tricon Industries, Inc.		2. NAME OF CORPORATE DIV. OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	4. CITY OF EMISSION SOURCE: Downers Grove	5. IDENTIFICATION NUMBER: D 4 3 0 3 0 A D R

6. APPLICATION NUMBER: 84070020

7. ☐ CONSTRUCTION ☒ OPERATION OF Degreaser 1

8. SHOULD ALL INFORMATION IN THIS APPLICATION BE INCORPORATED BY REFERENCE OR TRANSFERRED?
☒ YES ☐ NO
IF "NO", LIST ITEMS TO BE INCORPORATED:

9a. ITEM TO BE INCORPORATED:	b. PAGE:	c. FLOW DIAGRAM DESIGNATION (IF APPLICABLE):
A11	1-6	

10. DOES THE DATA & INFORMATION DESCRIBING THESE ITEMS REMAIN TRUE, CORRECT, CURRENT AND COMPLETE?
☒ YES ☐ NO
IF "NO", SUBMIT THE APPLICABLE FORMS AND CLEARLY STATE THE DATA AND INFORMATION WHICH IS NO LONGER TRUE, CORRECT, CURRENT AND COMPLETE.

11. APPLICATION NUMBER:

12. ☐ CONSTRUCTION ☐ OPERATION OF

13. SHOULD ALL INFORMATION IN THIS APPLICATION BE INCORPORATED BY REFERENCE OR TRANSFERRED?
☐ YES ☐ NO
IF "NO", LIST ITEMS TO BE INCORPORATED:

14a. ITEM TO BE INCORPORATED:	b. PAGE:	c. FLOW DIAGRAM DESIGNATION (IF APPLICABLE):

15. DOES THE DATA & INFORMATION DESCRIBING THESE ITEMS REMAIN TRUE, CORRECT, CURRENT AND COMPLETE?
☐ YES ☐ NO
IF "NO", SUBMIT THE APPLICABLE FORMS AND CLEARLY STATE THE DATA AND INFORMATION WHICH IS NO LONGER TRUE, CORRECT, CURRENT AND COMPLETE.

E6
2/6/01

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

P.O. BOX 19506, SPRINGFIELD, ILLINOIS 62794-9506
THOMAS V. SKINNER, DIRECTOR

217/782-2113

LIFETIME OPERATING PERMIT
SOLVENT CLEANING MACHINE - NESHAP SOURCE

PERMITTEE

Tricon Industries, Inc.
Attn: Larry McDaniel
1600 Eisenhower Lane, Suite 200
Lisle, Illinois 60532

Application No.: 84070020
Applicant's Designation:
Subject: Metal, Plastic Manufacturing
Date Issued: April 25, 2001

I.D. No.: 043030ADR
Date Received: February 6, 2001

Operating Permit Expiration Date: See Condition 1.

Location: 2325 Wisconsin Avenue, Downers Grove

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

One Nickel Plating Line
Baron Blakeslee Model 2LV Perchloroethylene Vapor Degreaser
40 Injection Molders Controlled by 6 Aercology Carbon Media Air Cleaners

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

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

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

2. This permit is issued based on negligible emissions of particulate matter (PM) from the nickel plating line.

3. This permit is also issued based on no mold release agent used and negligible emissions of volatile organic material (VOM) form the 40 injection molders. For this purpose, emissions shall not exceed 0.1 lb/hour and 0.44 tons/year.

4a. The halogenated solvent cleaning machine is subject to 40 CFR part 63, Subpart T - National Emission Standards for Halogenated Solvent Cleaning. The Illinois EPA is administering this regulation in Illinois on behalf of the United States EPA under a delegation agreement. The United States EPA issued this final rule on December 2, 1994.

b. The Permittee must be in compliance with 40 CFR Part 63, Subpart T - National Emission Standards for Halogenated Solvent Cleaning on or before December 2, 1997.

5a. Solvent usage shall not exceed the following limits:

Solvent Usage (Ton/Month)	Solvent Usage (Ton/Year)	Organic Material Emissions (Ton/Month)	Organic Material Emissions (Ton/Year)
0.5	4.6	0.5	4.6

These limits are based on maximum solvent usage (perchloroethyelene), operating hours and determined by material balance.

b. Compliance with annual limits shall be determined on a monthly basis from the sum of the data for the current month plus the preceding 11 months.

c. The Permittee shall use only perchloroethyelene as solvent.

6a. For determination of compliance with the limits of this permit, solvent usage shall be determined by the following equation:

$$U = V - (W \times P)$$

Where:

U = Solvent usage for compliance determinations (gallons).

V = Virgin solvent[A] added to the solvent cleaning machines (gallons), as determined by daily addition log sheets.

W = Waste solvent[B] removed from the solvent cleaning machines and sent off-site for reclamation or disposal, as determined by monthly manifests.

P = Percent concentration of solvent in waste, as determined by analysis/testing[C].

[A] For purposes of this permit, virgin solvent is defined as unused solvent.

[B] For purposes of this permit, waste solvent is defined as used solvent.

[C] The percent concentration of solvent in waste (P) shall be determined in accordance with USEPA Test Methods for Evaluation of Solid Waste, Physical/Chemical Methods (SW-846), Test Method 8260.

b. Compliance with the monthly organic material emission limits shall be calculated using the solvent density as specified in the Material Safety Data Sheet, and the solvent usage (U) per month, as follows:

Emissions (lbs/month) = Solvent Usage (U) (gallon/month) x Solvent Density (lbs/gallon)

7. Each solvent cleaning machine must meet the following base design requirements, pursuant to 40 CFR, Part 63.463.

a. Each solvent cleaning machine must be equipped with an idling or downtime mode cover that completely covers the machine openings. The cover must be periodically inspected to ensure that it remains free of cracks, holes, and other defects. The cover must be closed at all times except during the cleaning, solvent removal, maintenance and monitoring of the degreasers.

b. A freeboard ratio of 0.75 or greater must be maintained for each solvent cleaning machine.

c. Each solvent cleaning machine must have an automated parts handling system that handles parts from initial loading to removal of cleaned parts. If the Permittee wants to use manual hoist, the Permittee must demonstrate to the Illinois EPA that the hoist can never exceed 11 feet per minute.

d. Each solvent cleaning machine must be equipped with a liquid and vapor level control device(s) that shuts off the sump heat if the sump liquid level drops to the sump heater coils or the vapor level rises above the height of the primary condenser and such device(s) must be operational at all times.

e. Each solvent cleaning machine must be equipped with a primary condenser to provide continuous condensation or rising solvent vapors and to create a controlled vapor zone.

f. Each solvent cleaning machine with lip exhaust control must be controlled by a carbon adsorption unit.

8. The Permittee shall comply with the following work and operational practice, requirements and post in the work place a one page summary of work practices, pursuant to 40 CFR Part 63.463(d).

a. Conduct maintenance as per manufacturer's recommendation to ensure that each solvent cleaning machine works properly. Any alternative maintenance practice must be approved by the USEPA.

b. Each solvent cleaning machine shall be covered to minimize air disturbances in the machine and the room at all times except during the cleaning, removal of solvent, maintenance and monitoring. If a cover cannot be used, air disturbances shall be controlled by Reduced Room Draft. Room draft shall not exceed 50 feet/minute.

c. i. A speed of 3 feet/minute or less shall be maintained between entry and removal of parts basket or parts.

or

ii. Parts basket or parts size shall be less or equal to 50% of the solvent air interface area.

d. If cleaning operation involves spraying, spraying must be performed within the vapor zone (i.e., a baffled or enclosed area of the solvent cleaning machine).

e. The Permittee must ensure that parts or parts basket are positioned so that solvent drains freely and parts basket or parts are not removed from the machine until parts are clean and solvent dripping has stopped.

f. During the startup, the Permittee must turn on the primary condenser prior to turning on the sump pump and during shutdown, turn off the sump heater prior to turning off the primary condenser.

g. The Permittee must add and remove solvent with leak-proof couplings. The end of the pipe or hose introducing or withdrawing the solvent be located beneath the liquid solvent surface (i.e., submerged filling) in the sump.

h. The Permittee must collect and store the waste solvent, still bottoms, and sump bottoms in a closed container. Absorbent materials such as sponges, fabric, wood, and paper products shall not be cleaned.

i. Each operator of a solvent cleaning operation must be ready to take and pass an Operator Test at any time during the normal operation of the plant.

9. Each machine must meet the following control combination (dwell freeboard ration of 1.0 and reduced room draft) requirements, pursuant to 40 CFR Part 63.463:

a. For Reduced Room Draft (RRD), windspeed in room or within enclosure must be less than or equal to 50 feet/minute.

i. If windspeed in room is maintained by controlling room conditions, an initial test and a quarterly test shall be conducted to establish room condition. Also, room condition must be reestablished immediately if condition change. The Permittee shall monitor room condition every week.

ii. If windspeed in room is maintained by using a enclosure, an initial and a monthly test shall be conducted to measure windspeed in enclosure. Also, windspeed in the enclosure must be remeasured immediately if condition change. The Permittee shall inspect condition of enclosure every month.

b. i. The Permittee shall ensure and obtain certification from the manufacturer that the freeboard height is greater than or equal to the width of the interior freeboard. Freeboard ratio shall be determined by dividing the height of freeboard to the smallest interior freeboard width. If the freeboard ratio is less than 1.0 , the Permittee shall immediately correct the freeboard ratio.

ii. Record of Freeboard Ratio and any modification to the Freeboard Ratio.

c. i. The Permittee shall determine the dwell time for parts to be cleaned. The dwell time is determined as follows:

A. Using a stopwatch, measure the amount of time takes for the parts or parts baskets to cease dripping once placed in the vapor zone. This is the primary cleaning time.

B. The dwell time shall be greater than or equal to 35% of the primary cleaning time.

ii. The Permittee shall ensure that parts are held in the freeboard area above the vapor zone for the determined dwell time. A monthly measurement of the actual dwell time shall be conducted.

iii. Record dwell time determination in second and time measurement calculations for life time.

10a. The Permittee shall comply with the following monitoring procedures requirements, pursuant to 40 CFR Part 63.466.

i The Permittee shall conduct monitoring and record the results on a monthly basis for the dwell, pursuant to 40 CFR Part 63.466(b)(2). The Permittee shall determine the actual dwell time by measuring the period of time that parts are held within the freeboard area of the solvent cleaning machine after cleaning.

ii The Permittee shall conduct an initial monitoring test of the windspeed and of room parameters, quarterly monitoring of windspeed, and weekly monitoring of room parameters as per following procedures, pursuant to 40 CFR Part 63.466(d).

A. Measure the windspeed within 6 inches above the top of the freeboard area of the solvent cleaning machine using the following procedure.

1. Determine the direction of the wind current by slowly rotating a velometer or similar device until the maximum speed is located.

2. Orient a velometer in the direction of the wind current at each of the four corners of the machine.

3. Record the reading for each corner.

4. Average the values obtained at each corner and record the average wind speed.

B. Monitor on a weekly basis the room parameters established during the initial compliance test that are used to achieve the reduced room draft.

C. If an enclosure (full or partial) is used to achieve a reduced room draft, the owner or operator shall conduct an initial monitoring test and thereafter, monthly monitoring tests of the windspeed within the enclosure using the procedure specified above and a monthly visual inspection of

the enclosure to determine if it is free of cracks, holes and other defects.

1. Determine the direction of the wind current in the enclosure by slowly rotating a velometer inside the entrance to the enclosure until the maximum speed is located.

2. Record the maximum wind speed.

b. The Permittee shall comply with the following monitoring procedures, pursuant to 40 CFR Part 63.466(c).

i. The Permittee shall determine the hoist speed by measuring the time it takes for the hoist to travel a measured distance. The speed is equal to the distance in meters divided by the time in minutes (meters per minute).

ii. The monitoring shall be conducted monthly. If after the first year no exceedances of the hoist speed are measured the Permittee may begin monitoring the hoist speed quarterly.

iii. If an exceedance of the hoist speed occurs during quarterly monitoring the monitoring frequency returns to monthly until another year of compliance without an exceedance is demonstrated.

iv. If the Permittee can demonstrate to the Illinois EPA's satisfaction in the initial compliance report that the hoist cannot exceed a speed of 11 feet per minute, the required monitoring frequency is quarterly, including during the first year of compliance.

11a. The Permittee shall retain the following records on paper or computer disk for the lifetime of the solvent cleaning machine, pursuant to 40 CFR Part 63.467(a):

i. An owners manual or a written maintenance and operating procedure for each machine and each piece of control equipment.

ii. The installation date of each machine. If installation date isn't available, a letter certifying that machine was installed prior to or on or after November 29, 1993, to determine compliance option for existing or new source.

iii. Records of the halogenated HAP solvent content of each solvent used in each solvent cleaning machine.

iv. Record of the test to determine an appropriate dwell time for each part or parts basket.

b. The Permittee shall retain the following records in electronic or written form for a period of 5 years, pursuant to 40 CFR Part 63.467(b).

i. The results of control device monitoring required under 40 CFR Part 63.466.

ii. The Permittee shall keep weekly record of room condition and windspeed.

iii. The Permittee shall keep monthly enclosure inspection results and windspeed measurement.

iv. Record of freeboard ratio and any modification to the freeboard ratio.

v. Record of dwell time determination in second and monthly actual dwell time determination calculation.

vi. Estimates of annual solvent consumption for each solvent cleaning machine.

12. The Permittee shall comply with the following reporting requirements, pursuant to 40 CFR Part 63.468:

a. An initial statement of compliance report demonstrating each machine is in compliance must be submitted no later than 150 days after startup. The initial compliance report shall include the following:

i. Name and address.

ii. Facility location address.

iii. A list of control equipment (i.e., FRD, RRD) used on each machine to comply with the rule.

iv. For each piece of control equipment required to be monitored, a list of the parameters that are monitored and the values of these parameters measured on or during the first month after the compliance date.

v. For RRD, the weekly record of room temperature and windspeed or monthly enclosure inspection results and windspeed measurement.

b. An annual compliance report must be submitted by February 1, of the year following the year the report covers. The compliance report shall include the following:

i. A statement, signed by the owner or operator or someone designate, stating that, "All operators of solvent cleaning machines have received training on the proper operation of solvent cleaning machines and their control devices sufficient to pass the test required by 40 CFR 63.463(d)(10)."

ii. Solvent consumption and HAP emissions for each machine in lb/month and ton/year, for the reporting period.

c. An exceedance report shall be submitted every 6 months if there is not an exceedance, and every 3 months if there is an exceedance. If an exceedance did not occur the report would consist of a

statement certifying that there were no exceedances. The frequency of the exceedance report will increase to quarterly after an exceedance occurs. The quarterly exceedance report shall include the following:

i. Information on the actions taken to comply with 40 CFR Part 63.463(e) and (f). This information shall include records of written or verbal orders for replacement parts, a description of the repairs made, and additional monitoring conducted to demonstrate that monitored parameters have returned to accepted levels.

ii. If an exceedance has occurred, the reason for the exceedance and a description of the actions taken.

iii. If no exceedances of a parameter have occurred, or a piece of equipment has not been inoperative, out of control, repaired, or adjusted, such information shall be stated in the report.

d. The Permittee shall submit an exceedance report within 30 days after the exceedance. The report shall include the emissions released in accordance with the recordkeeping requirements, a copy of the relevant records, and a description of the exceedance or violation and efforts to reduce emissions and future occurrences.

e. All records and logs required by this permit shall be retained at a readily accessible location at the source for at least 5 years, unless specifically stated in the permit, from the date of entry and shall be made available for inspection and copying by the Illinois EPA and USEPA upon request. Any records retained in a computer shall be cable of being retrieved and printed on paper during normal source office hours so as to be able to respond to an Illinois EPA request for records during the course of a source inspection.

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

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

15. Two (2) copies of required reports and notifications concerning equipment operation or repairs, performance testing or a continuous monitoring system shall be sent to:

    Illinois Environmental Protection Agency
    Division of Air Pollution Control
    Compliance Section (#40)
    P.O. Box 19276
    Springfield, Illinois 62794-9276

    and one (1) copy shall be sent to the Illinois EPA's regional office at the following address unless otherwise indicated:

    Illinois Environmental Protection Agency
    Division of Air Pollution Control
    9511 West Harrison
    Des Plaines, Illinois 60016

16. Persons with lifetime operating permits must obtain a revised permit for any of the following changes at the source:

    a. An increase in emissions above the amount the emission unit or the source is permitted to emit;

    b. A modification;

    c. A change in operations that will result in the source's noncompliance with conditions in the existing permit; or

    d. A change in ownership, company name, or address, so that the application or existing permit is not longer accurate.

It should be noted that the 2 plastic granulators are exempt from state permit requirements, pursuant to 35 Ill. Adm. Code 201.146(aa).

If you have any questions on this, please call Randy Solomon at 217/782-2113.

Donald E. Sutton for

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:RBS:psj

cc: Region 1
    Illinois EPA, Compliance Section
    USEPA

Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries
Attn: Larry McDaniel
2325 Wisconsin Avenue
Downers Grove, IL 60515

Application No.: 93050021
I.D. No.: 043030ADR
Applicant's Designation: MOLDER
Date Received: May 3, 1993
Subject: Granulators & Molders
Date Issued: May 28, 1993
Expiration Date: May 28, 1998
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of 2 granulators and 40 injection molders as described in the above-referenced application. This Permit is subject to standard conditions attached hereto and the following special condition(s):

1. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Operating Hours (Hour/Year)	Particulate Matter Emissions (Lb/Hour)	(Ton/Yr)
Granulator	2600	0.58	0.75
Granulator	2600	0.58	0.75

These limits are based on the information provided in the permit application. Compliance with annual limits shall be determined from a running total of 12 months of data.

2. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Operating Hours (Hour/Year)	Volatile Organic Material Emissions (Lb/Hour)	(Ton/Yr)
40 Injection Molders	7488	0.68	2.55

These limits are based on the information provided in the permit application. Compliance with annual limits shall be determined from a running total of 12 months of data.

If you have any questions on this, please call David Hulskotter at 217/782-2113.

Donald E Sutton

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:DWH:imm/221P/58-59

cc: Region 1

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information unc Illinois Revised Statutes, 1979, Chapter III 1/2, Section 103 Disclosure of this information is required under that Sect Failure to do so may prevent this form from being proces and could result in your application being denied. This for has been approved by the Forms Management Center.

APPLICATION FOR A PERMIT (A)

☐ CONSTRUCT ☒ OPERATE

NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: Plating & Cleaning (B)

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

1a. NAME OF OWNER: Tricon Industries, Inc.	2a. NAME OF OPERATOR: Tricon Industries, Inc.
1b. STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue	2b. STREET ADDRESS OF OPERATOR: 2325 Wisconsin Avenue
1c. CITY OF OWNER: Downers Grove	2c. CITY OF OPERATOR: Downers Grove,
1d. STATE OF OWNER: IL / 1e. ZIP CODE: 60515	2d. STATE OF OPERATOR: IL / 2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: Electromechanical Division	3b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue
3c. CITY OF EMISSION SOURCE: Downers Grove / 3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP: Downers Grove / 3f. COUNTY: DuPage / 3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) Frank Essig	5. TELEPHONE NUMBER FOR AGENCY TO CALL: (312) 964-2330
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☐ OWNER: ☐ OPERATOR ☒ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) P l a t i n g _ _ 1

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (D)

BY Ralph W. Grandle _____ DATE

Ralph Grandle
TYPED OR PRINTED NAME OF SIGNER

Executive Vice President
TITLE OF SIGNER

BY _____ SIGNATURE _____ DATE

TYPED OR PRINTED NAME OF SIGNER

TITLE OF SIGNER

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY ONLY BE USED TO REQUEST ONE TYPE OF PERMIT - CONSTRUCTION OR OPERATION - AND NOT BOTH.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

(C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, PART 1, RULE 103(a)(4) OR 103(b)(5) WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

☒ YES ☐ NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _ _ _ _ _ _ _ _ _ _ APPLICATION NUMBER _ _ _ _ _ _ _ _

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

☐ YES ☒ NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

☒ YES ☐ NO

11a. WAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 14, 1972.

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOT PREVIOUSLY RECEIVED AN OPERATING PERMIT:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION--INCORPORATION BY REFERENCE" BEEN COMPLETED.

☐ YES ☐ NO

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

☐ YES ☒ NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

☐ YES ☒ NO

17. WAS THIS OPERATION THE SUBJECT OF A VARIANCE PETITION FILED WITH THE ILLINOIS POLLUTION CONTROL BOARD ON OR BEFORE JUNE 13, 1972:

☐ YES ☒ NO

IF "YES," CITE: PCB NUMBER(S) _____, DATE OF BOARD ORDER _____

WAS CONSTRUCTION OR MODIFICATION OF EQUIPMENT, SUFFICIENT TO ACHIEVE COMPLIANCE WITH THE "RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION" EFFECTIVE PRIOR TO APRIL 14, 1972, COMMENCED PRIOR TO APRIL 14, 1972:

☐ YES ☐ NO

IF "NO," EXPLAIN IN DETAIL, AND IDENTIFY EXPLANATION AS EXHIBIT D.

18. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS ATTACHED TO EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

Exhibit A
Exhibit B
Plot Plan/Map
Process Flow Diagram

TOTAL NUMBER OF PAGES 6

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to comply prevent this form from being processed and could result in your application being denied. This form has been approved by the Paperwork Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: Tricon Industries, Inc	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.
3. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	4. CITY OF EMISSION SOURCE: Downers Grove

GENERAL INFORMATION

5. NAME OF PROCESS: Plating/Cleaning	6. NAME OF EMISSION SOURCE EQUIPMENT: Plating/Cleaning	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: N/A	8. MODEL NUMBER:	9. SERIAL NUMBER:
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: Plating/Cleaning Tanks		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 5 HRS/DAY 1 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 8 HRS/DAY 5 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

[illegible] THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF [illegible] OF THE EMISSION SOURCE. SPECIFICALLY:

[illegible] OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.

[illegible] ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE [illegible]TING TIME.

[illegible] - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

[illegible]IMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.

MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION			
NAME OF RAW MATERIAL		AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a.	Nickel Plating Tank	b. 21.2 LB/HR	c. 21.2 LB/HR
21a.	Sulfuric Acid	b. .138 LB/HR	c. .138 LB/HR
22a.	Nitric Acid	b. .055 LB/HR	c. .055 LB/HR
23a.	Cyanide	b. .02 LB/HR	c. .02 LB/HR
24a.	Aydrocloric Acid	b. .0011 LB/HR	c. .0011 LB/HR

PRODUCT INFORMATION			
NAME OF PRODUCT		AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a.	Nickel Plating	b. 2.11 LB/HR	c. 2.64 LB/HR
31a.	Sulfuric Acid	b. N/A LB/HR	c. N/A LB/HR
32a.	Nitric Acid	b. N/A LB/HR	c. N/A LB/HR
33a.	Cyanide	b. N/A LB/HR	c. N/A LB/HR
34a.	Hydrocloric Acid	b. N/A LB/HR	c. N/A LB/HR

WASTE MATERIAL INFORMATION			
NAME OF WASTE MATERIAL		AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a.	Nickel Plating Solution	b. 9.13 LB/HR	c. 9.13 LB/HR
41a.	Sulfuric Acid	b. .138 LB/HR	c. .138 LB/HR
42a.	Nitric Acid	b. .055 LB/HR	c. .055 LB/HR
43a.	Cyanide	b. .02 LB/HR	c. .02 LB/HR
44a.	Hydrocloric Acid	b. .0011 LB/HR	c. .0011 LB/HR

*FUEL USAGE INFORMATION			
FUEL USED		TYPE	HEAT CONTENT
a. NATURAL GAS	☐	b. _____	c. 1000 BTU/SCF
OTHER GAS	☐		BTU/SCF
OIL	☐		BTU/GAL
COAL	☐		BTU/LB
OTHER	☐		BTU/LB

d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED):
5 Exhaust vents for Plating/Cleaning

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. N/A GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. N/A PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. Mg/M^3 .035 PPM (VOL) Nitric Acid	b. LB/HR	c. Midget impingers
ORGANIC MATERIAL	55a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. .01 Mg/M^3 PPM (VOL) Sulfuric Acid	b. LB/HR	c. Midget impingers

**Other Cyanides .019 Mg/M^3

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. N/A GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. .045 Mg/M^3 PPM (VOL)	b. LB/HR	c. Midget Impingers
ORGANIC MATERIAL	61a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. .01 Mg/M^3 PPM (VOL) Sulfuric Acid	b. LB/HR	c. Midget Impingers

**Other Cyanides .02 Mg/M^3

*THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT:
See attached

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.):
See attached

66. EXIT HEIGHT ABOVE GRADE: 16 feet	67. EXIT DIAMETER: 14-18"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 16 FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 130 FT
AVERAGE OPERATION	**MAXIMUM OPERATION**
70. EXIT GAS TEMPERATURE: 65° °F	72. EXIT GAS TEMPERATURE: 72° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 2500 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 4500 ACFM

*THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

Exhibit A

Equipment List

- Plating Tank
- Exhaust Fans
- Duct Work
- Cleaning Tanks

Equipment was in compliance with rules and regulations governing the control of air pollution prior to April 14, 1972.

Exhibit B

Equipment List

Plating Tank - Replaces Existing Equipment

Exhaust Fans - Replaces Existing Equipment

Duct Work/Vents - Replaces Existing Equipment

Cleaning Tanks - Replaces Existing Equipment

Construction Start: 7/1/84

Equipment Start Up: 8/15/84

APPLICATION MAILED 4/28/93

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: TRICON INDUSTRIES	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): ELECTROMECHANICAL
3. STREET ADDRESS OF EMISSION SOURCE: 2325 WISCONSIN AVE.	4. CITY OF EMISSION SOURCE: DOWNERS GROVE

GENERAL INFORMATION

5. NAME OF PROCESS: PLASTIC MOLDING	6. NAME OF EMISSION SOURCE EQUIPMENT: INJECTION MOLDER (40)	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: VARIOUS	8. MODEL NUMBER: —	9. SERIAL NUMBER: —
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: PLASTIC INJECTION MOLDER		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 24 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 24 HRS/DAY 6 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.

AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.

MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION

NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a.	b. LB/HR	c. LB/H
21a.	b. LB/HR	c. LB/H
22a.	b. LB/HR	c. LB/H
23a.	b. LB/HR	c. LB/H
24a.	b. LB/HR	c. LB/H

PRODUCT INFORMATION

NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a.	b. LB/HR	c. LB/H
31a.	b. LB/HR	c. LB/H
32a.	b. LB/HR	c. LB/H
33a.	b. LB/HR	c. LB/H
34a.	b. LB/HR	c. LB/H

WASTE MATERIAL INFORMATION

NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a.	b. LB/HR	c. LB/H
41a.	b. LB/HR	c. LB/H
42a.	b. LB/HR	c. LB/H
43a.	b. LB/HR	c. LB/H
44a.	b. LB/HR	c. LB/H

*FUEL USAGE INFORMATION

FUEL USED	TYPE	HEAT CONTENT
50a. NATURAL GAS ☐	b.	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GAL
COAL ☐		BTU/LB
OTHER ☐		BTU/LB

d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR

e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION
51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 40 PLASTIC INJECTION MOLDER

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. <1.0 Mold Release PPM (VOL)	b. LB/HR	c. ENGINEERING ESTIMATE
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. Mold Release 1.0 PPM (VOL)	b. LB/HR	c. ENGINEERING ESTIMATE
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION	
64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: INJECTION MOLDING MACHINE (SEE ATTACHMENT B)	
65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): LOCAL EXHAUSTS (SEE ATTACHMENT B)	
66. EXIT HEIGHT ABOVE GRADE: 22'	67. EXIT DIAMETER:
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 36' FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	**MAXIMUM OPERATION**
70. EXIT GAS TEMPERATURE: 70° °F	72. EXIT GAS TEMPERATURE: 78° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 200 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 400 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62794-9276

APPLICATION FOR PERMIT(A)	FOR AGENCY USE ONLY
☐ CONSTRUCT ☒ OPERATE	I.D. NO.
	PERMIT NO.
NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: 40 INJECTION MOLDERS (B)	DATE

1a. NAME OF OWNER: TRICON INDUSTRIES		2a. NAME OF OPERATOR: TRICON INDUSTRIES	
1b. STREET ADDRESS OF OWNER: 1600 EISENHOWER LANE		2b. STREET ADDRESS OF OPERATOR: 2325 WISCONSIN AVE	
1c. CITY OF OWNER: LISLE		2c. CITY OF OPERATOR: DOWNERS GROVE	
1d. STATE OF OWNER: IL	1e. ZIP CODE: 60532	2d. STATE OF OPERATOR: IL.	2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: ELECTROMECHANICAL DIVISION		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 WISCONSIN AVENUE		
3c. CTIY OF EMISSION SOURCE: DOWNERS GROVE	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: DUPAGE	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) LARRY McDANIEL	5. TELEPHONE NUMBER FOR AGENCY TO CALL: 708-964-2330
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☐ OWNER ☒ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION:(C) MOLDER

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S):(D)

BY [signature]	4/28/95	BY	
SIGNATURE	DATE	SIGNATURE	DATE
LARRY McDANIEL			
TYPED OR PRINTED NAME OF SIGNER		TYPED OR PRINTED NAME OF SIGNER	
PLANT SUPERINTENDENT			
TITLE OF SIGNER		TITLE OF SIGNER	

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY BE USED TO REQUEST A CONSTRUCTION PERMIT, AN OPERATING PERMIT, A CONSTRUCTION OR OPERATING PERMIT.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

(C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE ONWER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

[X] YES [ ] NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

[ ] YES [X] NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

[X] YES [ ] NO

11a. WAS ANY EQUIPMENT, COVERED THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

[ ] YES [X] NO

IF "YES" ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:

(a) LISTS OR DESCRIBES THE EQUIPMENT

(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 4, 1972

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOTPREVIOUSLY RECEIVED AN OPERATING PERMIT:

[ ] YES [ ] NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:

(a) LISTS OR DESCRIBES THE EQUIPMENT

(b) STATES WHETHER THE EQUIPMENT

(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT

(ii) REPLACES EXISTING EQUIPMENT, OR

(iii) MODIFIES EXISTING EQUIPMENT

(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION—INCORPORATION BY REFERENCE" BEEN COMPLETED.

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE.

[ ] YES [ ] NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPREATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE

[ ] YES [ ] NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

[ ] YES [X] NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE.

[ ] YES [ ] NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

[ ] YES [X] NO

17. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS OF EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

ATTACHMENT "A" PLOT PLAN/MAP.

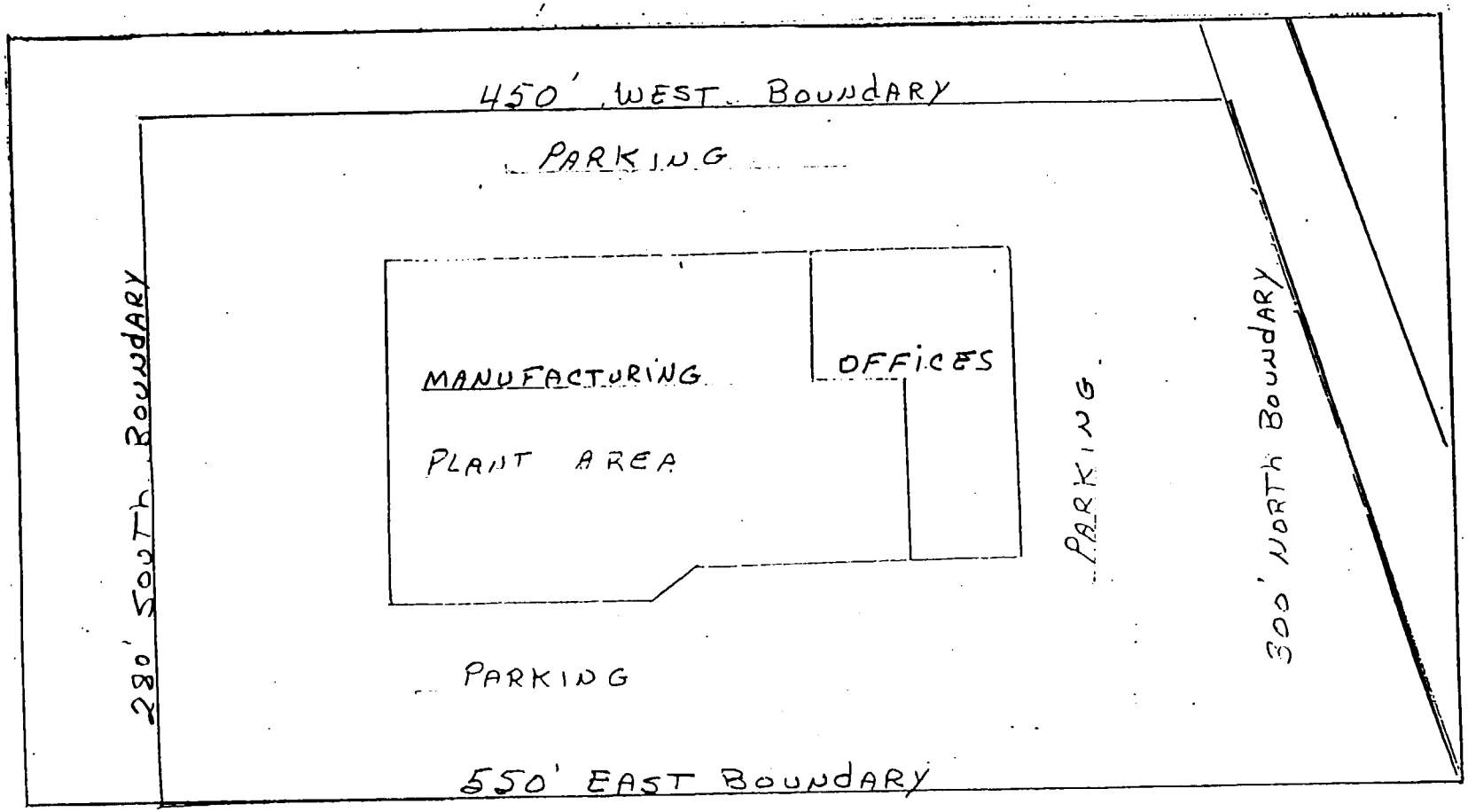
ATTACHMENT "B" PROCESS FLOW DIAGRAM

ATTACHMENT "C" MSDS Mold Release

TOTAL NUMBER OF PAGES 5

PLOT PLAN - MAP TRIGON INDUSTRIES

ATTACHMENT "A"



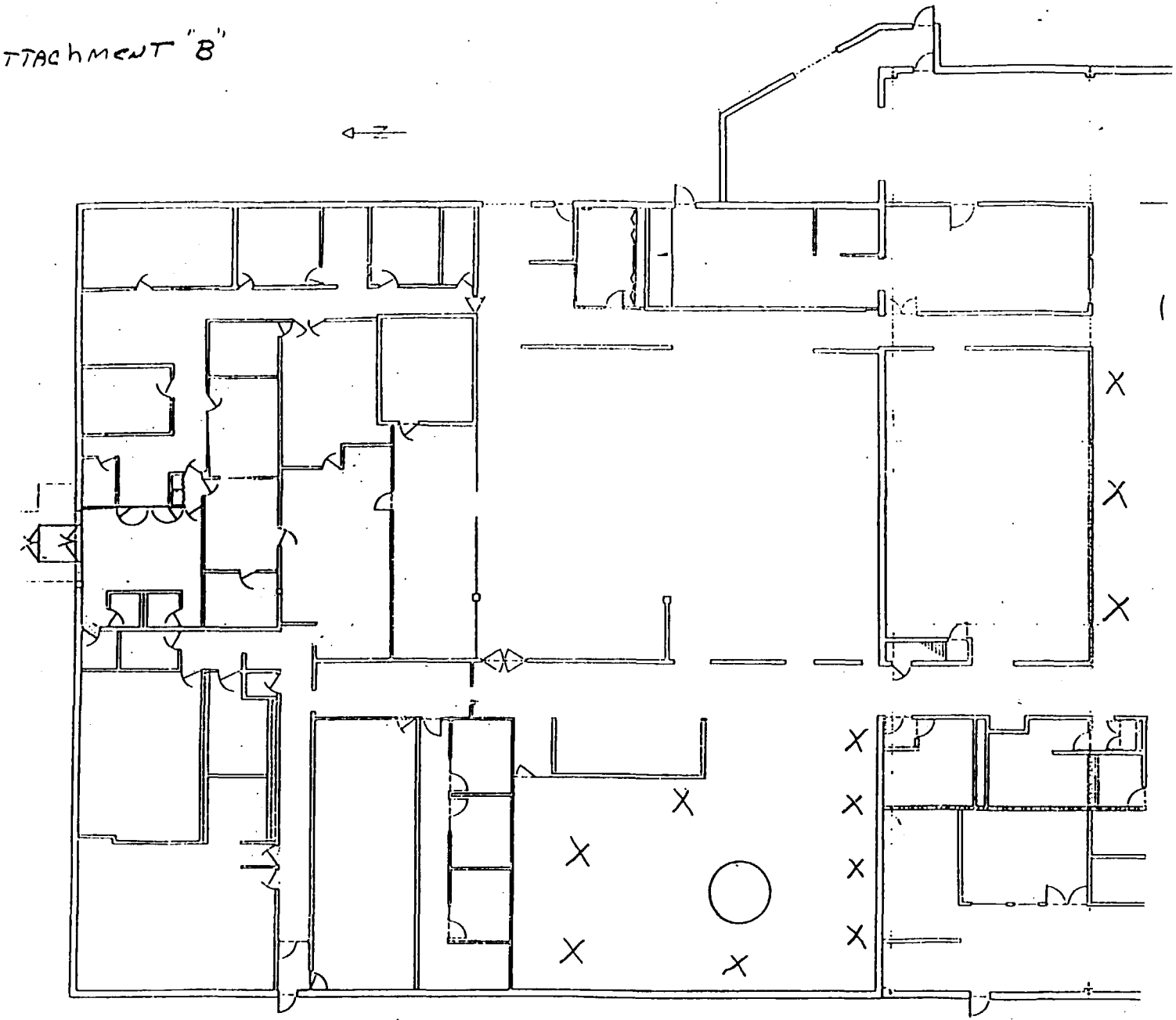
EXHAUST APPROXIMATELY:

300' FROM NEAREST RESIDENCE

150' FROM NEAREST MANUFACTURING FACILITY

ATTACHMENT "B"

INJECTION MOLDING



X INJECTION MOLDING MACHINE

○ LOCAL EXHAUST

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: TF Jon Industries	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Electromechanical
3. STREET ADDRESS OF EMISSION SOURCE: 2225 [illegible] Ave.	4. CITY OF EMISSION SOURCE: Pontiac South, IL.

GENERAL INFORMATION		
5. NAME OF PROCESS: Granulator	6. NAME OF EMISSION SOURCE EQUIPMENT: Plastic Granulators (2)	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: Ball & Jewel	8. MODEL NUMBER: CG-812-SCSX	9. SERIAL NUMBER: N/A
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: Grinder		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 6 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 10 HRS/DAY 5 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.

AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.

MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

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RAW MATERIAL INFORMATION		
NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a. PLASTIC STEMS (RUNNERS)	b. 100 LB/HR	c. 125 LB/HR
21a.	b. LB/HR	c. LB/HR
22a.	b. LB/HR	c. LB/HR
23a.	b. LB/HR	c. LB/HR
24a.	b. LB/HR	c. LB/HR

PRODUCT INFORMATION		
NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a.	b. LB/HR	c. LB/HR
31a.	b. LB/HR	c. LB/HR
32a.	b. LB/HR	c. LB/HR
33a.	b. LB/HR	c. LB/HR
34a.	b. LB/HR	c. LB/HR

WASTE MATERIAL INFORMATION		
NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a.	b. LB/HR	c. LB/H
41a.	b. LB/HR	c. LB/H
42a.	b. LB/HR	c. LB/H
43a.	b. LB/HR	c. LB/H
44a.	b. LB/HR	c. LB/H

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50p. NATURAL GAS ☐	b. ———	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GA
COAL ☐		BTU/LB
OTHER ☐		BTU/LB
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 2 · GRANULATORS

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. PLASTIC GR/SCF	b. .125 LB/HR	c. RAW MATERIAL MINUS WASTE
CARBON MONOXIDE	53a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. PLACTIC GR/SCF	b. .250 LB/HR	c. RAW MATERIAL MINUS WASTE
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: SEE ATTACHED

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): SEE ATTACHED

66. EXIT HEIGHT ABOVE GRADE: 22	67. EXIT DIAMETER: 6"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 25' FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	MAXIMUM OPERATION
70. EXIT GAS TEMPERATURE: 70° °F	72. EXIT GAS TEMPERATURE: 73° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 200 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 400 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62794-9276

APPLICATION FOR PERMIT(A)	FOR AGENCY USE ONLY
☐ CONSTRUCT ☒ OPERATE	I.D. NO.
	PERMIT NO.
NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: 2 GRANULATORS (B)	DATE

1a. NAME OF OWNER: TRICON INDUSTRIES		2a. NAME OF OPERATOR: TRICON INDUSTRIES	
1b. STREET ADDRESS OF OWNER: 1600 EISENHOWER LANE		2b. STREET ADDRESS OF OPERATOR: 2325 WISCONSIN AVE	
1c. CITY OF OWNER: LISLE		2c. CITY OF OPERATOR: DOWNERS GROVE	
1d. STATE OF OWNER: IL	1e. ZIP CODE: 60532	2d. STATE OF OPERATOR: IL.	2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: ELECTROMECHANICAL DIVISION		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 WISCONSIN AVENUE		
3c. CTIY OF EMISSION SOURCE: DOWNERS GROVE	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: DUPAGE	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) LARRY McDANIEL	5. TELEPHONE NUMBER FOR AGENCY TO CALL: 708-964-2330
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☐ OWNER ☒ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION:(C) GRANULATOR

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATIO

AUTHORIZED SIGNATURE(S):(D)

BY Larry McDaniel	4/25/93	BY	
SIGNATURE	DATE	SIGNATURE	DATE
LARRY McDANIEL			
TYPED OR PRINTED NAME OF SIGNER		TYPED OR PRINTED NAME OF SIGNER	
PLANT SUPERINTENDENT			
TITLE OF SIGNER		TITLE OF SIGNER	

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORI MAY BE USED TO REQUEST A CONSTRUCTION PERMIT, AN OPERATING PERMIT, A CONSTRUCTION OR OPERATING PERMIT.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NC EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPP MENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR T AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE ONWER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOL TION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CON-STRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

[X] YES [ ] NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

[ ] YES [X] NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

[X] YES [ ] NO

11a. WAS ANY EQUIPMENT, COVERED THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

[ ] YES [X] NO

IF "YES" ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:

(a) LISTS OR DESCRIBES THE EQUIPMENT

(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 4, 1972

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOTPREVIOUSLY RECEIVED AN OPERATING PERMIT:

[ ] YES [X] NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:

(a) LISTS OR DESCRIBES THE EQUIPMENT

(b) STATES WHETHER THE EQUIPMENT

(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT

(ii) REPLACES EXISTING EQUIPMENT, OR

(iii) MODIFIES EXISTING EQUIPMENT

(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION—INCORPORATION BY REFERENCE" BEEN COMPLETED.

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE.

[ ] YES [ ] NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPREATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURC

[ ] YES [ ] NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

[ ] YES [X] NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

[ ] YES [ ] NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

[ ] YES [X] NO

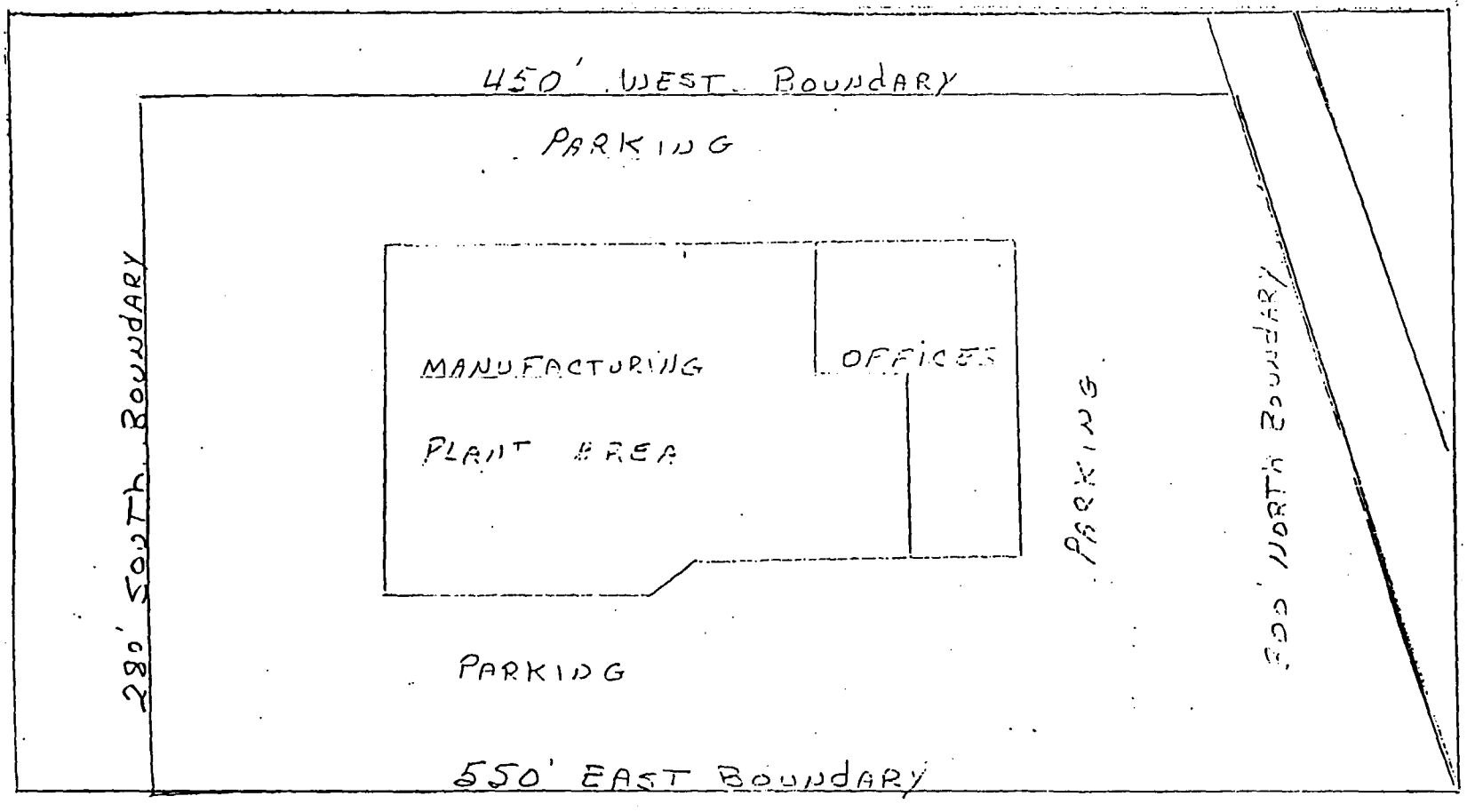
17. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS OF EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

ATTACHMENT "B" PROCESS FLOW DIAGRAM

ATTACHMENT "A" PLOT PLAN/MAP

TOTAL NUMBER OF PAGES _____

TTACHMENT 'A'

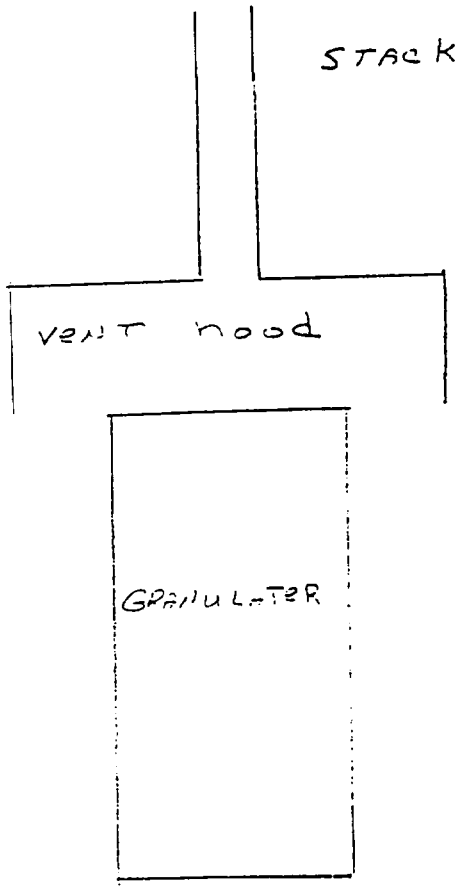


EXHAUST APPROXIMATELY:

300' FROM NEAREST RESIDENCE

150' FROM NEAREST MANUFACTURING FACILITY

ATTACHMENT 'B'



PROCESS FLOW DIAGRAM

TRICON INDUSTRIES

B.E.

Illinois Environmental Protection Agency • P.O. Box 19276, Springfield, IL 62794-9276

APPLICATION FOR PERMIT RENEWAL/OPERATING PERMIT

NOVEMBER 01, 1991 217/782-2113

APPLICATION NO: 87040046
ID NUMBER: 043030ADR DEGREASER2
OPERATION OF:
OPEN TOP VAPOR DEGREASER

TRICON INDUSTRIES INC
ATTN: ~~FRANK ESSIG~~ LARRY McDANIEL
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

LOCATION:
TRICON INDUSTRIES INC
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

THE ABOVE REFERENCED OPERATING PERMIT WILL EXPIRE ON APRIL 17, 1992. THE AGENCY RECOMMENDS THAT YOU APPLY FOR A RENEWAL OF THIS OPERATING PERMIT AT LEAST NINETY (90) DAYS PRIOR TO ITS EXPIRATION.

IF YOUR OPERATION IS UNCHANGED, YOU MAY REQUEST TO RENEW YOUR PERMIT BY SIGNING IN THE SPACE PROVIDED BELOW, KEEPING ONE COPY FOR YOUR RECORDS, AND RETURNING THIS CORRESPONDENCE TO THE AGENCY. IF DATED AND SIGNED BY THE AGENCY THIS APPLICATION WILL BE RETURNED TO YOU AND WILL BE YOUR PERMIT.

IF THERE HAS BEEN A CHANGE OF ADDRESS, PLEASE INDICATE THIS BY CORRECTING THE ABOVE INFORMATION. IF THERE HAS BEEN A CHANGE OF OWNERSHIP, PROPER DOCUMENTATION MUST BE SUBMITTED TO ALLOW TRANSFER OF PERMIT(S). IF YOUR OPERATION HAS CHANGED FROM THAT DESCRIBED IN THE APPLICATION FILED WITH THIS AGENCY, THEN YOU MUST USE APPROPRIATE FORMS TO DESCRIBE ALL CHANGES AS PART OF THE APPLICATION. (SEE ENCLOSED 'REQUEST FOR PERMIT FORMS' APC-209).

RECEIVED
NOV 07 1991
EPA-DAPC-SPTD

IF THE OPERATION HAS BEEN PERMANENTLY DISCONTINUED, PLEASE SEND A LETTER TO THE AGENCY WITHDRAWING THIS PERMIT. IF THE OPERATION HAS BEEN INCLUDED IN ANOTHER PERMIT, PLEASE PROVIDE THE PERMIT NUMBER OF THE NEW PERMIT(S) AND A LETTER OF EXPLANATION.

I CERTIFY THAT THE ORIGINAL PERMIT INFORMATION REMAINS TRUE, CORRECT, AND CURRENT AND THAT I AM AUTHORIZED TO EXECUTE THIS APPLICATION FOR PERMIT RENEWAL.

Larry McDaniel 11-5-91 LARRY McDANIEL PLANT SUPERINTEND
SIGNATURE DATE PRINTED NAME AND TITLE OF SIGNER

FOR AGENCY USE ONLY

PERMIT EXPIRATION DATE: April 17, 1997

PERMIT IS GRANTED TO OPERATE THE ABOVE REFERENCED EQUIPMENT SUBJECT TO STANDARD CONDITIONS ATTACHED HERETO AND ANY SPECIAL CONDITIONS OF THE PREVIOUSLY GRANTED OPERATING PERMIT.

Donald E. Sutton/hr
DONALD E. SUTTON, P.E.
MANAGER, PERMIT SECTION
DIVISION OF AIR POLLUTION CONTROL

CC: REGION 110

Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries
Attn: Sue Grandle
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Application No.: 84070021
I.D. No.: 043030ADR
Applicant's Designation: DEGREASER
Date Received: February 14, 1990
Subject: OPEN TOP VAPOR DEGREASER
Date Issued: March 13, 1990
Expiration Date: March 9, 1995
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of an open top vapor degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto.

Terry A. Sweitzer, P.E.
Manager, Permit Section
Division of Air Pollution Control

TAS:MSH:sf/966n,3

cc: Region 1

Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries, Inc.
Electromechanical Division
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Attention: Frank Essig

Application No.: 84070021 I.D. No.: 043030ADR
Applicant's Designation: PLATING 1 Date Received: July 11, 1984
Subject: Plating & Cleaning
Date Issued: September 18, 1984 Expiration Date: July 11, 1989
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of one plating line as described in the above-referenced application. This Permit is subject to standard conditions attached hereto and the following special condition(s):

1. This permit is issued based upon replacement of one plating line with a similar plating line without any increase in emissions above those previously allowed.

2. The issuance of this permit does not relieve the permittee of the responsibility of complying with the provisions of the State of Illinois Rules and Regulations, 35 Ill. Adm. Code Subtitle C, Water Pollution Control, Chapter I. In that the permittee operates a wastewater pretreatment system and discharges to a public sewer, a State operating permit must be applied for and received from the Division of Water Pollution Control and remain effective during the duration of facility operations.

Enclosed are copies of the permit application forms to be completed and submitted to the Division of Water Pollution Control, Permit Section at the address indicated above. Should you have any questions regarding this requirement, contact Gerry Siekerka at 217/782-0610.

Bharat Mathur, P.E.
Manager, Permit Section
Division of Air Pollution Control

BM:CRM:bjh/1718D/11

cc: Region 1
Tom McSwiggin, WPC

Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries
Attn: Sue Grandle
2325 Wisconsin Ave.
Downers Grove, IL 60515

Application No.: 84070020
Applicant's Designation: DEGREASER
Subject: Open Top Vapor Degreaser
Date Issued: March 21, 1990
Location: 2325 Wisconsin Ave., Downers Grove

I.D. No.: 043030ADR
Date Received: February 14, 1990
Expiration Date: March 9, 1995

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of an open top vapor degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto.

It should be noted that this permit is being revised to correct the typographical error of Application number 84070021 to 84070020.

Terry A. Sweitzer, P.E.
Manager, Permit Section
Division of Air Pollution Control

TAS:MSH:mab/97L/sp/21

cc: Region 1

Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

217/782-2113

OPERATING PERMIT

PERMITTEE

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

Attention: Frank Essig

Application No.: 84070020 I.D. No.: 043030ADR
Applicant's Designation: DEGREASER1 Date Received: July 11, 1984
Subject: Open Top Vapor Degreaser
Date Issued: August 8, 1984 Expiration Date: July 11, 1989
Location: 2325 Wisconsin Avenue, Downers Grove, Illinois

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of one degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto.

Bharat Mathur, P.E.
Manager, Permit Section
Division of Air Pollution Control

BM:CRM:sd/1615d/4

cc: Region 1

OUR COPY

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

APPLICATION FOR A PERMIT (A)

☐ CONSTRUCT ☒ OPERATE

E OF EQUIPMENT TO BE TFUCTED OR OPERATED: Open top vapor degreaser (B)

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

NAME OF OWNER: Tricon Industries, Inc		2a. NAME OF OPERATOR: Tricon Industries, Inc	
STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue		2b. STREET ADDRESS OF OPERATOR: 2325 Wisconsin Avenue	
CITY OF OWNER: Downers Grove,		2c. CITY OF OPERATOR: Downers Grove,	
STATE OF OWNER: Illinois	1e. ZIP CODE: 60515	2d. STATE OF OPERATOR: Illinois	2e. ZIP CODE: 60515

NAME OF CORPORATE DIVISION OR PLANT: Tricon Industries, Plant 1		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue		
CITY OF EMISSION SOURCE: Downers Grove	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: Du Page	3g. ZIP CODE: 60515

ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) Frank Essig	5. TELEPHONE NUMBER FOR AGENCY TO CALL: (312) 964-2330
ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☒ OWNER: ☐ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) Degreaser_1

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (D)

BY Ralph W. Grandle
SIGNATURE _____ DATE _____

Ralph W. Grandle
TYPED OR PRINTED NAME OF SIGNER

Executive Vice President
TITLE OF SIGNER

BY _____
SIGNATURE _____ DATE _____

TYPED OR PRINTED NAME OF SIGNER

TITLE OF SIGNER

THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY ONLY BE USED TO REQUEST ONE TYPE OF PERMIT - CONSTRUCTION OR OPERATION - AND NOT BOTH.

ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, PART 1, RULE 103(a)(4) OR 103(b)(5) WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION [illegible] BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

☒ YES ☐ NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

☐ YES ☐ NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

☒ YES ☐ NO

11a. WAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 14, 1972.

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOT PREVIOUSLY RECEIVED AN OPERATING PERMIT:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION--INCORPORATION BY REFERENCE" BEEN COMPLETED.

☐ YES ☐ NO

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

☐ YES ☒ NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

☐ YES ☒ NO

17. WAS THIS OPERATION THE SUBJECT OF A VARIANCE PETITION FILED WITH THE ILLINOIS POLLUTION CONTROL BOARD ON OR BEFORE JUNE 13, 1972:

☐ YES ☒ NO

IF "YES," CITE: PCB NUMBER(S) _____, DATE OF BOARD ORDER _____

WAS CONSTRUCTION OR MODIFICATION OF EQUIPMENT, SUFFICIENT TO ACHIEVE COMPLIANCE WITH THE "RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION" EFFECTIVE PRIOR TO APRIL 14, 1972, COMMENCED PRIOR TO APRIL 14, 1972:

☐ YES ☐ NO

IF "YES," EXPLAIN IN DETAIL, AND IDENTIFY EXPLANATION AS EXHIBIT D.

18. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS ON EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

Exhibit A
Exhibit B
Plot Plan/Map
Process Flow Diagram

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: T. R. Boedeker	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.
3. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	4. CITY OF EMISSION SOURCE: Downers Grove,

GENERAL INFORMATION

5. NAME OF PROCESS: Degreaser	6. NAME OF EMISSION SOURCE EQUIPMENT: Phillips Degreaser	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: N/A	8. MODEL NUMBER: 20.900E	9. SERIAL NUMBER:
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: Degreaser		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 11 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 14 HRS/DAY 5 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.

AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.

MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION		
NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a. Perchlorethyne	b. 2.42 LB/HR	c. 2.49 LB/HR
21a.	b. LB/HR	c. LB/HR
22a.	b. LB/HR	c. LB/HR
23a.	b. LB/HR	c. LB/HR
24a.	b. LB/HR	c. LB/HR

PRODUCT INFORMATION		
NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a. Metal blades to be cleaned	b. LB/HR	c. LB/HR
31a.	b. LB/HR	c. LB/HR
32a.	b. LB/HR	c. LB/HR
33a.	b. LB/HR	c. LB/HR
34a.	b. LB/HR	c. LB/HR

WASTE MATERIAL INFORMATION		
NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a. Perchlorethyne	b. 1.80 LB/HR	c. 1.82 LB/HR
41a.	b. LB/HR	c. LB/HR
42a.	b. LB/HR	c. LB/HR
43a.	b. LB/HR	c. LB/HR
44a.	b. LB/HR	c. LB/HR

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50a. NATURAL GAS ☐	b.	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GAL
COAL ☐		BTU/LB
OTHER ☐		BTU/LB
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 1 - Vapor degreaser

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. N/A PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. N/A PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. Perchlorethyne PPM (VOL)	b. .62 LB/HR	c. Raw Material minus waste material
SULFUR DIOXIDE	56a. N/A PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. Perchlorethyne PPM (VOL)	b. .67 LB/HR	c. Raw material minus waste material
SULFUR DIOXIDE	62c. PPM (VOL)	b. LB/HR	c.
** OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: See Attached

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): See Attached

66. EXIT HEIGHT ABOVE GRADE: 22'	67. EXIT DIAMETER: 6"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 36 FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	**MAXIMUM OPERATION**
70. EXIT GAS TEMPERATURE 70° °F	72. EXIT GAS TEMPERATURE: 78° °F
71. GAS FLOW RATE THROUGH EACH EXIT 225 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 600 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

Exhibit A

List of Equipment

1) Phillips Model #20.900E vapor degreaser

2) Exhaust fan

3) Duct work and vent

The above equipment was in compliance with rules and regulations governing the control of air pollution prior to 4/14/1972.

Exhibit B

1) Phillips Model #20.900E vapor degreaser--Original Equipment

2) Exhaust Fan - Replaces existing equipment

3) Duct work and vent--replaces existing equipment

Construction of duct work and installation of fan to commence 7/1/84. Start up of equipment to be 7/15/84.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

OPEN TOP VAPOR DEGREASER

This questionnaire is being used as a supplement to a Construction/Operation permit application and a Compliance Plan and Project Completion Schedule (an APC 200 and a APC 220 form must accompany this form) for an Open Top Vapor Degreaser.

1. Discrete identity of degreaser Phillips Model # 20.900E

2. Is the degreaser equipped with a cover designed to open and close easily without disturbing the vapor zone? X yes _____ no

3. Is the degreaser equipped with the following switches:

   a. a device which shuts off the sump heat source if the amount of condenser coolant is not sufficient to maintain the designed vapor level, X yes _____ no

   b. a device which shuts off the spray pump if the vapor level drops more than 10 centimeters (4 inches) below the bottom condenser coil, X yes _____ no

   c. a device which shuts off the sump heat source when the vapor level exceeds the design level, X yes _____ no

4. Is permanent conspicuous label summarizing the operating procedure affixed to the degreaser? X yes _____ no

5. Is degreaser equipped with one of the following devices:

   a. a freeboard height of 3/4 the inside width of the degreaser tank or 36 inches, whichever is less, and if the degreaser opening is greater than $1m^2$ (10.8 ft. ^{2}), a powered or mechanically assisted cover, X yes _____ no

   b. any other equipment or system of equivalent emission control as approved by the Agency. Such equipment or system may include a refrigerated chiller, an enclosed design, or a carbon adsorption system, _____ yes X no

6. If the vapor degreaser does not currently comply with items 2, 3, 4 and 5 will compliance be achieved by July 1, 1980? _____ yes _____ no

IL 532-0649
APC 358 3/81

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 10.[illegible]. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application [illegible]

7. Is cover of the degreaser closed when workloads are not being processed through the degreaser? ___X___ yes _____ no

8. Are solvent carryout emissions minimized by:

   a. racking parts to allow complete drainage, ___X___ yes _____ no

   b. moving parts in and out of the degreaser at less than 3.3 meters per minute (11 feet per minute), ___X___ yes _____ no

   c. holding the parts in the vapor zone until condensation ceases, ___X___ yes _____ no

   d. tipping out any pools of solvent on the cleaned parts before removal from the vapor zone, ___X___ yes _____ no

   e. allowing parts to dry within the degreaser until visually dry, ___X___ yes _____ no

9. Are porous or absorbent materials, such as cloth, leather, wood, or rope degreased? _____ yes ___X___ no

10. Is less than half of the degreaser's open top area occupied with a workload? ___X___ yes _____ no

11. Is the degreaser not loaded to the point where the vapor level would drop more than 10 centimeters (4 inches) when the workload is removed from the vapor zone? ___X___ yes _____ no

12. Is spraying done below the vapor level only? ___X___ yes _____ no

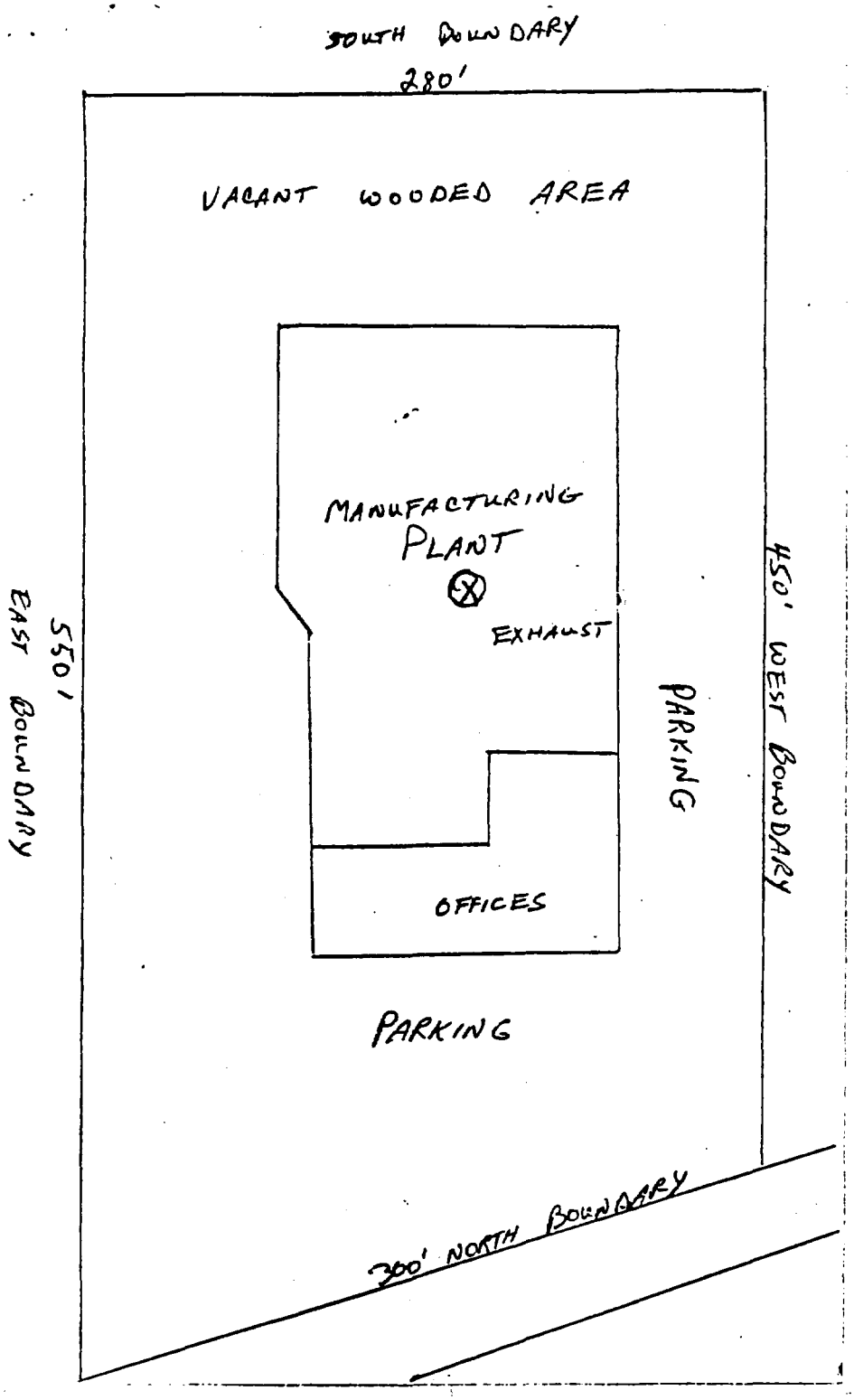
13. Are solvent leaks repaired immediately? ___X___ yes _____ no

14. Is waste solvent stored in covered containers only and not disposed of in such a manner that more than 20% of the waste solvent (by weight) is allowed to evaporate into the atmosphere, ___X___ yes _____ no

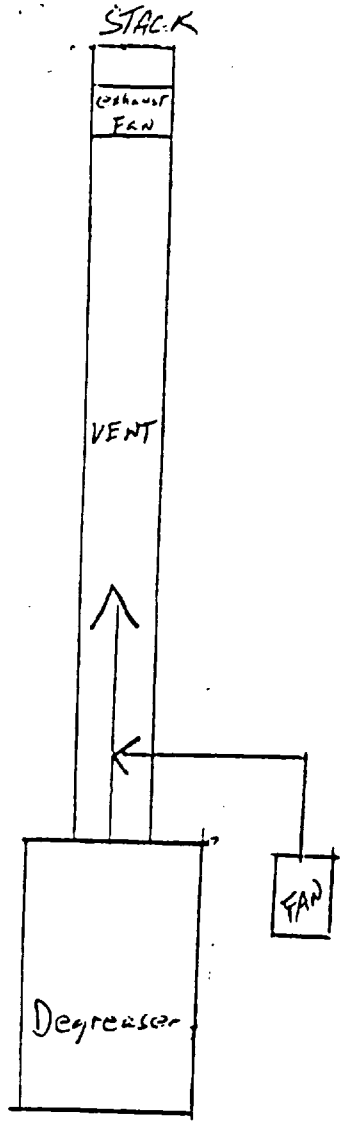
15. Is water not visually detectable in solvent exiting from the water separator? ___X___ yes _____ no

16. Is exhaust ventilation exceeding 20 cubic meters per minute per square meter (65 cubic feet per minute per square foot) of degreaser open area used (if it is used explain why)? _____ yes ___X___ no

PLOT PLAN/MAP



Exhaust Approximately 300 ft from nearest residen
150 ft from nearest Manufact
Facil.'s



Average Exhaust = 225 ft^3/min.

Process Flow Diagram

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1010. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additi civil penalty up to $1,000.00 for each day the failure contin a fine up to $1,000.00 and imprisonment up to one year. Th form has been approved by the Forms Management Center.

ANNUAL EMISSION REPORT

FOR AGENCY USE ONLY

NAME OF OWNER: Tricon Industries, Inc.		2a. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.	
TELEPHONE NUMBER: 312/964-2330		2b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	
STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue		2c. CITY OF EMISSION SOURCE: Downers Grove	2d. TELEPHONE NUMBER: 312/964-2330
CITY: Downers Grove		2e. COUNTY: Du Page	2f. LOCATED WITHIN CITY LIMITS: [X] YES [ ] NO
STATE: Illinois	1f. ZIP CODE: 60515	2g. TOWNSHIP: Downers Grove	2h. ZIP CODE: 60515

PERMIT INFORMATION AND REFERENCE

APPLICATION NUMBER	IDENTIFICATION NUMBER	IS THE DATA AND INFORMATION PREVIOUSLY SUBMITTED TRUE, CORRECT, CURRENT AND COMPLETE?	DURING THIS REPORTING PERIOD MAXIMUM EMISSIONS FROM THIS OPERATION HAVE: INCREASED	REMAINED THE SAME	DECREASED	PERCENTAGE BY WHICH EMISSIONS HAVE INCREASED OR DECREASE
84070020	043030ADR	[X] YES [ ] NO			X	5
84070021	043030ADR	[X] YES [ ] NO		X		
		[ ] YES [ ] NO				
		[ ] YES [ ] NO				

PERIOD COVERED BY THIS REPORT: FROM 7/11/85 TO 7/11/86

THE ABOVE INFORMATION IS SUBMITTED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, RULE 107(b) AS ADOPTED APRIL 14, 1972, AND THE INFORMATION IS TRUE, CORRECT, COMPLETE, AND CURRENT. THE SIGNATURE MUST BE THAT OF THE PERSON AUTHORIZED TO EXECUTE AN OPERATING PERMIT APPLICATION.

AUTHORIZED SIGNATURE Frank W. Emery

A COPY OF THIS FORM MUST BE SUBMITTED FOR EACH PERMIT APPLICATION LISTED ABOVE.

THIS DOCUMENT IS NOT A PERMIT APPLICATION AND IS SOLELY FOR STATISTICAL AND INFORMATIONAL PURPOSES.

Illinois Environmental Protection Agency • P.O. Box 19276, Springfield, IL 62794-9276

APPLICATION FOR PERMIT RENEWAL/OPERATING PERMIT

MARCH 1, 1989

TRICON INDUSTRIES INC
ATTENTION: FRANK ESSIG
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

APPLICATION NO: 84070021
ID NUMBER: 043030ADR PLATING 1
OPERATION OF:
PLATING & CLEANING
LOCATION:
TRICON INDUSTRIES INC
2325 WISCONSIN AVE DOWNERS GROVE

THE ABOVE REFERENCED OPERATING PERMIT WILL EXPIRE ON JULY 11, 1989 . THE AGENCY RECOMMENDS THAT YOU APPLY FOR A RENEWAL OF THIS OPERATING PERMIT AT LEAST NINETY (90) DAYS PRIOR TO ITS EXPIRATION.

IF YOUR OPERATION IS UNCHANGED, YOU MAY RENEW YOUR PERMIT BY SIGNING IN THE SPACE PROVIDED BELOW, KEEPING ONE COPY FOR YOUR RECORDS, AND RETURNING THIS CORRESPONDENCE TO THE AGENCY. WHEN DATED AND SIGNED BY THE AGENCY THIS APPLICATION WILL BE RETURNED TO YOU AND WILL BE YOUR PERMIT.

IF THERE HAS BEEN A CHANGE OF OWNERSHIP OR ADDRESS, PLEASE INDICATE THIS BY CORRECTING THE ABOVE INFORMATION. IF YOUR OPERATION HAS CHANGED FROM THAT DESCRIBED IN THE APPLICATION FILED WITH THE AGENCY, THEN YOU MUST USE APPROPRIATE FORMS TO DESCRIBE ALL CHANGES AS PART OF THE APPLICATION. (SEE ENCLOSED 'REQUEST FOR PERMIT FORMS' APC-209).

MAR 0 9

IF THE OPERATION HAS BEEN PERMANENTLY DISCONTINUED OR INCLUDED IN ANOTHER PERMIT, PLEASE SEND A LETTER TO THE AGENCY WITHDRAWING THIS PERMIT. IF THE OPERATION HAS BEEN INCLUDED IN ANOTHER PERMIT, PLEASE PROVIDE THE PERMIT NUMBER OF THE NEW PERMIT(S) IN YOUR WITHDRAWAL LETTER.

I CERTIFY THAT THE ORIGINAL PERMIT INFORMATION REMAINS TRUE, CORRECT, AND CURRENT AND THAT I AM AUTHORIZED TO EXECUTE THIS APPLICATION FOR PERMIT RENEWAL.

3/7/89 Frank Essig Personnel/Safety Director

SIGNATURE DATE PRINTED NAME AND TITLE OF SIGNER

FOR AGENCY USE ONLY

PERMIT EXPIRATION DATE: March 29, 1994

PERMIT IS GRANTED TO OPERATE THE ABOVE REFERENCED EQUIPMENT SUBJECT TO STANDARD CONDITIONS ATTACHED HERETO AND ANY SPECIAL CONDITIONS OF THE PREVIOUSLY GRANTED OPERATING PERMIT.

Terry Sweitzer/ree

TERRY SWEITZER, P.E.
MANAGER, PERMIT SECTION
DIVISION OF AIR POLLUTION CONTROL

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 1039. Disclosure of this information is required under that section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center

APPLICATION FOR RENEWAL OF AN OPERATING PERMIT

OPERATION OF: Open Top Vapor Degreaser (A)
(SAME AS 9c ON PAGE 2)

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

1a. NAME OF OWNER: Tricon Industries		2a. NAME OF OPERATOR: Tricon Industries	
1b. STREET ADDRESS OF OWNER: 2325 Wisconsin Ave.		2b. STREET ADDRESS OF OPERATOR: 2325 Wisconsin Ave.	
1c. CITY OF OWNER: Downers Grove		2c. CITY OF OPERATOR: Downers Grove	
1d. STATE OF OWNER: Illinois	1e. ZIP CODE: 60515	2d. STATE OF OPERATOR: Illinois	2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: Tricon Industries		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Ave.		
3c. CITY OF EMISSION SOURCE: Downers Grove	3d. LOCATED WITHIN CITY LIMITS: [X] YES [ ] NO	3e. TOWNSHIP:	3f. COUNTY: DuPage	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) Sue Grandle	5. TELEPHONE NUMBER FOR AGENCY TO CALL: (708) 964-2330
6. ADDRESS FOR CORRESPONDENCE: [X] OWNER [ ] OPERATOR [ ] EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (B) Degreaser

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (C)

BY X Susan Grandle 2-9-80
SIGNATURE DATE

X Susan Grandle
TYPED OR PRINTED NAME OF SIGNER

X Human Resources Manager
TITLE OF SIGNER

BY _____ _____
SIGNATURE DATE

TYPED OR PRINTED NAME OF SIGNER

TITLE OF SIGNER

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE OPERATED.

(B) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(C) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 or 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
SMALLER SOURCE OPERATING PERMIT RENEWAL FORM

IEPA ID Number: 043030ADR
Permit Number: 84070021

Name: TRICON INDUSTRIES INC

<10> Point: 0001 Description: NICKEL PLATING LINE

<11> Mode:0001 Description:

Number of Identical Units: 1 SCC: 30901104 (AGENCY USE ONLY)

PERCENT ANNUAL THROUGHPUT: DEC-FEB (%): 25 MAR-MAY (%): 25

JUN-AUG (%): 25 SEP-NOV (%): 25

HOURS OF OPERATION: MAX 8.0 hrs/day 5 days/week 52 weeks/year

AVG 5.0 hrs/day 1 days/week 52 weeks/year

PROCESS EMISSION UNIT

PROCESS WEIGHT RATE (LBS/HR): MAX 1 lbs/hr AVG 1 lbs/hr

OPERATING RATE (PER HOUR): MAX 0.0013 Tons Processed

AVG 0.0010 Tons Processed

<15> Control: Description: NO CONTROL EQUIPMENT

<16> Pollutant: Control Efficiency (%): MAX AVG

<21> Stack: 0001 Stack Diameter (ft): 1.20 Stack Height (ft): 16.0 OR Plume Height (ft):

EXHAUST FLOW RATE: MAX (acfm): 4500.0 AVG (ACFM) 2500.0

EXHAUST TEMPERATURE: MAX (F): 72.0 AVG (F): 65.0

Vented to (circle one): Atmosphere Inside of Building

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
SMALLER SOURCE OPERATING PERMIT RENEWAL FORM

IEPA ID Number: 043030ADR Name: TRICON INDUSTRIES INC
Permit Number: 87040046

<10> Point: 0002 Description: PHILLIPS DEGREASER - PERCHLOROETHYLENE

<11> Mode:0001 Description:

Number of Identical Units: 1 SCC: 40100203 (AGENCY USE ONLY)

PERCENT ANNUAL THROUGHPUT: DEC-FEB (%): 25 MAR-MAY (%): 25
JUN-AUG (%): 25 SEP-NOV (%): 25

HOURS OF OPERATION: MAX 14.0 hrs/day 5 days/week 52 weeks/year
AVG 12.0 hrs/day 5 days/week 52 weeks/year

PROCESS EMISSION UNIT

PROCESS WEIGHT RATE (LBS/HR): MAX 3 lbs/hr AVG 2 lbs/hr

OPERATING RATE (PER HOUR): MAX 0.0012 Tons Make-Up Solvent Used
AVG 0.0012 Tons Make-Up Solvent Used

<15> Control: Description: NO CONTROL EQUIPMENT

<16> Pollutant: Control Efficiency (%): MAX AVG

<21> Stack: Stack Diameter (ft): Stack Height (ft): OR Plume Height (ft):

EXHAUST FLOW RATE: MAX (acfm): AVG (ACFM):

EXHAUST TEMPERATURE: MAX (F): AVG (F):

Vented to (circle one): Atmosphere Inside of Building

NO LONGER IN USE
LETTER ATTACHED.
10/10/94
TMcDonald

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
SMALLER SOURCE OPERATING PERMIT RENEWAL FORM

IEPA ID Number: 043030ADR Name: TRICON INDUSTRIES INC
Permit Number: 87040046

<10> Point: 0003 Description: TALLY DEGREASER - TMS FREON SOLVENT

<11> Mode:0001 Description:

Number of Identical Units: 1 SCC: 40100207 (AGENCY USE ONLY)

PERCENT ANNUAL THROUGHPUT: DEC-FEB (%): 25 MAR-MAY (%): 25
JUN-AUG (%): 25 SEP-NOV (%): 25

HOURS OF OPERATION: MAX 4.0 hrs/day 5 days/week 52 weeks/year
AVG 2.0 hrs/day 3 days/week 52 weeks/year

PROCESS EMISSION UNIT

PROCESS WEIGHT RATE (LBS/HR): MAX 3 lbs/hr AVG 2 lbs/hr

OPERATING RATE (PER HOUR): MAX 0.0011 Tons Make-Up Solvent Used
AVG 0.0007 Tons Make-Up Solvent Used

<15> Control: Description: NO CONTROL EQUIPMENT

<16> Pollutant: Control Efficiency (%): MAX AVG

<21> Stack: 0002 Stack Diameter (ft): 0.50 Stack Height (ft): 22.0 OR Plume Height (ft):

EXHAUST FLOW RATE: MAX (acfm): 600.0 AVG (ACFM) 225.0

EXHAUST TEMPERATURE: MAX (F): 78.0 AVG (F): 70.0

Vented to (circle one): **Atmosphere** **Inside of Building**

NO LONGER IN USE
LETTER ATTACHED.
10/10/94

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
SMALLER SOURCE OPERATING PERMIT RENEWAL FORM

IEPA ID Number: 043030ADR Name: TRICON INDUSTRIES INC
Permit Number: 84070020

<10> Point: 0004 Description: OPEN TOP VAPOR DEGREASER

<11> Mode:0001 Description:

Number of Identical Units: 1 SCC: 40100203 (AGENCY USE ONLY)

PERCENT ANNUAL THROUGHPUT: DEC-FEB (%): 25 MAR-MAY (%): 25
JUN-AUG (%): 25 SEP-NOV (%): 25

HOURS OF OPERATION: MAX 14.0 hrs/day 5 days/week 52 weeks/year
AVG 11.0 hrs/day 5 days/week 52 weeks/year

PROCESS EMISSION UNIT

PROCESS WEIGHT RATE (LBS/HR): MAX 3 lbs/hr AVG 3 lbs/hr

OPERATING RATE (PER HOUR): MAX 0.0012 Tons Make-Up Solvent Used
AVG 0.0012 Tons Make-Up Solvent Used

<15> Control: Description: NO CONTROL EQUIPMENT

<16> Pollutant: Control Efficiency (%): MAX AVG

<21> Stack: 0003 Stack Diameter (ft): 0.50 Stack Height (ft): 22.0 OR Plume Height (ft):

EXHAUST FLOW RATE: MAX (acfm): 600.0 AVG (ACFM) 225.0

EXHAUST TEMPERATURE: MAX (F): 78.0 AVG (F): 70.0

Vented to (circle one): Atmosphere **Inside of Building**

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
SMALLER SOURCE OPERATING PERMIT RENEWAL FORM

IEPA ID Number: 043030ADR Name: TRICON INDUSTRIES INC
Permit Number: 93050021

<10> Point: 0005 Description: 2 GRANULATORS (PLASTIC)

<11> Mode:0001 Description:

Number of Identical Units: 2 SCC: 31299999 (AGENCY USE ONLY)

PERCENT ANNUAL THROUGHPUT: DEC-FEB (%): 25 MAR-MAY (%): 25
JUN-AUG (%): 25 SEP-NOV (%): 25

HOURS OF OPERATION: MAX 10.0 hrs/day 5 days/week 52 weeks/year
AVG 6.0 hrs/day 5 days/week 52 weeks/year

PROCESS EMISSION UNIT

PROCESS WEIGHT RATE (LBS/HR): MAX 125 lbs/hr AVG 100 lbs/hr

OPERATING RATE (PER HOUR): MAX 0.0625 Tons Processed
AVG 0.0500 Tons Processed

<15> Control: Description: ~~NO CONTROL EQUIPMENT~~ TORIT DUST COLLECTOR

<16> Pollutant: DUST Control Efficiency (%): MAX 98 AVG 95

<21> Stack ~~0004~~ Stack Diameter (ft) ~~0.50~~ Stack Height (ft): ~~22.0~~ OR Plume Height (ft):

EXHAUST FLOW RATE: MAX (acfm): ~~4000~~ 6000 AVG (ACFM) ~~[illegible]~~ 6000

EXHAUST TEMPERATURE: MAX (F): 78.0 AVG (F): ~~[illegible]~~ 78.0

Vented to (circle one): Atmosphere Inside of Building

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
SMALLER SOURCE OPERATING PERMIT RENEWAL FORM

IEPA ID Number: 043030ADR Name: TRICON INDUSTRIES INC
Permit Number: 93050021

<10> Point: 0006 Description: 40 INJECTION MOLDERS

<11> Mode: 0001 Description:

Number of Identical Units: 1 SCC: 31299999 (AGENCY USE ONLY)

PERCENT ANNUAL THROUGHPUT: DEC-FEB (%): 25 MAR-MAY (%): 25
JUN-AUG (%): 25 SEP-NOV (%): 25

HOURS OF OPERATION: MAX 24.0 hrs/day 6 days/week 52 weeks/year
AVG 24.0 hrs/day 5 days/week 52 weeks/year

PROCESS EMISSION UNIT

PROCESS WEIGHT RATE (LBS/HR): MAX 134 lbs/hr AVG 133 lbs/hr

OPERATING RATE (PER HOUR): MAX 0.0670 Tons Processed
AVG 0.0660 Tons Processed

<15> Control: Description: NO CONTROL EQUIPMENT

<16> Pollutant: Control Efficiency (%): MAX AVG

<21> Stack: 0005 Stack Diameter (ft): 2.50 Stack Height (ft): 22.0 OR Plume Height (ft):

EXHAUST FLOW RATE: MAX (acfm): 400.0 AVG (ACFM) 200.0

EXHAUST TEMPERATURE: MAX (F): 78.0 AVG (F): 70.0

Vented to (circle one): Atmosphere Inside of Building

All data presented in the preceding pages is submitted on behalf of the named company and is complete, true, and accurate to the best of my knowledge.

Authorized Signature Larry McDaniel

Printed Name & Title LARRY MCDANIEL PLANT SUPT.

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director
217/782-2113

2200 Churchill Road, Springfield, IL 62794-9276

OPERATING PERMIT FOR SMALLER SOURCE

PERMITTEE

Tricon Industries, Inc.
Attn: Larry McDaniel
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Application No.: 84070020 I.D. No.: 043030ADR
Applicant's Designation: Date Received: October 26, 1994
Subject: Metal, Plastic Manufacturing
Date Issued: November 16, 1994 Expiration Date: See Condition 1.
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission unit(s) and/or air pollution control equipment consisting of one nickel plating line, one open top vapor degreaser, two plastic granulators with dust collector and forty injection molders as described in the above-referenced application. This permit is subject to standard conditions attached hereto and the following special condition(s):

1. This Permit shall expire 180 days after the Agency sends a written request for the renewal of this Permit, unless the Permit is withdrawn or is superseded by a revised Permit.

2. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Process Rate (lb/hr)	Volatile Organic Material Emissions (lb/hr)	(ton/yr)
40 Injection Molders	134	0.68	3.0

These limits are based on the information provided in the permit application and year round operation. Compliance with annual limits shall be determined from a running total of 12 months of data.

3. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Process Rate (lb/hr)	Particulate Matter Emissions (lb/hr)	(tons/yr)
2 Granulators	250	0.84	3.7

These limits are based on the information provided in the permit application, 35 Ill. Adm. Code 212.321 and year round operation. Compliance with annual limits shall be determined from a running total of 12 months of data.

4. This permit is issued based on negligible emissions of particulate matter from plating line. For this purpose, emissions shall not exceed nominal emission rates of 0.1 lb/hour and 0.44 ton/year.

5. This permit is issued based upon the facility conducting nickel plating. Any additional metal other than previously permitted will require a revised permit.

It should be noted that this permit has been revised to incorporate operating permits 84070021 and 93050021.

If you have any questions on this, please call Valeriy Brodsky at 217/782-2113.

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:VJB:drk:491Q/sp/90-91

cc: Region 1

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD, P.O. BOX 19276
SPRINGFIELD, IL 62794-9276

STANDARD CONDITIONS FOR SMALLER SOURCE OPERATING PERMITS

January 1, 1994

The Illinois Environmental Protection Act (Illinois Revised Statutes, Chapter 111-1/2, Section 1039) [415 ILCS 5/39] grants the Environmental Protection Agency authority to impose conditions on permits which it issues.

1. The issuance of this Permit does not release the Permittee from compliance with State and federal regulations which are part of the Illinois State Implementation Plan, as well as with other applicable statutes and regulations of the United States or the State of Illinois or with applicable local laws, ordinances and regulations.

2. The Agency has issued this Permit based upon the information submitted by the Permittee in the Permit Application. Any misinformation, false statement or mispresentation in the Application shall be grounds for the revocation under 35 Ill. Adm. Code 201.207.

3. The total emissions of all regulated air pollutants from this source shall be less than 25 tons per year or a lowe amount as specified in a special condition of this Permit.

4. a. The Permittee shall not authorize, cause, direct or allow any modification, as defined in 35 Ill. Adm. Code 201.102, of equipment, operations or practices which are reflected in the Permit Application as submitted until the appropriate permit is obtained from the Agency.

   b. The Permittee shall obtain a new or revised permit under 35 Ill. Adm. Code 201 Subpart D or under Section 39.5 of the Act, if the source no longer meets the applicability criteria of 35 Ill. Adm. Code 201.180 because of changes in emissions units or control equipment.

   c. The Permittee shall obtain a revised permit prior to any of the following changes at the source:

      i. An increase in emissions above the amount the source is permitted to emit; or

      ii. A modification; or

      iii. A change in operations which will result in the source's noncompliance with a condition in the existing permit; or

      iv. A change in ownership, company name, or address, so that the Application or Permit is no longer accurate.

5. a. This Permit only covers emission units and control equipment while physically present at the indicated source location. Unless the Permit specifically provides for equipment relocation, this Permit is void for an item of equipment on the day it is removed from the permitted location or if all equipment is removed.

   b. The Permittee shall notify the Agency in writing to withdraw the Permit if all operations at the source have been permanently discontinued.

Printed on Recycled Paper

6. The Permittee shall allow any duly authorized agent of the Agency, upon the presentation of credentials, at reasonable times:

   a. To enter the Permittee's property where actual or potential effluent, emission or noise units are located or where any activity is to be conducted pursuant to this Permit;

   b. To have access to and to copy any records required to be kept under the terms and conditions of this Permit;

   c. To inspect, including during any hours of operation of equipment constructed or operated under this Permit, such equipment and any equipment required to be kept, used, operated, calibrated and maintained under this Permit;

   d. To obtain and remove samples of any discharge or emission of pollutants; and

   e. To enter and utilize any photographic, recording, testing, monitoring or other equipment for the purpose of preserving, testing, monitoring or recording any activity, discharge or emission authorized by this Permit.

7. The issuance of this Permit:

   a. Shall not be considered as in any manner affecting the title of the premises upon which the permitted source is located;

   b. Does not release the Permittee from any liability for damage to person or property caused by or resulting from the construction, maintenance, or operation of the source;

   c. Does not take into consideration or attest to the structural stability of any unit or part of the project; and

   d. In no manner implies or suggests that the Agency (or its officers, agents or employees) assumes any liability, directly or indirectly, for any loss due to damage, installation, maintenance, or operation of the proposed equipment or source.

8. The Permittee shall maintain all equipment at the source covered under this Permit in such a manner that the performance of such equipment shall not cause a violation of the Environmental Protection Act or regulations promulgated thereunder.

9. The Permittee shall maintain a maintenance record on the premises for each item of air pollution control equipment. This record shall be made available to any agent of the Agency at any time during normal working hours and/or operating hours. As a minimum, this record shall show the dates of performance and nature of preventative maintenance activities.

10. No person shall cause or allow startup of any emission unit or continued operation during malfunction or breakdown of any emission unit or related air pollution control equipment if such startup or continued operation would cause a violation of an applicable emission standard or permit limitation if such operation is not allowed as a special condition of this Permit, as required by 35 Ill. Adm. Code 201.149.

11. The Permittee shall submit an Annual Emission Report as required by 35 Ill. Adm. Code 201.302 and 35 Ill. Adm. Code Part 254.

12. The Permittee shall pay the annual site fee for the source in accordance with Section 9.5 of the Act.

Directory
Environmental Protection Agency
Bureau of Air

September 1, 1992

For assistance in preparing a permit application, contact the Permit Section:

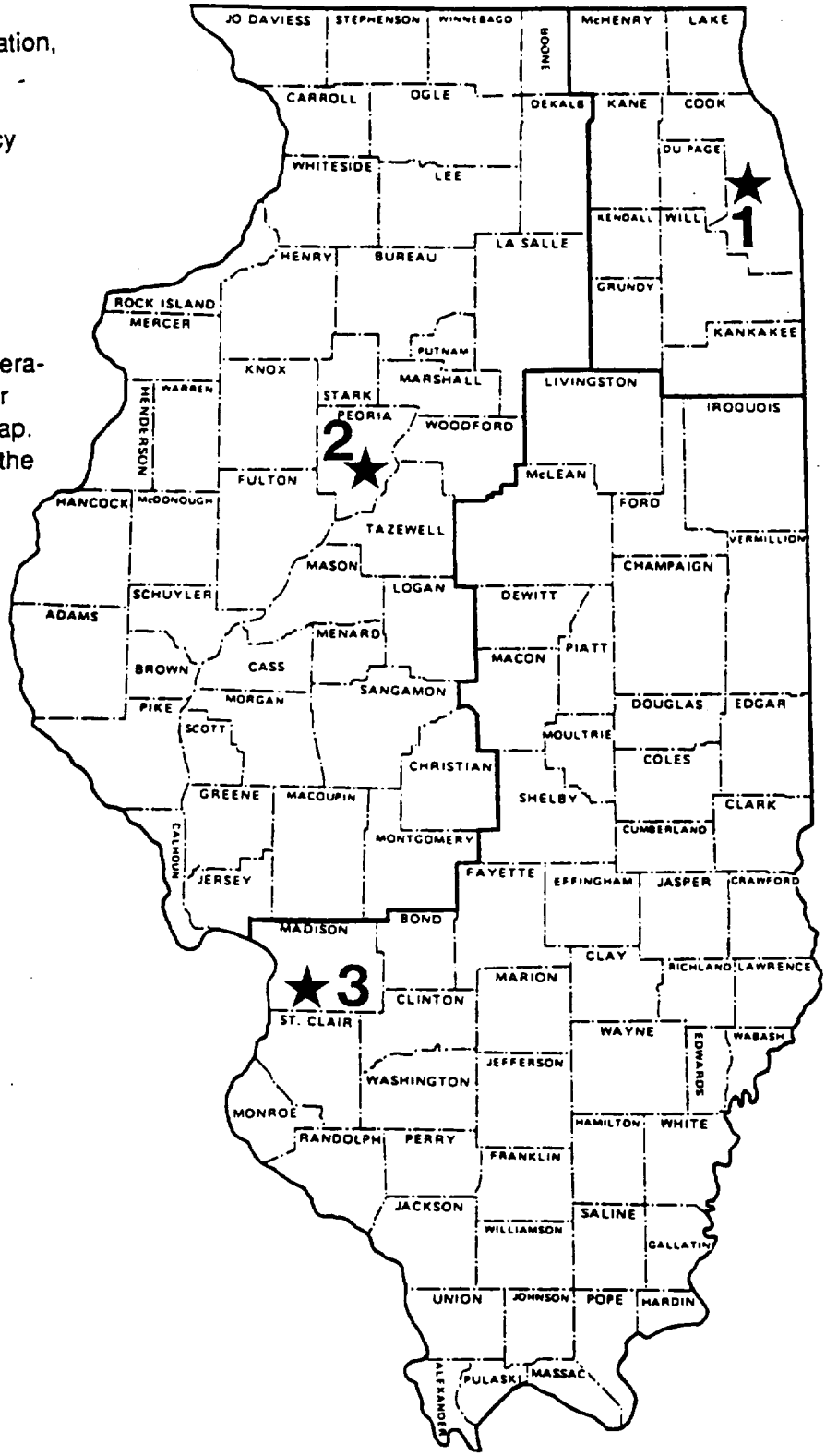
Illinois Environmental Protection Agency
Division of Air Pollution Control
Permit Section
2200 Churchill Road
Springfield, Illinois 62706
217/782-2113

Or contact a regional office of the Field Operations Section. The regional offices and their areas of responsibility are shown on the map. The addresses and telephone numbers of the regional offices are as follows:

Illinois EPA
Region 1
Intercontinental Center
1701 South 1st Avenue
Maywood, Illinois 60153
708/531-5900

Illinois EPA
Region 2
5415 North University
Peoria, Illinois 61614
309/693-5461

Illinois EPA
Region 3
2009 Mall Street
Collinsville, Illinois 62234
618/346-5120



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State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director
217 / 782-2113

2200 Churchill Road, Springfield, IL 62794-9276

October 1, 1994

Re: Application For Permit Renewal For Smaller Sources

TRICON INDUSTRIES INC
Attn: SEU GRANDLE
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

Source Location:
IEPA ID Number: 043030ADR
TRICON INDUSTRIES INC
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

According to Agency records, the following operating permit(s) are due to expire for the above location. This location may qualify for a Smaller Source Operating Permit, created by recent amendments to the Environmental Protection Act. Appropriate renewal forms are enclosed.

Application Number	Subject	Expiration Date
84070020	OPEN TOP VAPOR DEGREASER	03/09/95

The Agency recommends that you apply for a renewal of the referenced operating permit(s) for this location at least ninety (90) days prior to the earliest expiration date. If more than one permit is listed and the Agency's review of the renewal application concludes that a Smaller Source Permit may be issued, the Agency will consolidate the referenced permits into a single permit.

If there has been a change of address or ownership, please make the appropriate changes on the enclosed Source Information form. Please review the enclosed emission unit data form(s) which summarize data in the Agency's records from previous application(s) and make appropriate corrections following the enclosed instructions. If all operations covered by a permit have been permanently discontinued, please request the withdrawal of the permit.

If you have any questions, please feel free to contact a Permit Analyst at 217-782-2113.

Sincerely,

Donald E. Sutton

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

Printed on Recycled Paper

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director 2200 Churchill Road, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT FOR SMALLER SOURCE

PERMITTEE

TRICON INDUSTRIES INC
Attention:
2325 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

I.D. No.: 043030ADS
Permit No: 85020046
Included Permit(s): 85020046
Date Issued: May 1, 1996 Expiration Date: See Condition 1.
Subject: Smaller source operating permit
Location: 5000 CHASE ST,DOWNERS GROVE

This permit is hereby granted to the above-designated Permittee and shall become effective on the date issued above, upon receipt by the Agency of the certified original permit, to OPERATE emission source(s) and/or air pollution control equipment consisting of the equipment listed in the above referenced permit(s). This Permit is subject to standard conditions attached hereto and the following special condition(s):

1. This Permit shall expire 180 days after the Agency sends a written request for the renewal of this Permit, unless the Permit is withdrawn or superseded by a revised Permit.

2. This permit is issued based on the total maximum permitted emissions of regulated pollutants not exceeding an aggregate of 25 tons/year and the maximum emissions of any single hazardous air pollutant (HAP) not exceeding 10 tons/year.

3. This permit incorporates the above listed permits by reference and the conditions contained therein. When this permit becomes effective, it removes your obligation to renew these permit(s), except when required pursuant to Condition 1.

4. The Agency's issuance of this permit does not relieve the Permittee from complying with all applicable regulations including the need to obtain any construction permits prior to the construction of any new emission units and/or air pollution control equipment, and the need to revise this operating permit to include the operation of any equipment that is required to be permitted, that is not currently covered by this permit.

This permit is effective May 1, 1996, provided the Agency receives the original copy signed by the Permittee certifying as specified below:

> I certify that the original application(s) information remains true, correct, and current, that the conditions of this permit are acceptable, and that I am authorized to execute this application for permit for the above referenced facility

Larry McDaniel
Signature

2/28/96
Date

LARRY McDANIEL PLANT SUPT.
Printed Name and Title of Signer

If you have any questions concerning this letter, please contact a Permit Analyst at 217/782-2113.

Donald E Sutton

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:bsk

CC: Region 1

Illinois Environmental Protection Agency
Division of Air Pollution Control
2200 Churchill Road
Springfield, Illinois 62794-9276

To qualify for a Smaller Source Permit, a location shall be permitted to emit a total of less than 25 tons per year of all regulated air pollutants into the atmosphere unless required to obtain a permit under Section 39.5 of the Act.

<2>

SOURCE INFORMATION

IEPA ID Number: 043030ADR

Source Name: TRICON INDUSTRIES INC

Source Street Address: 2325 WISCONSIN AVE

City: DOWNERS GROVE State: IL ZIP: 60515

Is Source Located Within City Limits? (YES) NO

Township: County: DU PAGE

Federal Employer Identification No. (FEIN): 36-222-0018 Primary SIC No.: 3679

Type of Source and Products Produced:

Source Environmental Contact Person: LARRY MCDANIEL

Contact Person's Telephone No.: 708-964-2330

<2>

OWNER INFORMATION

Name: TRICON INDUSTRIES INC

Address: ~~2325 WISCONSIN AVE~~ 1600 EISENHOWER LANE SUITE 200

City: ~~DOWNERS GROVE~~ LISLE State: IL ZIP: ~~60515~~ 60532

Owner's Agent (If Applicable):

OPERATOR INFORMATION

Name: TRICON INDUSTRIES INC

Address: 2325 WISCONSIN AVE

City: DOWNERS GROVE State: IL ZIP: 60515

<2>

BILLING INFORMATION

Name: TRICON INDUSTRIES INC

Address: ~~2325 WISCONSIN AVE~~ 1600 EISENHOWER LANE SUITE 200

City: ~~DOWNERS GROVE~~ LISLE State: IL ZIP: ~~60515~~ 60532

Contact Person: Contact's Telephone No: 708-964-2330

This application must be signed in accordance with 35 Ill. Adm. Code 201.154 or 201.159 which states: "All applications and supplements thereto shall be signed by the owner and operator of the emission source or air pollution control equipment, or their authorized agent, and shall be accompanied by evidence of authority to sign the application."

If the owner or operator is a corporation, such corporation must have on file with the Agency a certified copy of resolution of the corporations's board of directors authorizing the persons signing this application to cause or allow the operation of the equipment covered by the permit.

The undersigned hereby certifies that the statements contained herin are true and correct, and further certify that all previously submitted information referenced in this application remains true, correct, and current. By affixing my signature hereto, I further certify that I am authorized to execute this application.

Ralph W. Grandle — Authorized Signature

10 / 19 / 94 — Date

Ralph W. Grandle — Typed or Printed Name of Signatory

Executive Vice President — Title of Signatory

FOR AGENCY USE ONLY

DATA AND INFORMATION INCORPORATED BY REFERENCE FROM CURRENT OPERATING PERMIT

9a. APPLICATION NO.: 8 4 0 7 0 0 2 0

9b. I.D. NO.: 0 4 3 0 3 0 A D R

9c. OPERATION OF: Open Top Vapor Degreaser

9d. LOCATION: 2325 Wisconsin Avenue, Downers Grove, IL 60515

9e. PERMIT EXPIRATION DATE: 0 7 1 1 8 9

9f. HAS THE OPERATION AS DESCRIBED IN THE REFERENCED OPERATING PERMIT BEEN MODIFIED* AS DEFINED IN RULE 101 OF THE PCB REGS., CHAPTER 2, PART 1? ☐ YES ☒ NO

9g. IF "YES" SUBMIT THE APPLICABLE FORMS OR DESCRIBE IN DETAIL THE MODIFICATION OF THE OPERATION.

9h. DATE THE OPERATION WAS MODIFIED:

10a. IF THE OPERATION IS SUBJECT TO A RULE WHOSE EFFECTIVE DATE IS ON OR BEFORE THE DATE OF THIS APPLICATION, IS SUCH OPERATION IN FULL COMPLIANCE WITH ALL SUCH RULES? ☒ YES ☐ NO

10b. IF "NO", EXPLAIN:

11. IF YOUR OPERATING PERMIT APPLICATION CONTAINS COMPLIANCE PROGRAM(S), HAS THIS COMPLIANCE PROGRAM BEEN COMPLETED AND HAVE ALL THE PROJECT COMPLETION REPORTS (APC-271) BEEN SUBMITTED? ☐ YES ☐ NO

12a. ARE YOU IN COMPLIANCE WITH ALL CONDITIONS OF ALL REFERENCED PERMITS? ☒ YES ☐ NO

12b. IF "NO", EXPLAIN:

*MODIFICATION: ANY PHYSICAL CHANGE IN, OR CHANGE IN THE METHOD OF OPERATION, OF AN EMISSION SOURCE OR OF AIR POLLUTION CONTROL EQUIPMENT WHICH INCREASES THE AMOUNT OF ANY SPECIFIED AIR CONTAMINANT EMITTED BY SUCH SOURCE OR EQUIPMENT OR WHICH RESULTS IN THE EMISSION OF ANY SPECIFIED AIR CONTAMINANT NOT PREVIOUSLY EMITTED. IT SHALL BE PRESUMED THAT AN INCREASE IN THE USE OF RAW MATERIALS, THE TIME OF OPERATION, OR THE RATE OF PRODUCTION WILL CHANGE THE AMOUNT OF ANY SPECIFIED AIR CONTAMINANT EMITTED. NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS DEFINITION, FOR PURPOSES OF PERMITS ISSUED PURSUANT TO RULE 103, THE AGENCY MAY SPECIFY CONDITIONS UNDER WHICH AN EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT MAY BE OPERATED WITHOUT CAUSING A MODIFICATION AS HEREIN DEFINED, AND NORMAL CYCLICAL VARIATIONS, BEFORE THE DATE OPERATING PERMITS ARE REQUIRED, SHALL NOT BE CONSIDERED MODIFICATIONS. PCB REGS., CHAPTER 2, PART 1, RULE 101.

NOTE: TO INCORPORATE OTHER CONSTRUCTION PERMITS BY REFERENCE, ATTACH A LISTING OF SUCH PERMITS USING THE FORMAT SET FORTH IN ITEM 9 OR APC-210, "DATA AND INFORMATION -- INCORPORATION BY REFERENCE."

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director
217/782-2113

2200 Churchill Road, Springfield, IL 62794-9276

OPERATING PERMIT FOR SMALLER SOURCE

PERMITTEE

Tricon Industries, Inc.
Attn: Larry McDaniel
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Application No.: 84070020
I.D. No.: 043030ADR
Applicant's Designation:
Date Received: October 26, 1994
Subject: Metal, Plastic Manufacturing
Date Issued: November 16, 1994
Expiration Date: See Condition 1.
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission unit(s) and/or air pollution control equipment consisting of one nickel plating line, one open top vapor degreaser, two plastic granulators with dust collector and forty injection molders as described in the above-referenced application. This permit is subject to standard conditions attached hereto and the following special condition(s):

1. This Permit shall expire 180 days after the Agency sends a written request for the renewal of this Permit, unless the Permit is withdrawn or is superseded by a revised Permit.

2. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Process Rate (lb/hr)	Volatile Organic Material Emissions (lb/hr)	(ton/yr)
40 Injection Molders	134	0.68	3.0

These limits are based on the information provided in the permit application and year round operation. Compliance with annual limits shall be determined from a running total of 12 months of data.

3. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Process Rate (lb/hr)	Particulate Matter Emissions (lb/hr)	(tons/yr)
2 Granulators	250	0.84	3.7

These limits are based on the information provided in the permit application, 35 Ill. Adm. Code 212.321 and year round operation. Compliance with annual limits shall be determined from a running total of 12 months of data.

4. This permit is issued based on negligible emissions of particulate matter from plating line. For this purpose, emissions shall not exceed nominal emission rates of 0.1 lb/hour and 0.44 ton/year.

5. This permit is issued based upon the facility conducting nickel plating. Any additional metal other than previously permitted will require a revised permit.

It should be noted that this permit has been revised to incorporate operating permits 84070021 and 93050021.

If you have any questions on this, please call Valeriy Brodsky at 217/782-2113.

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:VJB:drk:491Q/sp/90-91

cc: Region 1

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director
217/782-2113

2200 Churchill Road, Springfield, IL 62794-9276

December 12, 1994

Tricon Industries, Inc.
Attn: Larry McDaniel, Plt. Supt.
2325 Wisconsin Avenue
Downers Grove, Illinois 60515-4076

Application No.: 87040046
I.D. No.: 043030ADR
Operation of: Open Top Vapor Degreaser
Letter Dated: October 12, 1994

The Agency hereby acknowledges the receipt of your above-referenced letter and confirms the withdrawal of your Operating Permit in accordance with your request.

If you have any questions concerning this matter, please contact Betty Ascher at 217/782-2113.

Donald E. Sutton/pkr

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:BEA:jar/0579Q,35

cc: Region 1

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

INVOICE
DIVISION OF AIR POLLUTION CONTROL
ANNUAL SITE FEE

MAY 1[illegible], 199[illegible]

TRICON INDUSTRIES INC
ATTN: LARRY MCDANIEL
2325 WISCONSIN AVE
DOWNERS GROVE IL 6[illegible]

SITE TO WHICH FEE APPLIES

ID: [illegible]

TRICON INDUSTRIES INC
2325 WISCONSIN AVE
DOWNERS GROVE IL 6[illegible]

THIS IS YOUR ANNUAL AIR POLLUTION CONTROL SITE FEE INVOICE. MAKE EITHER CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF ILLINOIS". COMPLETE THE REQUESTED INFORMATION AND RETAIN THE COPY OF THIS INVOICE FOR YOUR RECORDS. RETURN THE ORIGINAL INVOICE WITH PAYMENT IN THE ENVELOPE PROVIDED.

PAYMENT IS DUE 30 DAYS FROM RECEIPT OF THIS INVOICE.

BALANCE FORWARD (INCLUDES PAST DUE AMOUNTS)	$ [illegible]
CURRENT FEE	[illegible]
BALANCE DUE (WITHIN 30 DAYS)	[illegible]

PLEASE PROVIDE THE FOLLOWING INFORMATION:

AMOUNT ENCLOSED 100.00

FEDERAL EMPLOYER ID NO. 22-2[illegible]

SOCIAL SECURITY NUMBER ___-__-____

PLEASE INDICATE [illegible] CHECK.

[illegible] this information un[illegible] Chapter III 1/2, Section 10[illegible] of this information is required under that Section. [illegible] prevent this form from being processed [illegible] result in your application being denied. This form [illegible] approved by the Forms Management Center.

FOR IEPA USE
LOC #
DATE RECEIVED:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE N WASTE CHARACTERISTICS

[illegible] of Project Tricon Industries, Inc Waste Treatment Plant

[illegible] DATA	EXISTING	PROPOSED-DESIGN
1 Average Flow (gpd)		
2 Maximum Daily Flow (gpd)		

3 [illegible] Does not apply.

Time of Year	Ave. Intake Temp. F	Avg. Effluent Temp. F	Max. Intake Temp. F	Max. Effluent Temp. F	Max. Temp. Outside Mixing Zone F
SUMMER					
WINTER					

4 Minimum 7-day, 10-year flow: DNA cfs _____ MGD.

5 Dilution Ratio: DNA ; _____

6 Stream flow rate at time of sampling DNA cfs _____ MGD.

[illegible]HEMICAL CONSTITUENT Existing Permitted Conditions ___; Existing conditions ___; Proposed Permitted Conditions X .

[illegible]pe of sample: ___ grab (time of collection ___); ___ composite (Number of samples per day ___)

[illegible]ee instructions for analyses required) All data is projected from old plating plant, as new plating plant does not currently exist.

Constituent	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l) Max.	UPSTREAM DOWNSTREAM SAMPLES (mg/l) (mg/l)
Ammonia Nitrogen (asN)	- - -	- - -	- - -
Arsenic (total)	*.0001	*.0001	Does not apply.
Barium	*1	*1	Does not apply.
Boron	*1	*1	Does not apply.
BOD_5	- - -	- - -	- - -
[illegible]	*.1	*.1	Does not apply.
Carbon Chloroform Extract	- - -	- - -	- - -
[illegible]	- - -	- - -	- - -
[illegible]	*1.0	*1.0	Does not apply.
[illegible]	*1.0	*1.0	Does not apply.
[illegible]	2.0	2.0	Does not apply.
[illegible]	15.	1.0	Does not apply.
[illegible]	10.	0.5	Does not apply.
[illegible]	- - -	- - -	- - -

	RAW WASTE (mg/l)	TREATED EFFLUENT [illegible] (mg/l) Max.	UPSTREAM (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Fluoride	- - -	- - -	- - -	- - -
Hardness (as $CaCO_3$)	- - -	- - -	- - -	- - -
Iron (total)	1.0	1.0	Does not apply.	Does not apply.
Lead	0.1	0.1	Does not apply.	Does not apply.
Manganese	0.1	0.1	Does not apply.	Does not apply.
MBAS	- - -	- - -	- - -	- - -
Mercury	*0.0005	*0.0005	Does not apply.	Does not apply.
Nickel	2.5	2.5	Does not apply.	Does not apply.
Nitrates (asN)	- - -	- - -	- - -	- - -
Oil & Grease (hexane solubles or equivalents)	10.	10.	Does not apply.	Does not apply.
Organic Nitrogen (as N)	- - -	- - -	- - -	- - -
pH	2.0 - 11.0	6.0 - 9.0	Does not apply.	Does not apply.
Phenols	- - -	- - -	- - -	- - -
Phosphorous (as P)	- - -	- - -	- - -	- - -
Radioactivity	- - -	- - -	- - -	- - -
Selenium	*.1	*.1	Does not apply.	Does not apply.
Silver	1.0	1.0	Does not apply.	Does not apply.
Sulfate	- - -	- - -	- - -	- - -
Suspended Solids	25.	25.	Does not apply.	Does not apply.
Total Dissolved Solids	- - -	- - -	- - -	- - -
Zinc	*.1	*.1	Does not apply.	Does not apply.
[illegible]	- - -	- - -	- - -	- - -

*Denotes "less than" (below detectable limit of procedure used).

CONTROL EQUIPMENT NEEDED FOR WASTE TREATMENT AT TRICON

The following equipment will be needed for the waste treatment system recommended at Tricon Manufacturing Company:

CYANIDE DESTRUCT PIT:

- Mixer
- ORP Controller
- pH Controller
- Caustic Feed Pump
- Sodium Hypochlorite Feed Pump
- Drum of Sodium Hydroxide
- Drum of Sodium Hypochlorite
- Tygon Tubing or Hoses or Pipe
- Electrical Wire for Controllers

pH ADJUST PIT:

- Mixer
- pH Controller
- Caustic Feed Pump
- Sulfuric Acid Feed Pump
- Carboy of Hydrochloric Acid
- Electrical Wire for pH Controller
- Tygon Tubing or Hose or Pipe

OPTIONAL OR AUXILIARY EQUIPMENT:

- Alarm Signals on each Controller
- Recorder on each Controller
- Control Panel with appropriate Idiot Lights

SUMMARY:

For the two pits, the following will be needed.

- Two Mixers
- Three Controllers (2 pH - 1 ORP) and Wires
  - -Alarms
  - -Recorders
- Four Chemical Feed Pumps (1 Drum Caustic Soda, 1 Drum Sodium Hypochlorite, 1 Carboy Hydrochloric Acid, Tygon Tubing or Hose or Pipe)
- Electrical Control Panel

DESCRIPTION OF EQUIPMENT REQUIRED:

The following information will aid you in selecting the equipment nee

Mixers

The Mixers for both pits should be the same. We recommend 1/2 horsepower mixers with a five foot shaft. The shaft and blades should be stainless steel. The impeller blades can be single or double blades. We have provided 18" clearance between the solut level in the pits and the floor of the plating department. The grating over the pits will either 3 or 4 inch thick, which means there will be 14 or 15 inches free board between the solution an the bottom of the floor grating. The mixer, motor, and whatever other components that must be above the solution must fit in thi space, so that we can mount them in the pit and have a smooth floor surface.

Controllers

The two pH and one ORP Controller will be identical except that they will have different probes. There are a great number of manufacturers of such controllers, the three most common are: Leeds & Northrup, Great Lakes Instruments, Signet, and Analytical Measurement. The Controllers require special wiring to connect them to the pump or relay they will control. Be sure that your electrician uses the proper wire in making the installation.

It's fully optional, but there are two items you may wish to incorporate in or add onto your controllers. One would be a set of alarm bells, so that an alarm will sound when the control parameter is out of range. To clarify what I'm saying; suppose that through neglect you had allowed the drum of Sodium Hypochlo ite to become empty. The controller would be calling for Sodium Hypochlorite to be added, but it wouldn't be available and the controller would soon receive a signal saying that things weren' right. An alarm would sound, and your personnel would then be alerted to check the system. Since your plating department operates on a start and stop basis, this might be a good pre-caution. On the otherhand, of course, if nobody is working in the plating department, it shouldn't be critical what's happenin in the waste treatment system because there would be notwaste. Decide whether you want this acessory.

In the same sense, one can place a recorder on a controller and then look back over a period of time and see whether things were in fact, under control.

Chemical Feed Pumps

For ease of inventory and maintenance, the four Chemical Feed Pumps should be identical. They should be low-flow positive displacement type pumps, usually bellows or piston types. There are many reputable such pumps. Two common manufacturers are: Milton Roy, and Gorman Rupp. The capacity of the pumps should be approximately 5 to 10 gallons per hour, and they should be fully adjustable.

Treatment Chemical Supplies

For ease of handling, it would best if the Caustic Soda, Sodium Hypochlorite, and Sulfuric Acid can be fed from the containers they're purchased in. That is, the Caustic Soda and Sodium Hypochlorite will be fed from 55 gallon drums, the Sulfuric Acid from a 12 gallon Carboy. If floor space just isn't available for these large containers, we can use smaller containers, but this should be avoided because it will entail additional handling of these chemicals. Control panel - It's usually nice to have al of the control switches and some idiot lights on a single panel. Your electrical contractor can put this together.

Respectfully submitted,

SCIENTIFIC CONTROL LABORATORIES, INC.

By_____
S. P. Gary

SPG/lls
2c

DATE RECEIVED

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE J INDUSTRIAL TREATMENT WORKS CONSTRUCTION OR PRETREATMENT WORKS

NAME AND LOCATION:

1.1 Name of project Tricon Industries, Inc. Waste Treatment Plant

1.2 Plant Location

1.2.1 South Half (Quarter Section) 12 (Section) 38 North (Township) 10 East (Range) Du Page (P.M.)

1.2.2 Latitude 41 ° 47 ' 30 " North

Longitude 88 ° 2 ' 30 " West

1.2.3 Name of USGS Quadrangle Map (7.5 or 15 Minutes) 7.5 minute series (topographic)

NARRATIVE DESCRIPTION AND SCHEMATIC WASTE FLOW DIAGRAM (see instructions)

1) Cyanide treatment - rinse waters from EDTA mixture, silver plate & gold plating operations will flow to cyanide destruct pit with automatic chemical feed system to destruct cyanides. From there, waste flows to acid neutralization pit.

2) Acid neutralization - all other waste from plating/finishing department flows through automatic acid neutralization before being discharged sanitary district.

2.1 PRINCIPAL PRODUCTS: Electrochemical components

2.2 PRINCIPAL RAW MATERIALS: Nitric Acid, Sulfuric Acid, Hydrochloric Acid, Sodium Cyanide, Nickel, Copper, Silver & Gold plating solutions.

DESCRIPTION OF TREATMENT FACILITIES:

3.1 Submit a flow diagram through all treatment units showing size, volumes, detention times, organic loadings, surface settling rate, weir overflow rate, and other pertinent design data. Include hydraulic profiles and description of monitoring systems.

3.2 Waste Treatment Works is: Batch ____, Continuous X; No. of Batches/day ____, No. of Shifts/day 1 1/2

3.3 Submit plans and specifications for proposed construction.

3.4 Discharge is: Existing ____; Will begin on 8-15-84.

DIRECT DISCHARGE IS TO: Receiving Stream ____ Municipal Sanitary Sewer X, Municipal storm or municipal combined sewer ____. If receiving stream or storm sewer indicated complete the following:

Name of receiving stream ____; tributary to ____;

tributary to ____; tributary to ____.

Is the treatment works subject to flooding? If so, what is the maximum flood elevation of record (in reference to the treatment [illegible] and what provisions have been made to eliminate the flooding hazard? NO.

[illegible] SCHEDULE Estimated construction schedule:

[illegible] 7-01-84; Date of Completion 8-15-84

[illegible] 9-01-84; Date Operation Begins 9-01-84

[illegible] year Does not apply.

[illegible] information [illegible] Section 1033 Disclosure [illegible]

[illegible] population equivalent (one population equivalent is 100 gallons of wastewater per day, containing 0.17 pounds of BOD_5 and 0.20 pounds of suspended solids.

BOD Does not apply. ; Suspended Solids _____ ; Flow _____.

7.2 Design Average Flow Rate Does not apply. MGD.

7.3 Design Maximum Flow Rate Does not apply. MGD.

7.4 Design Minimum Flow Rate Does not apply. MGD.

7.5 Minimum 7-day, 10-year low flow Does not apply cfs Does not apply MGD.

Minimum 7-day, 10-year flow obtained from Does not apply.

7.6 Dilution Ratio Does not apply.

8. (a) TREATMENT WORKS (if existing):

8.1 Flow (last 12 months)

8.1.1 Average Flow _____ MGD Does not apply.

8.1.2 Maximum Flow _____ MGD Does not apply.

8.2 Equipment used in determing above flows _____.

9. Has a preliminary engineering report for this project been submitted to this Agency for Approval?

YES ___ NO Y. If so, when was it submitted and approved. Date Submitted _____

Certification# _____

Dated _____

10. List Permits previously issued for the facility: _____

11. Describe provisions for operation during contingencies such as power failures, flooding, peak loads, equipment failure, maintenances shut-downs and other emergencies.

All operations will cease in the event of power failures, flooding , equipment failure, or other emergencies.

12. Complete and submit Schedule G if sludge disposal will be required by this facility.

13. WASTE CHARACTERISTICS: Schedule N must be submitted.

14. TREATMENT WORKS OPERATOR CERTIFICATION: List names and certification numbers of certified operators:

Frank Mroczka NA

Frank Essig NA

LOG #
DATE RECEIVED:

PERMIT II
1984-EB-1508

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE J INDUSTRIAL TREATMENT WORKS CONSTRUCTION OR PRETREATMENT WORKS

NAME AND LOCATION:

1.1 Name of project Tricon Industries, Inc. Waste Treatment Plant

1.2 Plant Location

1.2.1 South Half (Quarter Section) 12 (Section) 38 North (Township) 10 East (Range) Du Page (P.M.)

1.2.2 Latitude 41 ° 47 ' 30 " North

Longitude 88 ° 2 ' 30 " West

1.2.3 Name of USGS Quadrangle Map (7.5 or 15 Minutes) 7.5 minute series (topographic)

NARRATIVE DESCRIPTION AND SCHEMATIC WASTE FLOW DIAGRAM: (see instructions)

1) Cyanide treatment - rinse waters from [illegible] mixture, silver plate & gold [illegible] chemical [illegible] to destruct cyanides. From there, waste flows [illegible]

2) Acid neutralization - all other [illegible] department [illegible] sanitary [illegible] discharged

2.1 PRINCIPAL PRO[illegible]

Electrochemical components

2.2 PRINCIPAL RAW MATERIALS: [illegible] Acid, [illegible]furic Acid, Hydro[illegible] Acid, [illegible] Cyanide, Ni[illegible] Copper, Silver & Gold plating solutions.

DESCRIPTION OF TREATMENT FACILITIES:

3.1 Submit a flow diagram through all treatment units showing size, volumes, detention times, organic loadings, surface settling rate, weir overflow rate, and other pertinent design data. Include hydraulic profiles and description of monitoring systems.

3.2 Waste Treatment Works is: Batch ____, Continuous X; No. of Batches/day ____, No. of Shifts/day 1 1/2

3.3 Submit plans and specifications for proposed construction.

3.4 Discharge is: Existing ____; Will begin on 8-15-84.

DIRECT DISCHARGE IS TO: Receiving Stream ____ Municipal Sanitary Sewer X, Municipal storm or municipal combined sewer ____. If receiving stream or storm sewer indicated complete the following:

Name of receiving stream ____; tributary to ____;

tributary to ____; tributary to ____.

Is the treatment works subject to flooding? If so, what is the maximum flood elevation of record (in reference to the treatment works datum) and what provisions have been made to eliminate the flooding hazard? NO.

APPROXIMATE TIME SCHEDULE: Estimated construction schedule:

Start of Construction 7-01-84; Date of Completion 8-15-84

Operation Schedule 9-01-84; Date Operation Begins 9-01-84

100% design load to be reached by year Does not apply.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

532-0018
C 150

090-001

DESIGN DATA

7.1 Design population equivalent (one population equivalent is 100 gallons of wastewater per day, containing 0.17 pounds of BOD_5 and 0.20 pounds of suspended solids;

BOD Does not apply. ; Suspended Solids _____ ; Flow _____.

7.2 Design Average Flow Rate Does not apply. MGD.

7.3 Design Maximum Flow Rate Does not apply. MGD.

7.4 Design Minimum Flow Rate Does not apply. MGD.

7.5 Minimum 7-day, 10-year low flow Does not apply cfs Does not apply MGD.

Minimum 7-day, 10-year flow obtained from Does not apply.

7.6 Dilution Ratio Does not apply.

8. FLOW TO TREATMENT WORKS (if existing):

8.1 Flow (last 12 months)

8.1.1 Average Flow _____ MGD Does not apply.

8.1.2 Maximum Flow _____ MGD Does not apply.

8.2 Equipment used in determing above flows _____.

9. Has a preliminary engineering report for this project been submitted to this Agency for Approval?

YES ___ NO X. If so, when was it submitted and approved. Date Submitted _____

Certification# _____

Dated _____

10. List Permits previously issued for the facility: _____

11. Describe provisions for operation during contingencies such as power failures, flooding, peak loads, equipment failure, maintenances shut-downs and other emergencies.

All operations will cease in the event of power failures, flooding , equipment failure, or other emergencies.

12. Complete and submit Schedule G if sludge disposal will be required by this facility.

13. WASTE CHARACTERISTICS: Schedule N must be submitted.

14. TREATMENT WORKS OPERATOR CERTIFICATION: List names and certification numbers of certified operators:

Frank Mroczka NA

Frank Essig NA

agency is authorized to require this information under Revised Statutes 1976, Chapter 111 1/2, Section 1039. Use of this information is required under that Section. Failure to do so may prevent this form from being processed and result in your application being denied. This form has been approved by the Forms Management Center.

FOR IEPA USE:
LOG #
DATE RECEIVED:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE N WASTE CHARACTERISTICS

Name of Project Tricon Industries, Inc Waste Treatment Plant

FLOW DATA

	EXISTING	PROPOSED-DESIGN
.1 Average Flow (gpd)		
.2 Maximum Daily Flow (gpd)		

.3 TEMPERATURE Does not apply.

Time of year	Ave. Intake Temp. F	Avg. Effluent Temp. F	Max. Intake Temp. F	Max. Effluent Temp. F	Max. Temp. Outside Mixing Zone F
SUMMER					
WINTER					

.4 Minimum 7-day, 10-year flow: DNA cfs _____ MGD.

.5 Dilution Ratio: DNA : _____

.6 Stream flow rate at time of sampling DNA cfs _____ MGD.

CHEMICAL CONSTITUENT Existing Permitted Conditions ___; Existing conditions ___; Proposed Permitted Conditions X.

Type of sample: ___ grab (time of collection ___); ___ composite (Number of samples per day ___)

(see instructions for analyses required) All data is projected from old plating plant, as new plating plant does not currently exist.

Constituent	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l) Max.	UPSTREAM DOWNSTREAM SAMPLES (mg/l) (mg/l)
Ammonia Nitrogen (asN)	- - -	- - -	- - -
Arsenic (total)	*.0001	*.0001	Does not apply.
Barium	*1	*1	Does not apply.
Boron	*1	*1	Does not apply.
BOD_5	- - -	- - -	- - -
Cadmium	*.1	*.1	Does not apply.
Carbon Chloroform Extract	- - -	- - -	- - -
Chloride	- - -	- - -	- - -
Chromium (total hexavalent)	*1.0	*1.0	Does not apply.
Chromium (total trivalent)	*1.0	*1.0	Does not apply.
Copper	2.0	2.0	Does not apply.
Cyanide (total)	15.	1.0	Does not apply.
Cyanide (readily released @150°F & pH 4.5)	10.	0.5	Does not apply.
Dissolved Oxygen	- - -	- - -	- - -

	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l) Max.	UPSTREAM (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Fluoride	- - -	- - -	- - -	- - -
Hardness (as $CaCO_3$)	- - -	- - -	- - -	- - -
Iron (total)	1.0	1.0	Does not apply.	Does not apply.
Lead	0.1	0.1	Does not apply.	Does not apply.
Manganese	0.1	0.1	Does not apply.	Does not apply.
MBAS	- - -	- - -	- - -	- - -
Mercury	*0.0005	*0.0005	Does not apply.	Does not apply.
Nickel	2.5	2.5	Does not apply.	Does not apply.
Nitrates (as N)	- - -	- - -	- - -	- - -
Oil & Grease (hexane solubles or equivalents)	10.	10.	Does not apply.	Does not apply.
Organic Nitrogen (as N)	- - -	- - -	- - -	- - -
pH	2.0 - 11.0	6.0 - 9.0	Does not apply.	Does not apply.
Phenols	- - -	- - -	- - -	- - -
Phosphorous (as P)	- - -	- - -	- - -	- - -
Radioactivity	- - -	- - -	- - -	- - -
Selenium	*.1	*.1	Does not apply.	Does not apply.
Silver	1.0	1.0	Does not apply.	Does not apply.
Sulfate	- - -	- - -	- - -	- - -
Suspended Solids	25.	25.	Does not apply.	Does not apply.
Total Dissolved Solids	- - -	- - -	- - -	- - -
Zinc	*.1	*.1	Does not apply.	Does not apply.
Others	- - -	- - -	- - -	- - -

*Denotes "less than" (below detectable limit of procedure used).

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

LARRY McDANIEL

RECEIVED

OCT 07 1993

IEPA—WMC—SPFLD.

Larry McDaniel 10/4/93 LARRY McDANIEL PLANT SUPT.

November 08, 1998

Donald E. Sutton/mba

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STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

STANDARD CONDITIONS FOR OPERATING PERMITS

July 1, 1985

The Illinois Environmental Protection Act (Illinois Revised Statutes, Chapter 111-1/2, Section 1039) grants the Environmental Protection Agency authority to impose conditions on permits which it issues.

The following conditions are applicable unless superseded by special permit condition(s).

1. The issuance of this permit does not release the permittee from compliance with state and federal regulations which are part of the Illinois State Implementation Plan, as well as with other applicable statutes and regulations of the United States or the State of Illinois or with applicable local laws, ordinances and regulations.

2. The Agency has issued this permit based upon the information submitted by tne permittee in the permit application. Any misinformation, false statement or mispresentation in the application shall be grounds for revocation under 35 Ill. Adm. Code 201.207.

3. a. The permittee shall not authorize, cause, direct or allow any modification, as defined in 35 Ill. Adm. Code 201.102, of equipment, operations or practices which are reflected in the permit application as submitted unless a new application or request for revision of the existing permit is filed with the Agency and unless a new permit or revision of the existing permit(s) is issued for such modification.

   b. This permit only covers emission sources and control equipment while physically present at the indicated plant location(s). Unless the permit specifically provides for equipment relocation, this permit is void for an item of equipment on the day it is removed from the permitted location(s) or if all equipment is removed, notwithstanding the expiration date specified on the permit.

4. The permittee shall allow any duly authorized agent of the Agency, upon the presentation of credentials, at reasonable times:

   a. to enter the permittee's property where actual or potential effluent, emission or noise sources are located or where any activity is to be conducted pursuant to this permit,

   b. to have access to and to copy any records required to be kept under the terms and conditions of this permit,

   c. to inspect, including during any hours of operation of equipment constructed or operated under this permit, such equipment and any equipment required to be kept, used, operated, calibrated and maintained under this permit,

   d. to obtain and remove samples of any discharge or emission of pollutants, and

   e. to enter and utilize any photographic, recording, testing, monitoring or other equipment for the purpose of preserving, testing, monitoring or recording any activity, discharge or emission authorized by this permit.

5. The issuance of this permit:

   a. shall not be considered as in any manner affecting the title of the premises upon which the permitted facilities are located,

   b. does not release the permittee from any liability for damage to person or property caused by or resulting from the construction, maintenance, or operation of the facilities,

Directory
Environmental Protection Agency
Bureau of Air

September 1, 1992

For assistance in preparing a permit application, contact the Permit Section:

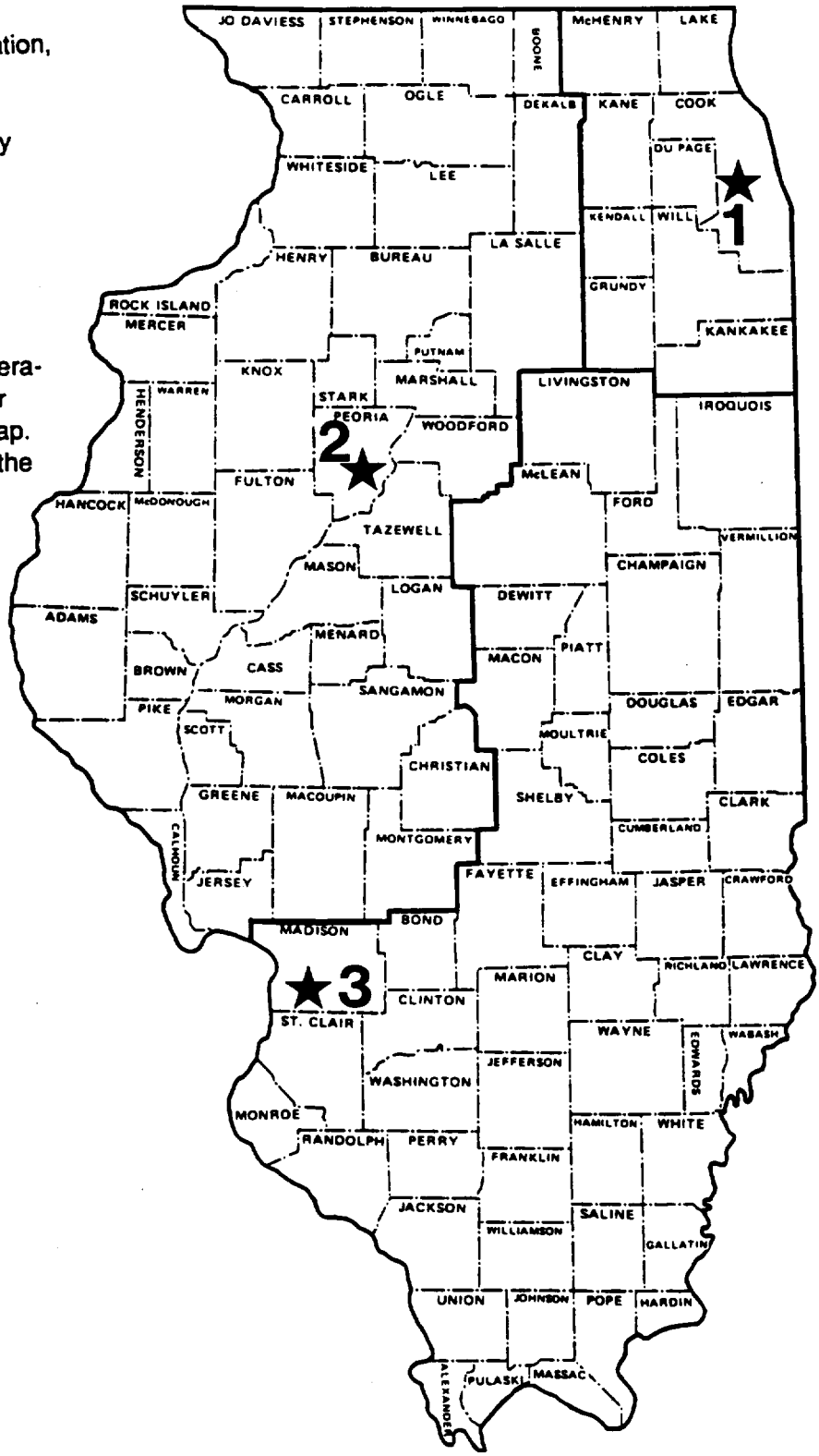
Illinois Environmental Protection Agency
Division of Air Pollution Control
Permit Section
2200 Churchill Road
Springfield, Illinois 62706
217/782-2113

Or contact a regional office of the Field Operations Section. The regional offices and their areas of responsibility are shown on the map. The addresses and telephone numbers of the regional offices are as follows:

Illinois EPA
Region 1
Intercontinental Center
1701 South 1st Avenue
Maywood, Illinois 60153
708/531-5900

Illinois EPA
Region 2
5415 North University
Peoria, Illinois 61614
309/693-5461

Illinois EPA
Region 3
2009 Mall Street
Collinsville, Illinois 62234
618/346-5120



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State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director
217/782-2113

2200 Churchill Road, Springfield, IL 62794-9276

December 12, 1994

Tricon Industries, Inc.
Attn: Larry McDaniel, Plt. Supt.
2325 Wisconsin Avenue
Downers Grove, Illinois 60515-4076

Application No.: 87040046
I.D. No.: 043030ADR
Operation of: Open Top Vapor Degreaser
Letter Dated: October 12, 1994

The Agency hereby acknowledges the receipt of your above-referenced letter and confirms the withdrawal of your Operating Permit in accordance with your request.

If you have any questions concerning this matter, please contact Betty Ascher at 217/782-2113.

Donald E. Sutton/mer

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:BEA:jar/0579Q,35

cc: Region 1

TRICON INDUSTRIES INCORPORATED
ELECTROMECHANICAL DIVISION

2325 Wisconsin Avenue, Downers Grove, Illinois 60515-4076 708/964-2330 FAX 708/964-5179

10/12/94

Tricon Industries
2325 Wisconsin Ave.
Downers Grove, IL 60515
IEPA I.D. #043030 ADR

Illinois Environmental Protection Agency
Division of Air Pollution Control
Permit Section
2200 Churchill Road
Springfield, IL 62794-9276

To Whom It May Concern:

Please withdraw Permit #87040046 for Phillips Degreaser (Perchloroethylene) and Tally Degreaser (TMS Freon Solvent). These units are no longer in service.

Yours truly,

Larry McDaniel

Larry McDaniel
Plant Superintendent

APPLICATION MAILED 4/29/93

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: TRICON INDUSTRIES	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): ELECTROMECHANICAL
3. STREET ADDRESS OF EMISSION SOURCE: 2325 WISCONSIN AVE.	4. CITY OF EMISSION SOURCE: DOWNERS GROVE

GENERAL INFORMATION

5. NAME OF PROCESS: PLASTIC MOLDING	6. NAME OF EMISSION SOURCE EQUIPMENT: INJECTION MOLDER (40)	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: VARIOUS	8. MODEL NUMBER: —	9. SERIAL NUMBER: —
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: PLASTIC INJECTION MOLDER		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 24 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 24 HRS/DAY 6 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.

AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.

MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION		
NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a.	b. LB/HR	c. LB/H
21a.	b. LB/HR	c. LB/H
22a.	b. LB/HR	c. LB/H
23a.	b. LB/HR	c. LB/H
24a.	b. LB/HR	c. LB/H

PRODUCT INFORMATION		
NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a.	b. LB/HR	c. LB/H
31a.	b. LB/HR	c. LB/H
32a.	b. LB/HR	c. LB/H
33a.	b. LB/HR	c. LB/H
34a.	b. LB/HR	c. LB/H

WASTE MATERIAL INFORMATION		
NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a.	b. LB/HR	c. LB/H
41a.	b. LB/HR	c. LB/H
42a.	b. LB/HR	c. LB/H
43a.	b. LB/HR	c. LB/H
44a.	b. LB/HR	c. LB/H

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50a. NATURAL GAS ☐	b.	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GA
COAL ☐		BTU/LB
OTHER ☐		BTU/LB
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION
51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 40 PLASTIC INJECTION MOLDER

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. <1.0 PPM (VOL) Mold Release	b. LB/HR	c. ENGINEERING ESTIMATE
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. Mold Release 1.0 PPM (VOL)	b. LB/HR	c. ENGINEERING ESTIMATE
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION	
64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: INJECTION MOLDING MACHINE (SEE ATTACHMENT B)	
65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): LOCAL EXHAUSTS (SEE ATTACHMENT B)	
66. EXIT HEIGHT ABOVE GRADE: 22'	67. EXIT DIAMETER:
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 36' FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	**MAXIMUM OPERATION**
70. EXIT GAS TEMPERATURE: 70° °F	72. EXIT GAS TEMPERATURE: 78° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 200 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 400 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62794-9276

APPLICATION FOR PERMIT (A)	FOR AGENCY USE ONLY
☐ CONSTRUCT ☒ OPERATE	I.D. NO.
	PERMIT NO.
NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: 40 INJECTION MOLDERS (B)	DATE

1a. NAME OF OWNER: TRICON INDUSTRIES		2a. NAME OF OPERATOR: TRICON INDUSTRIES	
1b. STREET ADDRESS OF OWNER: 1600 EISENHOWER LANE		2b. STREET ADDRESS OF OPERATOR: 2325 WISCONSIN AVE	
1c. CITY OF OWNER: LISLE		2c. CITY OF OPERATOR: DOWNERS GROVE	
1d. STATE OF OWNER: IL	1e. ZIP CODE: 60532	2d. STATE OF OPERATOR: IL.	2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: ELECTROMECHANICAL DIVISION		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 WISCONSIN AVENUE		
3c. CTIY OF EMISSION SOURCE: DOWNERS GROVE	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: DUPAGE	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) LARRY MCDANIEL	5. TELEPHONE NUMBER FOR AGENCY TO CALL: 708-964-2220
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☐ OWNER ☒ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) MOLDER

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATIO

AUTHORIZED SIGNATURE(S): (D)

BY Larry McDaniel	4/28/95	BY	
SIGNATURE	DATE	SIGNATURE	DATE
LARRY MCDANIEL			
TYPED OR PRINTED NAME OF SIGNER		TYPED OR PRINTED NAME OF SIGNER	
PLANT SUPERINTENDENT			
TITLE OF SIGNER		TITLE OF SIGNER	

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORI MAY BE USED TO REQUEST A CONSTRUCTION PERMIT, AN OPERATING PERMIT, A CONSTRUCTION OR OPERATING PERMIT.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NC EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPF MENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR T AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE ONWER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOL TION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CON- STRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

[X] YES [ ] NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

[ ] YES [X] NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

[X] YES [ ] NO

11a. WAS ANY EQUIPMENT, COVERED THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

[ ] YES [X] NO

IF "YES" ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 4, 1972

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOTPREVIOUSLY RECEIVED AN OPERATING PERMIT:

[ ] YES [ ] NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION—INCORPORATION BY REFERENCE" BEEN COMPLETED.

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE.

[ ] YES [ ] NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPREATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURC

[ ] YES [ ] NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

[ ] YES [X] NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

[ ] YES [ ] NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

[ ] YES [X] NO

17. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS OF EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

ATTACHMENT "A" PLOT PLAN/MAP.
ATTACHMENT "B" PROCESS FLOW DIAGRAM
ATTACHMENT "C" MSDS Mold Release

TOTAL NUMBER OF PAGES 5

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: [illegible] INDUSTRIES	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): ELECTROMECHANICAL
3. STREET ADDRESS OF EMISSION SOURCE: 2222 [illegible] AVE.	4. CITY OF EMISSION SOURCE: DOWNERS GROVE, IL.

GENERAL INFORMATION

5. NAME OF PROCESS: GRANULATOR	6. NAME OF EMISSION SOURCE EQUIPMENT: PLASTIC GRANULATORS (2)	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: BALL & JEWEL	8. MODEL NUMBER: CG-812-SCSX	9. SERIAL NUMBER: N/A
10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: GRINDER		
11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):		
12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 6 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 10 HRS/DAY 5 DAYS/WK 52 WKS/YR	
14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %		

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.

AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.

MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION		
NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a. PLASTIC STEMS (RUNNERS)	b. 100 LB/HR	c. 125 LB/HR
21a.	b. LB/HR	c. LB/HR
22a.	b. LB/HR	c. LB/HR
23a.	b. LB/HR	c. LB/HR
24a.	b. LB/HR	c. LB/HR

PRODUCT INFORMATION		
NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a.	b. LB/HR	c. LB/HR
31a.	b. LB/HR	c. LB/HR
32a.	b. LB/HR	c. LB/HR
33a.	b. LB/HR	c. LB/HR
34a.	b. LB/HR	c. LB/HR

WASTE MATERIAL INFORMATION		
NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a.	b. LB/HR	c. LB/HR
41a.	b. LB/HR	c. LB/HR
42a.	b. LB/HR	c. LB/HR
43a.	b. LB/HR	c. LB/HR
44a.	b. LB/HR	c. LB/HR

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50b. NATURAL GAS ☐	b. ———	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GAL
COAL ☐		BTU/LB
OTHER ☐		BTU/LB
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 2 · GRANULATORS

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. PLASTIC GR/SCF	b. .125 LB/HR	c. RAW MATERIAL MINUS WASTE
CARBON MONOXIDE	53a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. PLACTIC GR/SCF	b. .250 LB/HR	c. RAW MATERIAL MINUS WASTE
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: SEE ATTACHED

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): SEE ATTACHED

66. EXIT HEIGHT ABOVE GRADE: 20'	67. EXIT DIAMETER: 6"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 30' FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	MAXIMUM OPERATION
70. EXIT GAS TEMPERATURE: 70° °F	72. EXIT GAS TEMPERATURE: 78° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 200 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 400 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62794-9276

APPLICATION FOR PERMIT (A)	FOR AGENCY USE ONLY
☐ CONSTRUCT ☒ OPERATE	I.D. NO.
	PERMIT NO.
NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: 2 GRANULATORS (B)	DATE

1a. NAME OF OWNER: TRICON INDUSTRIES		2a. NAME OF OPERATOR: TRICON INDUSTRIES	
1b. STREET ADDRESS OF OWNER: 1600 EISENHOWER LANE		2b. STREET ADDRESS OF OPERATOR: 2325 WISCONSIN AVE	
1c. CITY OF OWNER: LISLE		2c. CITY OF OPERATOR: DOWNERS GROVE	
1d. STATE OF OWNER: IL	1e. ZIP CODE: 60532	2d. STATE OF OPERATOR: IL.	2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: ELECTROMECHANICAL DIVISION		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 WISCONSIN AVENUE		
3c. CTIY OF EMISSION SOURCE: DOWNERS GROVE	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: DUPAGE	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) LARRY MCDANIEL	5. TELEPHONE NUMBER FOR AGENCY TO CALL: 708-964-2330
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☐ OWNER ☒ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) GRANULATOR

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION

AUTHORIZED SIGNATURE(S): (D)

BY [signature]	6/23/95	BY	
SIGNATURE	DATE	SIGNATURE	DATE
LARRY MCDANIEL			
TYPED OR PRINTED NAME OF SIGNER		TYPED OR PRINTED NAME OF SIGNER	
PLANT SUPERINTENDENT			
TITLE OF SIGNER		TITLE OF SIGNER	

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY BE USED TO REQUEST A CONSTRUCTION PERMIT, AN OPERATING PERMIT, A CONSTRUCTION OR OPERATING PERMIT.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

[X] YES [ ] NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

[ ] YES [X] NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

[X] YES [ ] NO

11a. WAS ANY EQUIPMENT, COVERED THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

[ ] YES [X] NO

IF "YES" ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 4, 1972

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOTPREVIOUSLY RECEIVED AN OPERATING PERMIT:

[ ] YES [X] NO.

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION—INCORPORATION BY REFERENCE" BEEN COMPLETED.

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE.

[ ] YES [ ] NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPREATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

[ ] YES [X] NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURC

[ ] YES [ ] NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

[ ] YES [X] NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

[ ] YES [ ] NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

[ ] YES [X] NO

17. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS OF EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

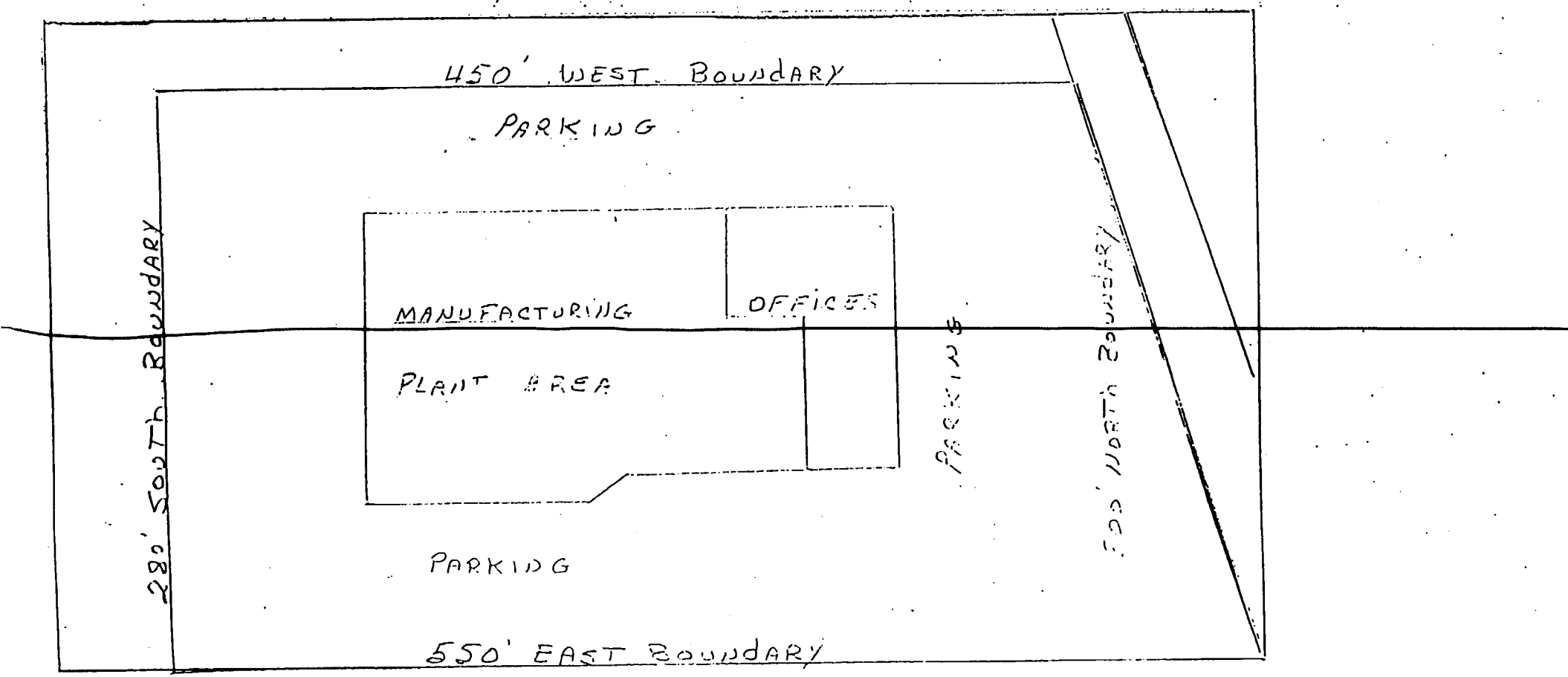
ATTACHMENT "B" PROCESS FLOW DIAGRAM

ATTACHMENT "A" PLOT PLAN/MAP

TOTAL NUMBER OF PAGES _____

PLOT PLAN - MAP TRIGON INDUSTRIES

ATTACHMENT 'A'

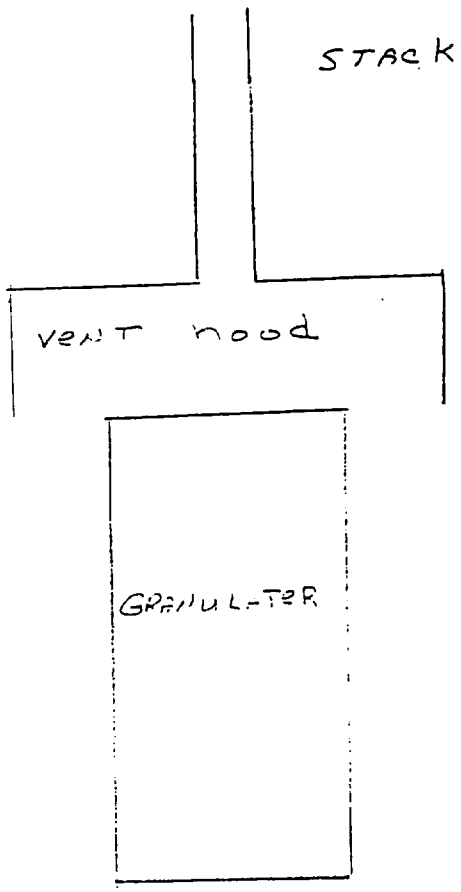


EXHAUST APPROXIMATELY:

300' FROM NEAREST RESIDENCE

150' FROM NEAREST MANUFACTURING FACILITY

ATTACHMENT 'B'



PROCESS FLOW DIAGRAM

TRICON INDUSTRIES

ATTACHMENT D

Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries
Attn: Larry McDaniel
2325 Wisconsin Avenue
Downers Grove, IL 60515

Application No.: 93050021
I.D. No.: 043030ADR
Applicant's Designation: MOLDER
Date Received: May 3, 1993
Subject: Granulators & Molders
Date Issued: May 28, 1993
Expiration Date: May 28, 1998
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of 2 granulators and 40 injection molders as described in the above-referenced application. This Permit is subject to standard conditions attached hereto and the following special condition(s):

1. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Operating Hours (Hour/Year)	Particulate Matter Emissions (Lb/Hour)	(Ton/Yr)
Granulator	2600	0.58	0.75
Granulator	2600	0.58	0.75

These limits are based on the information provided in the permit application. Compliance with annual limits shall be determined from a running total of 12 months of data.

2. Emissions and operation of equipment shall not exceed the following limits:

Item of Equipment	Operating Hours (Hour/Year)	Volatile Organic Material Emissions (Lb/Hour)	(Ton/Yr)
40 Injection Molders	7488	0.68	2.55

These limits are based on the information provided in the permit application. Compliance with annual limits shall be determined from a running total of 12 months of data.

If you have any questions on this, please call David Hulskotter at 217/782-2113.

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:DWH:imm/221P/58-59

cc: Region 1

Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries
Attn: Sue Grandle
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Application No.: 84070021
I.D. No.: 043030ADR
Applicant's Designation: DEGREASER
Date Received: February 14, 1990
Subject: OPEN TOP VAPOR DEGREASER
Date Issued: March 13, 1990
Expiration Date: March 9, 1995
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of an open top vapor degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto.

Terry A. Sweitzer, P.E.
Manager, Permit Section
Division of Air Pollution Control

TAS:MSH:sf/966n,3

cc: Region 1

Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries, Inc.
Electromechanical Division
2325 Wisconsin Avenue
Downers Grove, Illinois 60515

Attention: Frank Essig

Application No.: 84070021 I.D. No.: 043030ADR
Applicant's Designation: PLATING 1 Date Received: July 11, 1984
Subject: Plating & Cleaning
Date Issued: September 18, 1984 Expiration Date: July 11, 1989
Location: 2325 Wisconsin Avenue, Downers Grove

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of one plating line as described in the above-referenced application. This Permit is subject to standard conditions attached hereto and the following special condition(s):

1. This permit is issued based upon replacement of one plating line with a similar plating line without any increase in emissions above those previously allowed.

2. The issuance of this permit does not relieve the permittee of the responsibility of complying with the provisions of the State of Illinois Rules and Regulations, 35 Ill. Adm. Code Subtitle C, Water Pollution Control, Chapter I. In that the permittee operates a wastewater pretreatment system and discharges to a public sewer, a State operating permit must be applied for and received from the Division of Water Pollution Control and remain effective during the duration of facility operations.

Enclosed are copies of the permit application forms to be completed and submitted to the Division of Water Pollution Control, Permit Section at the address indicated above. Should you have any questions regarding this requirement, contact Gerry Siekerka at 217/782-0610.

Bharat Mathur, P.E.
Manager, Permit Section
Division of Air Pollution Control

BM:CRM:bjh/1718D/11

cc: Region 1
Tom McSwiggin, WPC

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

APPLICATION FOR A PERMIT (A)

☐ CONSTRUCT ☒ OPERATE

NAME OF EQUIPMENT TO BE CONSTRUCTED OR OPERATED: Plating & Cleaning (B)

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

1. NAME OF OWNER: Tricon Industries, Inc.		2a. NAME OF OPERATOR: Tricon Industries, Inc.	
1. STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue		2b. STREET ADDRESS OF OPERATOR: 2325 Wisconsin Avenue	
1. CITY OF OWNER: Downers Grove		2c. CITY OF OPERATOR: Downers Grove,	
1. STATE OF OWNER: IL	1e. ZIP CODE: 60515	2d. STATE OF OPERATOR: IL	2e. ZIP CODE: 60515

3a. NAME OF CORPORATE DIVISION OR PLANT: Electromechanical Division		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue		
3c. CITY OF EMISSION SOURCE: Downers Grove	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP: Downers Grove	3f. COUNTY: DuPage	3g. ZIP CODE: 60515

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) Frank Essig	5. TELEPHONE NUMBER FOR AGENCY TO CALL: (312)964-2330
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☐ OWNER: ☐ OPERATOR ☒ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) Plating 1

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (D)

BY Ralph W. Grandle _____ BY _____

SIGNATURE DATE SIGNATURE DATE

Ralph Grandle

TYPED OR PRINTED NAME OF SIGNER TYPED OR PRINTED NAME OF SIGNER

Executive Vice President

TITLE OF SIGNER TITLE OF SIGNER

(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY ONLY BE USED TO REQUEST ONE TYPE OF PERMIT - CONSTRUCTION OR OPERATION - AND NOT BOTH.

(B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

(C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, PART 1, RULE 103(a)(4) OR 103(b)(5) WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

☒ YES ☐ NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

☐ YES ☒ NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

☒ YES ☐ NO

11a. WAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 14, 1972.

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOT PREVIOUSLY RECEIVED AN OPERATING PERMIT:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION--INCORPORATION BY REFERENCE" BEEN COMPLETED.

☐ YES ☐ NO

APPLICATION FOR OPERATING PERMIT ONL

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

☐ YES ☒ NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

☐ YES ☒ NO

17. WAS THIS OPERATION THE SUBJECT OF A VARIANCE PETITION FILED WITH THE ILLINOIS POLLUTION CONTROL BOARD ON OR BEFORE JUNE 13, 1972:

☐ YES ☒ NO

IF "YES," CITE: PCB NUMBER(S) _____, DATE OF BOARD ORDER _____

WAS CONSTRUCTION OR MODIFICATION OF EQUIPMENT, SUFFICIENT TO ACHIEVE COMPLIANCE WITH THE "RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION" EFFECTIVE PRIOR TO APRIL 14, 1972, COMMENCED PRIOR TO APRIL 14, 1972:

☐ YES ☐ NO

IF "YES," EXPLAIN IN DETAIL, AND IDENTIFY EXPLANATION AS EXHIBIT D.

18. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS ON EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

Exhibit A
Exhibit B
Plot Plan/Map
Process Flow Diagram

TOTAL NUMBER OF PAGES 6

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION

PROCESS EMISSION SOURCE

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: Tricon Industries, Inc	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.
3. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	4. CITY OF EMISSION SOURCE: Downers Grove

GENERAL INFORMATION

5. NAME OF PROCESS: Plating/Cleaning	6. NAME OF EMISSION SOURCE EQUIPMENT: Plating/Cleaning	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: N/A	8. MODEL NUMBER:	9. SERIAL NUMBER:

10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: Plating/Cleaning Tanks

11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):

12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 5 HRS/DAY 1 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 8 HRS/DAY 5 DAYS/WK 52 WKS/YR

14. PERCENT OF ANNUAL THROUGHPUT: DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:
AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.
AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.
AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:
MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.
MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.
MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION			
	NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a.	Nickel Plating Tank	b. 21.2 LB/HR	c. 21.2 LB/
21a.	Sulfuric Acid	b. .138 LB/HR	c. .138 LB/
22a.	Nitric Acid	b. .055 LB/HR	c. .055 LB/
23a.	Cyanide	b. .02 LB/HR	c. .02 LB/
24a.	Aydrocloric Acid	b. .0011 LB/HR	c. .0011 LB/

PRODUCT INFORMATION			
	NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a.	Nickel Plating	b. 2.11 LB/HR	c. 2.64 LB/
31a.	Sulfuric Acid	b. N/A LB/HR	c. N/A LB/
32a.	Nitric Acid	b. N/A LB/HR	c. N/A LB/
33a.	Cyanide	b. N/A LB/HR	c. N/A LB/
34a.	Hydrocloric Acid	b. N/A LB/HR	c. N/A LB

WASTE MATERIAL INFORMATION			
	NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a.	Nickel Plating Solution	b. 9.13 LB/HR	c. 9.13 L
41a.	Sulfuric Acid	b. .138 LB/HR	c. .138 L
42a.	Nitric Acid	b. .055 LB/HR	c. .055 L
43a.	Cyanide	b. .02 LB/HR	c. .02 L
44a.	Hydrocloric Acid	b. .0011 LB/HR	c. .0011 L

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50a. NATURAL GAS ☐	b.	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/
OIL ☐		BTU/
COAL ☐		BTU/
OTHER ☐		BTU/
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED):
5 Exhaust vents for Plating/Cleaning

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. N/A GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. N/A PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. Mg/M^3 .035 PPM (VOL) Nitric Acid	b. LB/HR	c. Midget impingers
ORGANIC MATERIAL	55a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	56a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. .01 Mg/M^3 PPM (VOL) Sulfuric Acid	b. LB/HR	c. Midget impingers

**Other Cyanides .019 Mg/M^3

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. N/A GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. .045 Mg/M^3 PPM (VOL)	b. LB/HR	c. Midget Impingers
ORGANIC MATERIAL	61a. PPM (VOL)	b. LB/HR	c.
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	63a. .01 Mg/M^3 PPM (VOL) Sulfuric Acid	b. LB/HR	c. Midget Impingers

**Other Cyanides .02 Mg/M^3

*THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT:
See attached

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.):
See attached

66. EXIT HEIGHT ABOVE GRADE: 16 feet	67. EXIT DIAMETER: 14-18"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 16 FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 130 FT
AVERAGE OPERATION	MAXIMUM OPERATION
70. EXIT GAS TEMPERATURE: 65° °F	72. EXIT GAS TEMPERATURE: 72° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 2500 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 4500 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

Exhibit A

Equipment List

- Plating Tank
- Exhaust Fans
- Duct Work
- Cleaning Tanks

Equipment was in compliance with rules and regulations governing the control of air pollution prior to April 14, 1972.

Exhibit B

Equipment List

Plating Tank - Replaces Existing Equipment

Exhaust Fans - Replaces Existing Equipment

Duct Work/Vents - Replaces Existing Equipment

Cleaning Tanks - Replaces Existing Equipment

Construction Start: 7/1/84

Equipment Start Up: 8/15/84

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL PERMIT

PERMIT NO.: 1984-EB-1508 DATE ISSUED: December 13, 1984

FINAL PLANS, SPECIFICATIONS, APPLICATION AND SUPPORTING DOCUMENTS LOG NUMBERS: 1508-84
PREPARED BY: Scientific Control Laboratories, Inc.

SUBJECT: TRICON INDUSTRIES, INC. - Pretreatment System for Electroplating Rinsewaters (Downers Grove Sanitary District)

PERMITTEE TO CONSTRUCT, OWN AND OPERATE
Tricon Industries, Inc.
2325 Wisconsin
Downers Grove, Illinois 60515

Permit is hereby granted to the above designated permittee(s) to construct and/or operate water pollution control facilities described as follows:

Cyanide treatment consisting of a 493 gallon capacity concrete pit and controls for treating a design maximum flow of 90 gal. per hour of cyanide bearing rinse waters, pH adjustment consisting of a 441 gal. capacity concrete pit and controls for treating a design maximum flow of 450 gal. per hour of non-cyanide and treated cyanide bearing electroplating rinse waters, a 132 gal. neoprene lined steel inspection tank, construction only of a 1,897 gal. concrete pit for heavy metals settling and all necessary appurtenances with discharge of a maximum 4800 gal. per day (0 BOD PE) to the Downers Grove Sanitary District sewer system and wastewater treatment plant.

This Operating Permit expires on December 1, 1989.

This Permit is issued subject to the following Special Condition(s). If such Special Condition(s) require(s) additional or revised facilities, satisfactory engineering plan documents must be submitted to this Agency for review and approval for issuance of a Supplemental Permit.

SPECIAL CONDITION 1: This permit does not authorize operation of the heavy metals settling stage of the treatment system. Should sampling show that treatment for heavy metals removal is needed then a supplemental operating permit shall be applied for and a written permit issued by IEPA prior to operation.

Continued on Page 2

THE STANDARD CONDITIONS OF ISSUANCE INDICATED ON THE REVERSE SIDE MUST BE COMPLIED WITH IN FULL. READ ALL CONDITIONS CAREFULLY.

TGM:GS:mgg2590d/1-2
cc: EPA - Region 2
Scientific Control Laboratories, Inc.
Downers Grove S.D.
Industrial Unit
Records Unit

DIVISION OF WATER POLLUTION CONTROL

Thomas G. McSwiggin, P.E.
Manager, Permit Section

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL PERMIT

PERMIT NO.: 1984-EB-1508 DATE ISSUED: December 13, 1984

FINAL PLANS, SPECIFICATIONS, APPLICATION AND SUPPORTING DOCUMENTS LOG NUMBERS: 1508-84
PREPARED BY: Scientific Control Laboratories, Inc.

SUBJECT: TRICON INDUSTRIES, INC. - Pretreatment System for Electroplating Rinsewaters (Downers Grove Sanitary District)

SPECIAL CONDITION 2: The operation of the pretreatment facilities must be under the direct and active field supervision of a certified industrial treatment plant operator in accordance with the State of Illinois Rules and Regulations, Title 35, Subtitle C, Chapter 1, Part 312.

SPECIAL CONDITION 3: The issuance of this permit does not relieve the permittee of the responsibility of complying with any limitations and provisions imposed by the Downers Grove Sanitary District.

SPECIAL CONDITION 4: All sludges and plating solutions generated on site shall be disposed of at a site and in a manner acceptable to the Agency.

SPECIAL CONDITION 5: The issuance of this permit does not relieve the permittee of the responsibility of complying with 35 Ill. Adm. Code, Part 307 and/or the General Pretreatment Regulations (40 CFR 403) and any guidelines developed pursuant to Section 301, 306, or 307 of the Federal Clean Water Act of 1977. The guidelines developed for the Metal Finishing Point Source Category (40 CFR 413 Subpart A & 433.15) limits the Pollutants from facilities discharging less than 10,000 gpd as follows:

Compliance Date: June 30, 1984

Pollutant	1-Day Max (mg/l)(2)	4-Day Avg (mg/l)(2)
Cyanide (amenable)	5.0	2.7
Lead	0.6	0.4
Cadmium	1.2	0.7
TTO(1)	4.57	-

Compliance Date: February 15, 1986

	1-Day Max (mg/l)(2)	Monthly Avg (mg/l)(2)
Cyanide (total)	1.2	0.65
Copper	3.38	2.07
Nickel	3.98	2.38
Chromium (total)	2.77	1.71
Zinc	2.61	1.48
Lead	0.69	0.43
Cadmium	0.69	0.26
Silver	0.43	0.24
TTO(1)	2.13	-

Continued on Page 3

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL PERMIT

PERMIT NO.: 1984-EB-1508 DATE ISSUED: December 13, 1984

FINAL PLANS, SPECIFICATIONS, APPLICATION AND SUPPORTING DOCUMENTS LOG NUMBERS: 1508-84
PREPARED BY: Scientific Control Laboratories, Inc.

SUBJECT: TRICON INDUSTRIES, INC. - Pretreatment System for Electroplating Rinsewaters (Downers Grove Sanitary District)

(1)TTO is the total toxic organics, which is the summation of all quantifiable values greater than 0.01 mg/l for the specified toxic organics in the regulation.

(2)These numbers do not reflect a reduction in the numerical limitations due to the contributing flow of sanitary wastes, non-contact cooling water, and other dilutional wastewaters not regulated by the limitations. If removal credits are given as per 40 CFR 403.7, the parameters may be modified accordingly.

Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-2113

OPERATING PERMIT

PERMITTEE

Tricon Industries
Attn: Sue Grandle
2325 Wisconsin Ave.
Downers Grove, IL 60515

Application No.: 84070020
Applicant's Designation: DEGREASER
Subject: Open Top Vapor Degreaser
Date Issued: March 21, 1990
Location: 2325 Wisconsin Ave., Downers Grove

I.D. No.: 043030ADR
Date Received: February 14, 1990
Expiration Date: March 9, 1995

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of an open top vapor degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto.

It should be noted that this permit is being revised to correct the typographical error of Application number 84070021 to 84070020.

Terry A. Sweitzer, P.E.
Manager, Permit Section
Division of Air Pollution Control

TAS:MSH:mab/97L/sp/21

cc: Region 1

Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

217/782-2113

OPERATING PERMIT

PERMITTEE

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

Attention: Frank Essig

Application No.: 84070020 I.D. No.: 043030ADR
Applicant's Designation: DEGREASER1 Date Received: July 11, 1984
Subject: Open Top Vapor Degreaser
Date Issued: August 8, 1984 Expiration Date: July 11, 1989
Location: 2325 Wisconsin Avenue, Downers Grove, Illinois

Permit is hereby granted to the above-designated Permittee to OPERATE emission source(s) and/or air pollution control equipment consisting of one degreaser as described in the above-referenced application. This Permit is subject to standard conditions attached hereto.

Bharat Mathur, P.E.
Manager, Permit Section
Division of Air Pollution Control

BM:CRM:sd/1615d/4

cc: Region 1

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

STANDARD CONDITIONS FOR OPERATING PERMITS

1. The issuance of an operating permit by the Agency does not release the permittee from compliance with other applicable statutes of the State of Illinois or wit applicable local laws, regulations or ordinances.

2. The Agency has granted this permit based upon the information submitted by the permittee in the permit application. Any misinformation, false statement c misrepresentation in the permittee's application shall be grounds for revocation under Rule 103(f), Chapter 2, Part 1 of the Illinois Pollution Control Board Rule and Regulations.

3. The permittee shall not authorize, cause, direct or allow any modification, as defined in Rule 101, Chapter 2, Part 1 of the Illinois Pollution Control Board Rule and Regulations, of equipment, operations or practices which are reflected in the permit application as submitted unless a new application or request for rev sion of existing application is filed with the Agency at least ninety (90) days prior to the time of such modification and unless a new permit or revision of exis ing permit is granted for such modification.

4. At any time during normal working and/or operating hours, any agent of the Environmental Protection Agency shall have the right and authority to inspect t equipment and operations described by the permit application. Permittee agrees to allow such inspections. This authority:

   (a) shall not in any manner affect the title to the premises upon which such equipment is located,

   (b) does not release the permittee from any liability for any loss due to damage to person or property caused by, resulting from, or arising out of, the desig installation, maintenance, or operation of such equipment, and

   (c) in no manner implies or suggests that the Environmental Protection Agency (or its officers, agents or employees) assumes any liability, directly indirectly, for any loss due to damage, installation, maintenance, or operation of such equipment.

5. The equipment covered by this permit shall be operated in such a manner that the disposal of air contaminants collected by the equipment shall not caus violation of the Environmental Protection Act or Regulations promulgated thereunder.

6. The permittee shall maintain the equipment in such a manner that the performance of such equipment shall not cause a violation of the Environmental Prot tion Act or Regulations promulgated thereunder.

7. The permittee shall maintain a maintenance record on the premises for each item of air pollution control equipment. This record shall be available to any ag of the Environmental Protection Agency at any time during normal working and/or operating hours. This record shall show, as a minimum, the:

   (a) date of performance of, and nature of, preventative maintenance, and

   (b) date of any malfunction or breakdown and the nature of repairs to, or corrective measures performed to maintaining the performance of the equipm

8. The permittee shall submit annually, beginning one year from the date of this operating permit, an "Annual Emission Report," form APC-208, as requirec Rule 107 of the PCB Regs., Chapter 2, Part 1. (Note: If the permittee has other operating permits for this facility, he may submit the "Annual Emission Rep for all such permits in a single annual submission.)

9. If the permit application contains a "Compliance Program and Project Completion Schedule," form APC-202, the permittee shall submit a "Project C pletion Report" form APC-271, within thirty (30) days of any date specified in the "Compliance Program and Project Completion Schedule" or at six m intervals, whichever is more frequent.

10. If the permit contains permission to operate in excess of applicable emission standards during startup, the permittee shall keep a record of each sta including information as to the length of time that such operation exceeded applicable standards and limitations, and a detailed explanation of why such sta was necessary.

11. If the permit contains permission to operate in excess of applicable emission standards during malfunctions or breakdowns, the permittee immediately notify the Agency's regional Field Operations Section office by telegram upon occurrence of malfunction or breakdown, and comply with all d tives of the regional office with respect to the incident. (See map on reverse side.)

    The permittee shall maintain records of such malfunctions or breakdowns. These records shall include: a full and detailed explanation of why such break occurred; the length of time during which operation continued under conditions and malfunction or breakdown; the measures the permittee used to reduc length of time of such operation; and the steps the permittee will take to prevent future similar malfunctions or breakdowns. This record shall be availal any agent of the Environmental Protection Agency at any time during normal working and/or operating hours.

    The permittee shall not continue operation during malfunction or breakdown beyond such time as is necessary to prevent injury to persons or severe dam equipment or to provide essential services.

OUR COPY

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information un Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1 Disclosure of this information is required under the: Sec Failure to do so may prevent this form from being proc and could result in your application being denied. This f has been approved by the Forms Management Center.

APPLICATION FOR A PERMIT (A)

☐ CONSTRUCT ☒ OPERATE

E OF EQUIPMENT TO BE CTFUCTED OR OPERATED: Open top vapor degreaser (B)

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

NAME OF OWNER: Tricon Industries, Inc		2a. NAME OF OPERATOR: Tricon Industries, Inc	
STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue		2b. STREET ADDRESS OF OPERATOR: 2325 Wisconsin Avenue	
CITY OF OWNER: Downers Grove,		2c. CITY OF OPERATOR: Downers Grove,	
STATE OF OWNER: Illinois	1e. ZIP CODE: 60515	2d. STATE OF OPERATOR: Illinois	2e. ZIP CODE: 60515

NAME OF CORPORATE DIVISION OR PLANT: Tricon Industries, Plant 1		3b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue		
CITY OF EMISSION SOURCE: Downers Grove	3d. LOCATED WITHIN CITY LIMITS: ☒ YES ☐ NO	3e. TOWNSHIP:	3f. COUNTY: Du Page	3g. ZIP CODE: 60515

ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL) Frank Essig	5. TELEPHONE NUMBER FOR AGENCY TO CALL: (312) 964-2330
ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) ☒ OWNER: ☐ OPERATOR ☐ EMISSION SOURCE	7. YOUR DESIGNATION FOR THIS APPLICATION: (C) Degreaser 1

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (D)

BY Ralph W. Grandle _____ SIGNATURE _____ DATE

Ralph W. Grandle
TYPED OR PRINTED NAME OF SIGNER

Executive Vice President
TITLE OF SIGNER

BY _____ SIGNATURE _____ DATE

TYPED OR PRINTED NAME OF SIGNER

TITLE OF SIGNER

THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY ONLY BE USED TO REQUEST ONE TYPE OF PERMIT - CONSTRUCTION OR OPERATION - AND NOT BOTH.

) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.

PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT CEED TEN (10) CHARACTERS.

) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, PART 1, RULE 103(a)(4) OR 103(b)(5) WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN/MAP:

☒ YES ☐ NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____ APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?

☐ YES ☐ NO: SPECIFY 3.2 ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

☒ YES ☐ NO

11a. WAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 14, 1972.

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOT PREVIOUSLY RECEIVED AN OPERATING PERMIT:

☒ YES ☐ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:
(a) LISTS OR DESCRIBES THE EQUIPMENT
(b) STATES WHETHER THE EQUIPMENT
(i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
(ii) REPLACES EXISTING EQUIPMENT, OR
(iii) MODIFIES EXISTING EQUIPMENT
(c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION--INCORPORATION BY REFERENCE" BEEN COMPLETED.

☐ YES ☐ NO

APPLICATION FOR OPERATING PERMIT ONLY

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

☐ YES ☒ NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

☐ YES ☒ NO

17. WAS THIS OPERATION THE SUBJECT OF A VARIANCE PETITION FILED WITH THE ILLINOIS POLLUTION CONTROL BOARD ON OR BEFORE JUNE 13, 1972:

☐ YES ☒ NO

IF "YES," CITE: PCB NUMBER(S) _____, DATE OF BOARD ORDER _____

WAS CONSTRUCTION OR MODIFICATION OF EQUIPMENT, SUFFICIENT TO ACHIEVE COMPLIANCE WITH THE "RULES AND REGULATION GOVERNING THE CONTROL OF AIR POLLUTION" EFFECTIVE PRIOR TO APRIL 14, 1972, COMMENCED PRIOR TO APRIL 14, 1972:

☐ YES ☐ NO

IF "YES," EXPLAIN IN DETAIL, AND IDENTIFY EXPLANATION AS EXHIBIT D.

18. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS ON EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

Exhibit A
Exhibit B
Plot Plan/Map
Process Flow Diagram

TOTAL NUMBER OF PAGES

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

*DATA AND INFORMATION PROCESS EMISSION SOURCE	

*THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF PLANT OWNER: T. R. Boedeker	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.
3. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue	4. CITY OF EMISSION SOURCE: Downers Grove,

GENERAL INFORMATION

5. NAME OF PROCESS: Degreaser	6. NAME OF EMISSION SOURCE EQUIPMENT: Phillips Degreaser	
7. EMISSION SOURCE EQUIPMENT MANUFACTURER: N/A	8. MODEL NUMBER: 20.900E	9. SERIAL NUMBER:

10. FLOW DIAGRAM DESIGNATION(S) OF EMISSION SOURCE: Degreaser

11. IDENTITY(S) OF ANY SIMILAR SOURCE(S) AT THE PLANT OR PREMISES NOT COVERED BY THE FORM (IF THE SOURCE IS COVERED BY ANOTHER APPLICATION, IDENTIFY THE APPLICATION):

12. AVERAGE OPERATING TIME OF EMISSION SOURCE: 11 HRS/DAY 5 DAYS/WK 52 WKS/YR	13. MAXIMUM OPERATING TIME OF EMISSION SOURCE: 14 HRS/DAY 5 DAYS/WK 52 WKS/YR

14. PERCENT OF ANNUAL THROUGHPUT:
DEC-FEB 25 % MAR-MAY 25 % JUN-AUG 25 % SEPT-NOV 25 %

INSTRUCTIONS

1. COMPLETE THE ABOVE IDENTIFICATION AND GENERAL INFORMATION SECTION.
2. COMPLETE THE RAW MATERIAL, PRODUCT, WASTE MATERIAL, AND FUEL USAGE SECTIONS FOR THE PARTICULAR SOURCE EQUIPMENT. COMPOSITIONS OF MATERIALS MUST BE SUFFICIENTLY DETAILED TO ALLOW DETERMINATION OF THE NATURE AND QUANTITY OF POTENTIAL EMISSIONS. IN PARTICULAR, THE COMPOSITION OF PAINTS, INKS, ETC., AND ANY SOLVENTS MUST BE FULLY DETAILED.
3. EMISSION AND EXHAUST POINT INFORMATION MUST BE COMPLETED, UNLESS EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
4. OPERATING TIME AND CERTAIN OTHER ITEMS REQUIRE BOTH AVERAGE AND MAXIMUM VALUES.
5. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:
AVERAGE OPERATING TIME - ACTUAL TOTAL HOURS OF OPERATION FOR THE PRECEDING TWELVE MONTH PERIOD.
AVERAGE RATE - ACTUAL TOTAL QUANTITY OF "MATERIAL" FOR THE PRECEDING TWELVE MONTH PERIOD, DIVIDED BY THE AVERAGE OPERATING TIME.
AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FROM THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:
MAXIMUM OPERATING TIME - GREATEST EXPECTED TOTAL HOURS OF OPERATIONS FOR ANY TWELVE MONTH PERIOD.
MAXIMUM RATE - GREATEST QUANTITY OF "MATERIAL" EXPECTED PER ANY ONE HOUR OF OPERATION.
MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

RAW MATERIAL INFORMATION		
NAME OF RAW MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
20a. Perchlorethyne	b. 2.42 LB/HR	c. 2.49 LB/HR
21a.	b. LB/HR	c. LB/HR
22a.	b. LB/HR	c. LB/HR
23a.	b. LB/HR	c. LB/HR
24a.	b. LB/HR	c. LB/HR

PRODUCT INFORMATION		
NAME OF PRODUCT	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
30a. Metal blades to be cleaned	b. LB/HR	c. LB/HR
31a.	b. LB/HR	c. LB/HR
32a.	b. LB/HR	c. LB/HR
33a.	b. LB/HR	c. LB/HR
34a.	b. LB/HR	c. LB/HR

WASTE MATERIAL INFORMATION		
NAME OF WASTE MATERIAL	AVERAGE RATE PER IDENTICAL SOURCE	MAXIMUM RATE PER IDENTICAL SOURCE
40a. Perchlorethyne	b. 1.80 LB/HR	c. 1.82 LB/HR
41a.	b. LB/HR	c. LB/HR
42a.	b. LB/HR	c. LB/HR
43a.	b. LB/HR	c. LB/HR
44a.	b. LB/HR	c. LB/HR

*FUEL USAGE INFORMATION		
FUEL USED	TYPE	HEAT CONTENT
50a. NATURAL GAS ☐	b.	c. 1000 BTU/SCF
OTHER GAS ☐		BTU/SCF
OIL ☐		BTU/GAL
COAL ☐		BTU/LB
OTHER ☐		BTU/LB
d. AVERAGE FIRING RATE PER IDENTICAL SOURCE: BTU/HR	e. MAXIMUM FIRING RATE PER IDENTICAL SOURCE: BTU/HR	

*THIS SECTION IS TO BE COMPLETED FOR ANY FUEL USED DIRECTLY IN THE PROCESS EMISSION SOURCE, E.G. GAS IN A DRYER, OR COAL IN A MELT FURNACE.

*EMISSION INFORMATION

51. NUMBER OF IDENTICAL SOURCES (DESCRIBE AS REQUIRED): 1 - Vapor degreaser

AVERAGE OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	52a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	53a. N/A PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	54a. N/A PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	55a. Perchlorethyne PPM (VOL)	b. .62 LB/HR	c. Raw Material minus waste materia
SULFUR DIOXIDE	56a. N/A PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	57a. PPM (VOL)	b. LB/HR	c.

MAXIMUM OPERATION

CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL SOURCE		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	58a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	59a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	60a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	61a. Perchlorethyne PPM (VOL)	b. .67 LB/HR	c. Raw material minus waste materia
SULFUR DIOXIDE	62a. PPM (VOL)	b. LB/HR	c.
** OTHER (SPECIFY)	63a. PPM (VOL)	b. LB/HR	c.

*ITEMS 52 THROUGH 63 NEED NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.
**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

***EXHAUST POINT INFORMATION

64. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: See Attached

65. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): See Attached

66. EXIT HEIGHT ABOVE GRADE: 22'	67. EXIT DIAMETER: 6"
68. GREATEST HEIGHT OF NEARBY BUILDINGS: 36 FT	69. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 120' FT
AVERAGE OPERATION	MAXIMUM OPERATION
70. EXIT GAS TEMPERATURE: 70° °F	72. EXIT GAS TEMPERATURE: 78° °F
71. GAS FLOW RATE THROUGH EACH EXIT: 225 ACFM	73. GAS FLOW RATE THROUGH EACH EACH EXIT: 600 ACFM

***THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

Exhibit A

List of Equipment

1) Phillips Model #20.900E vapor degreaser

2) Exhaust fan

3) Duct work and vent

The above equipment was in compliance with rules and regulations governing the control of air pollution prior to 4/14/1972.

Exhibit B

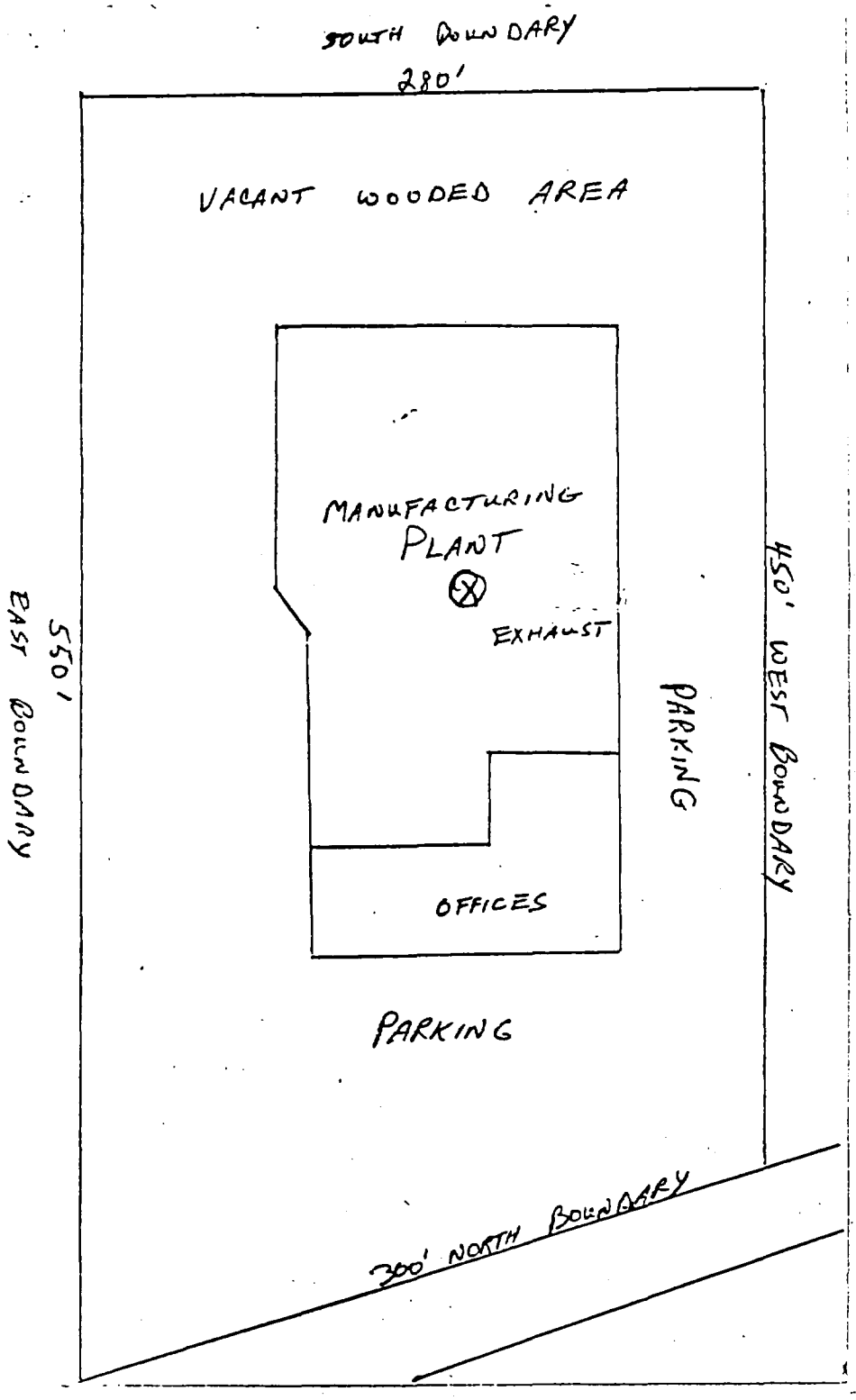
1) Phillips Model #20.900E vapor degreaser--Original Equipment

2) Exhaust Fan - Replaces existing equipment

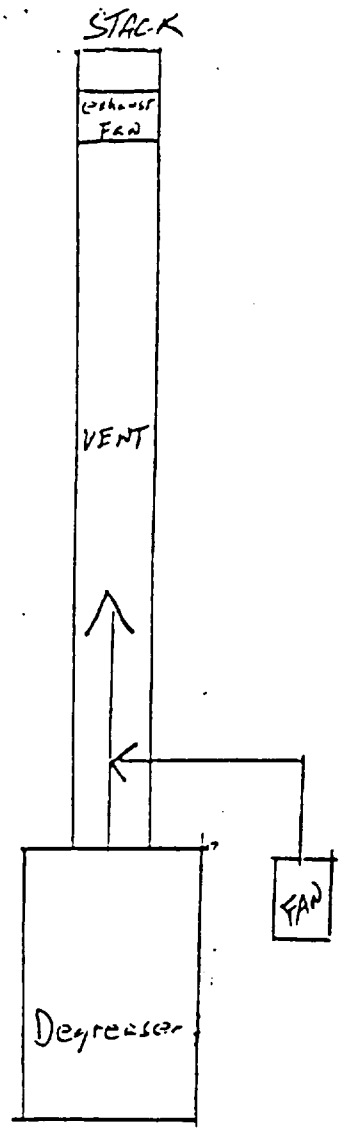
3) Duct work and vent--replaces existing equipment

Construction of duct work and installation of fan to commence 7/1/84. Start up of equipment to be 7/15/84.

PLOT PLAN/MAP



Exhaust Approximately 300 ft from nearest resider
150 ft from nearest Manufac
Facil



Average Exhaust = 225 ft^3/min.

Process Flow Diagram

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

OPEN TOP VAPOR DEGREASER

This questionnaire is being used as a supplement to a Construction/Operation permit application and a Compliance Plan and Project Completion Schedule (an APC 200 and a APC 220 form must accompany this form) for an Open Top Vapor Degreaser.

1. Discrete identity of degreaser Phillips Model # 20.900E

2. Is the degreaser equipped with a cover designed to open and close easily without disturbing the vapor zone? X yes _____ no

3. Is the degreaser equipped with the following switches:

   a. a device which shuts off the sump heat source if the amount of condenser coolant is not sufficient to maintain the designed vapor level, X yes _____ no

   b. a device which shuts off the spray pump if the vapor level drops more than 10 centimeters (4 inches) below the bottom condenser coil, X yes _____ no

   c. a device which shuts off the sump heat source when the vapor level exceeds the design level, X yes _____ no

4. Is permanent conspicuous label summarizing the operating procedure affixed to the degreaser? X yes _____ no

5. Is degreaser equipped with one of the following devices:

   a. a freeboard height of 3/4 the inside width of the degreaser tank or 36 inches, whichever is less, and if the degreaser opening is greater than $1m^2$ (10.8 ft. ^{2}), a powered or mechanically assisted cover, X yes _____ no

   b. any other equipment or system of equivalent emission control as approved by the Agency. Such equipment or system may include a refrigerated chiller, an enclosed design, or a carbon adsorption system, _____ yes X no

6. If the vapor degreaser does not currently comply with items 2, 3, 4 and 5 will compliance be achieved by July 1, 1980? _____ yes _____ no

IL 532-0649
APC 358 3/81

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 10.31. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

7. Is cover of the degreaser closed when workloads are not being processed through the degreaser? ___X___ yes _____ no

8. Are solvent carryout emissions minimized by:

   a. racking parts to allow complete drainage, ___X___ yes _____ no

   b. moving parts in and out of the degreaser at less than 3.3 meters per minute (11 feet per minute), ___X___ yes _____ no

   c. holding the parts in the vapor zone until condensation ceases, ___X___ yes _____ no

   d. tipping out any pools of solvent on the cleaned parts before removal from the vapor zone, ___X___ yes _____ no

   e. allowing parts to dry within the degreaser until visually dry, ___X___ yes _____ no

9. Are porous or absorbent materials, such as cloth, leather, wood, or rope degreased? _____ yes ___X___ no

10. Is less than half of the degreaser's open top area occupied with a workload? ___X___ yes _____ no

11. Is the degreaser not loaded to the point where the vapor level would drop more than 10 centimeters (4 inches) when the workload is removed from the vapor zone? ___X___ yes _____ no

12. Is spraying done below the vapor level only? ___X___ yes _____ no

13. Are solvent leaks repaired immediately? ___X___ yes _____ no

14. Is waste solvent stored in covered containers only and not disposed of in such a manner that more than 20% of the waste solvent (by weight) is allowed to evaporate into the atmosphere, ___X___ yes _____ no

15. Is water not visually detectable in solvent exiting from the water separator? ___X___ yes _____ no

16. Is exhaust ventilation exceeding 20 cubic meters per minute per square meter (65 cubic feet per minute per square foot) of degreaser open area used (if it is used explain why)? _____ yes ___X___ no

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information und Illinois Revised Statutes, 1979, Chapter III 1/2, Section 10.(Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an add civil penalty up to $1,000.00 for each day the failure cont a fine up to $1,000.00 and imprisonment up to one year. form has been approved by the Forms Management Cente

ANNUAL EMISSION REPORT

FOR AGENCY USE ONLY

NAME OF OWNER: Tricon Industries, Inc.	2a. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER): Tricon Industries, Inc.
TELEPHONE NUMBER: 312/964-2330	2b. STREET ADDRESS OF EMISSION SOURCE: 2325 Wisconsin Avenue
STREET ADDRESS OF OWNER: 2325 Wisconsin Avenue	2c. CITY OF EMISSION SOURCE: Downers Grove — 2d. TELEPHONE NUMBER: 312/964-2330
CITY: Downers Grove	2e. COUNTY: Du Page — 2f. LOCATED WITHIN CITY LIMITS: [X] YES [ ] NO
STATE: Illinois — 1f. ZIP CODE: 60515	2g. TOWNSHIP: Downers Grove — 2h. ZIP CODE: 60515

PERMIT INFORMATION AND REFERENCE

APPLICATION NUMBER	IDENTIFICATION NUMBER	IS THE DATA AND INFORMATION PREVIOUSLY SUBMITTED TRUE, CORRECT, CURRENT AND COMPLETE?	DURING THIS REPORTING PERIOD MAXIMUM EMISSIONS FROM THIS OPERATION HAVE: INCREASED	REMAINED THE SAME	DECREASED	PERCENTAGE BY WHIC EMISSIONS HAVE INCREASED OR DECREAS
84070020	043030ADR	[X] YES [ ] NO			X	5
84070021	043030ADR	[X] YES [ ] NO		X		
		[ ] YES [ ] NO				
		[ ] YES [ ] NO				

PERIOD COVERED BY THIS REPORT: FROM 7/11/85 TO 7/11/86

THE ABOVE INFORMATION IS SUBMITTED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, RULE 107(b) AS ADOPTED APRIL 14, 1972, AND THE INFORMATION IS TRUE, CORRECT, COMPLETE, AND CURRENT. THE SIGNATURE MUST BE THAT OF THE PERSON AUTHORIZED TO EXECUTE AN OPERATING PERMIT APPLICATION.

AUTHORIZED SIGNATURE [signature]

A COPY OF THIS FORM MUST BE SUBMITTED FOR EACH PERMIT APPLICATION LISTED ABOVE.

THIS DOCUMENT IS NOT A PERMIT APPLICATION AND IS SOLELY FOR STATISTICAL AND INFORMATIONAL PURPOSES.

IF THE INFORMATION CONTAINED IN A LISTED PERMIT APPLICATION IS NO LONGER CORRECT, MATERIAL CORRECTING THE

ATTACHMENT E

DOWNERS GROVE SANITARY DISTRIC

Discharge Permit No. 2
Issuance Date: October 15, 199
Expiration: October 15, 199

Permittee Name: Tricon Industries Incorporated

Permittee Address: 2325 Wisconsin Avenue
Downers Grove, Ilinois 60515

Name of Premise Permitted: Tricon Industries Incorporated
Electromechanical Division

Location of Premise Permitted: 2325 Wisconsin Avenue
Downers Grove, Illinois 60515

In accordance with the provisions of Article II(A), Section 400, of the District's Sewer Use Ordinance, the above designated Permittee is hereby authorized to discharge industrial wastewater from the above identified facility and through the discharge lines identified herein intc the sanitary sewer system of the Downers Grove Sanitary District subject to said Permittee's compliance with applicable pretreatment standards, District ordinances, and the terms and conditions of this permit. The Permittee is not authorized to discharge wastewater to the District except by permit. Compliance with this permit does not relieve the permittee of its obligation to comply with any or all applicable pretreatment regulations, standards or requirements under local, State, or Federal laws, including any such regulations, standards, requirements, or laws that become effective during the term of this permit.

Non compliance with any term or condition of this permit shall constitute a violation of the Downers Grove Sanitary District's sewer use ordinance.

The Permittee is not authorized to discharge after the above expiration date or the expiration date of any renewal of this permit. The Permittee shall submit to the District such information, forms, and fees as are required in accordance with Article II(A), Section 400.105(e), as application for permit renewal, a minimum of ninety (90) days prior to the expiration date.

DOWNERS GROVE SANITARY DISTRICT

By: Lawrence C. Cox
Lawrence C. Cox, District General Manager

I. Description of the Permitted Discharge

The permitted industrial facility contains processes for the manufacture of electronic contacts, which includes a captive electroplating operation and associated cleaning and finishing operations. These process operations are governed by the Federal Categorical Standards for the Metal Finishing Industry, as required by 40 CFR Part 433.

Rinsewater from the electroplating and finishing areas are pretreated together, prior to discharge to the sanitary sewer system. The treatment provided includes an alkaline chlorine treatment for cyanide destruction, and a final pH adjustment. Discharge of these process wastewaters is continuous during operations.

While solids are collected in a settling basin, no treatment is provided for complexed or dissolved metals. Therefore, plating solutions and the concentrated rinse waters are prohibited from discharge to this system, whether by accidental or deliberate means.

The wastewater discharged from this facility consists of 1) process wastewater, estimated to be from 6,000 to 8,500 gallons daily and 2) sanitary wastewater, estimated at 12,000 gallons per day.

The point of discharge to the District sanitary sewer system is at District Manhole Number II-A-54. Three sampling points are identified in this permit:

001-A This point is at the inspection tank and represents the pretreated plating/finishing rinsewater flow. This sampling point will be used for all monitoring to establish compliance with the limits on metal and TTO parameters cited in Sections IIA and B.

001-B This point is at the cyanide destruction pit in the platin area. This point shall be used to collect cyanide samples to determine compliance with the cyanide limit cited in Section IIA.

001-C This is the inspection manhole in front of the building and will be used to monitor compliance with the specific local limits named in the District ordinance.

II. Discharge Limitations

A. During the effective period of this permit, the discharge flow from the electroplating operation shall not exceed an average flow of 8,500 gallons per day and shall not exceed the following limitations:

Pollutant	Maximum Daily Concentration mg/L	Maximum Monthly Average mg/L
Cadmium, (Total)	0.11	0.07
Chromium, (Total)	2.77	1.71
Copper, (Total)	3.38	2.07
Lead, (Total)	0.69	0.43
Nickel, (Total)	3.98	2.38
Silver, (Total)	0.43	0.24
Zinc, (Total)	2.61	1.48
Cyanide (A)	0.86	0.32
Cyanide (T)	1.2	0.65
pH	6.0 - 9.0	6.0 - 9.0

B. Total toxic organics (TTO) are defined as the summation of all quantifiable values greater than 0.01 mg/L for the specified organics in the Metal Finishing Regulation, 40 CFR Part 433. The TTO limit is specified below:

Pollutant	Daily Maximum	Maximum Monthly Average
TTO	2.13 mg/L	-

C. Plating solutions and any chemical sludge produced in the electroplating or finishing departments, or by the pretreatment system, shall not be discharged to the District's system, but shall be disposed of in an approved landfill or by other approved methods.

D. All discharges from this facility shall be in compliance with the ordinances of the District, the statutes of the State of Illinois, and the regulations of the U.S. Environmental Protection Agency, and the Illinois Environmental Protection Agency.

E. The discharge from this facility shall not produce any adverse effects on the District sanitary sewer service that would endanger private or public property, the public health, the integrity of the receiving stream, and/or the treatment processes of the District Wastewater Treatment Center.

III. Self-Monitoring and Reporting Requirements

A. The Permittee shall sample and analyze wastewater at the specific locations and for the parameters, frequencies and sample types specified herein:

Parameter	Location	Frequency	Sample Type
Flow	Plating/Finishing Water Meters	Daily	-
pH	001-A	3 days/Mo	One grab sample
Copper (T)	001-A	3 Days/Mo	One manual composite that is flow proportioned, and one grab sample.
Nickel (T)	001-A	3 Days/Mo	One Composite, one grab
Silver (T)	001-A	3 Days/Mo	One Composite, one grab
Zinc (T)	001-A	3/Days/Mo	One composite, one grab
Cyanide (T or A)	001-B	3 days/Mo*	One grab sample

* Cyanide samples shall be collected only when cyanide is being treated and there is flow from the cyanide destruction pit.

All samples shall be properly preserved at the time of collection and shall be representative of the volume and nature of the discharge.

B. The Permittee shall report the results of the above analyses to the District on a quarterly basis. These quarterly self-monitoring reports shall be submitted by the twentieth day of the month following the calendar quarter, (i.e., April, July, October and January) and shall include the analytical results and measurements above as well as the following information:

1) The volume of chemical solutions and sludges disposed of during the month, the name of the hauler and the ultimate destination of the waste;

2) A description of any spills of materials which are prohibited from discharge to the sanitary sewer system, including any of the materials included in the industrial spill prevention, containment and control (SPCC) plan. If no spills occurred, the following certification statement will be included in the report:

"Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics, I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the solvent management plan submitted to the District."

3) The report shall be signed by the Authorized Representative of the Permittee.

C. If the permittee analyzes any parameters listed in Section IIA at a frequency greater than is specified in Section IIIA, the Permittee shall report all the data collected.

D. The Permittee shall notify the District within 24 hours of when they receive notification that a sample result exceeds the permit limit for any of the parameters listed in Sections IIA and B. The discharge in question shall be resampled within a reasonable length of time, not exceeding 30 days from the date of the violation.

E. Every six months, the Permittee shall collect one manual composite sample at 001-A taken during operating hours and analyze the sample for all the parameters listed in Section II(A). Cyanide shall be reported on one grab sample, for either total or amenable cyanide, taken at the cyanide destruction pit, 001-B. The results shall be reported to the District with the next self-monitoring report. These samples shall be representative of the volume and nature of the discharge.

F. The Permittee shall notify the District immediately, by telephone, upon any accidental or slug discharge to the District's system. The permittee shall follow up with a written report within fifteen days after the incident, fully describing it, who was notified, how the spill was cleaned up and disposed of and what measures will be taken to prevent a recurrence. A slug load is defined by ordinance as five times the daily maximum limit.

G. On request by the District, the Permittee shall provide the District splits on samples collected for self monitoring purposes.

H. When a compliance schedule has been included as part of the permit, or amended to it, a Pretreatment Compliance Schedule Progress Report shall be submitted to the District no later than fourteen (14) days after the scheduled date for each increment of progress. At a minimum, these reports shall include whether the increment of progress has been complied with, and if not, the date which the Permittee expects to comply with the increment of progress, and the steps being taken to return to the schedule established.

B. The Permittee shall allow representatives of the Downers Grove Sanitary District, upon presentation of credentials, ready access at all reasonable times to all parts of the Permittee's premises for the purposes of inspection, sampling, records examination, or other tasks necessary to monitor and insure compliance by the Permittee with the terms and conditions of this permit. The Permittee hereby licenses the District the right to use the existing roadway, parking lot and surface areas of the Permittee's facility for the purpose of collecting samples and making inspections of the wastewater discharges to the District system.

C. All monitoring reports required by this permit will be available for public inspection at District offices.

D. The Permittee shall retain for a minimum of three (3) years and afford the District access to any and all records of monitoring activities and results relating to wastewater discharges from the subject facility.

E. This permit is issued to the named Permittee for the specific operations permitted and is not transferable or assignable without the approval of the District.

F. Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the Permittee from any responsibilities, liabilities, or penalties established pursuant to any State, Federal or local laws.

G. In the event a court of competent jurisdiction determines that any portion(s) of this permit is invalid, such a determination shall not affect the validity of the remaining portions of this permit.

VI. Term of Permit

The term of this permit shall be from the issuance date of this permit to the stated expiration date. Provided, however, that the permit is contingent upon the issuance of a NPDES Permit to the District. Provided further, that in the event a valid law, regulation, or ordinance requires the amendment of the terms and conditions of this permit, prior to its anticipated expiration date, the District may amend this permit upon sixty (60) days written notice to the Permittee.

REPORTING SUMMARY

Item	Due at DGSD
1. Quarterly Self-Monitoring Reports	By the twentieth day of the month following each respective calendar quarter, (i.e., April, July, October and January).
2. Spill or Slug Reports	Notify the District's Laboratory Director, Janet Lacina or Operations Director, Ralph Smith by telephone as soon as possible after the spill or slug is detected. A written report must be submitted to and received by the DGSD within fifteen calendar days after the telephone notification.
3. Compliance Reports	Submitted within 14 calendar days after the scheduled completion of ar increment of progress listed in the compliance schedule.
4. Process or Flow Changes	Submitted to and received by the DGSD within 30 calendar days prior to any changes at which time re-application shall be made for th Industrial Discharge Permit.
5. Permit Renewal Application	Submitted to and received by DGSD 90 calendar days in advance of current permit expiration date.
All reports should be mailed to:	DOWNERS GROVE SANITARY DISTRICT 2710 Curtiss Street Downers Grove, IL 60515 Janet Lacina Laboratory Services Director

DGSD Telephone Contacts

Mon-Fri, 0830 A.M. - 4:30 P.M....969-0664.....Laboratory Services Direct

During non-business hours, weekends and holidays, call the same number, 969-0664 and leave a message with the answering service for the person on call.

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

P. O. Box 19506, Springfield, IL 62794-9506

January 16, 1996

Dear Sir or Madam,

This letter is to inform you of an opportunity to quickly simplify your air permitting requirements. This opportunity is available because the Agency sought and obtained authority from the General Assembly to issue lifetime permits to certain smaller sources. Such a permit would eliminate the requirement to periodically renew a permit. Renewal would only be required thereafter if requested in writing by the Agency for certain specified reasons.

We urge you to see if you can take advantage of this regulatory reform. If the information provided in your annual emission report indicates that your facility has total allowable emissions of less than 25 tons/year for all regulated pollutants combined, and less than 10 tons/year for any individual hazardous air pollutant, see the column labeled allowable emissions on page two of the annual emission report, your facility qualifies to be part of the smaller source operating permit program.

If you qualify, simply sign the enclosed permit that has already been signed by the Agency and is included in this packet. For this permit to be active, it needs to be signed by the Permittee, with one copy retained for your records, and the original submitted to the Agency along with your annual emission report.

If you have any questions concerning this letter, please contact a Permit Analyst at 217/782-2113.

Donald E Sutton

Donald E. Sutton, P.E.
Manager, Permit Section
Division of Air Pollution Control

DES:bsk

TRICON INDUSTRIES INCORPORATED
ELECTROMECHANICAL DIVISION
Contact Assemblies & Switches
2325 Wisconsin Avenue Downers Grove Illinois 60515-4076 312/964-2330 Telex 27-0064

February 22, 1985

Thomas G. Mc Swiggin, P.E.
Illinois Environmental Protection Agency
Water Pollution Control Permit Section
2200 Churchill Road
Springfield, IL 62706

RE: Permit Number 1984-EB-1508

Dear Mr. Mc Swiggin:

Please be advised that we wish to revise our permit to allow for 20 hours per day operation of our tumbling and vibratory areas. Our plating operation will continue to operate 12 hours per day.

This request is being made because the rinse waters from the tumbling and vibratory operations do go through the pre-treatment waste water system. There will be no cyanide waste waters generated during the extended hours. Only our pH adjust system will operate the additional hours.

We also wish to bring to your attention that the permit for our system had been submitted for a maximum of 505 gallons per hour. The operating permit we received specified 450 gallons per hour.

We would appreciate your review of these two items. Thank you for your assistance.

Sincerely:

Frank Essig
Safety Director

FE:jd

cc: Larry Cox, Manager
Downers Grove Sanitary District

	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l) Max.	UPSTREAM (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Fluoride	- - -	- - -	- - -	- - -
Hardness (as Ca CO_3)	- - -	- - -	- - -	- - -
Iron (total)	1.0	1.0	Does not apply.	Does not apply.
Lead	0.1	0.1	Does not apply.	Does not apply.
Manganese	0.1	0.1	Does not apply.	Does not apply.
MBAS	- - -	- - -	- - -	- - -
Mercury	*0.0005	*0.0005	Does not apply.	Does not apply.
Nickel	2.5	2.5	Does not apply.	Does not apply.
Nitrates (asN)	- - -	- - -	- - -	- - -
Oil & Grease (hexane solubles or equivalents)	10.	10.	Does not apply.	Does not apply.
Organic Nitrogen (as N)	- - -	- - -	- - -	- - -
pH	2.0 - 11.0	6.0 - 9.0	Does not apply.	Does not apply.
Phenols	- - -	- - -	- - -	- - -
Phosphorous (as P)	- - -	- - -	- - -	- - -
Radioactivity	- - -	- - -	- - -	- - -
Selenium	*.1	*.1	Does not apply.	Does not apply.
Silver	1.0	1.0	Does not apply.	Does not apply.
Sulfate	- - -	- - -	- - -	- - -
Suspended Solids	25.	25.	Does not apply.	Does not apply.
Total Dissolved Solids	- - -	- - -	- - -	- - -
Zinc	*.1	*.1	Does not apply.	Does not apply.
Others	- - -	- - -	- - -	- - -

*Denotes "less than" (below detectable limit of procedure used).

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE N WASTE CHARACTERISTICS

1. Name of project TRICON INDUSTRIES, INC. WASTE TREATMENT PLANT

2. FLOW DATA

	EXISTING	PROPOSED-DESIGN
2.1 Average Flow (gpd)		
2.2 Maximum Daily Flow (gpd)		

2.3 TEMPERATURE

DOES NOT APPLY

Time of year	Avg. Intake Temp. F	Avg. Effluent Temp. F	Max. Intake Temp. F	Max. Effluent Temp. F	Max. Temp. Outside Mixing Zone F
SUMMER					
WINTER					

2.4 Minimum 7-day, 10-year flow: DNA cfs _____ MGD.

Indicate source of minimum 7-day, 10-year flow _____.

2.5 Dilution Ratio: DNA : _____.

2.6 Stream flow rate at time of sampling DNA cfs _____ MGD.

3. CHEMICAL CONSTITUENT Existing Permitted Conditions ____; Existing conditions ____; Proposed Permitted Conditions X. Type of sample: ___grab (time of collection ____); ___composite (number of samples per day ____) (see instructions for analyses required) ALL DATA IS PROJECTED FROM OLD PLATING PLANT, AS NEW PLATING PLANT DOES NOT CURRENTLY EXIST.

	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l)	TREATED EFFLUENT Max.	UPSTREAM (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Ammonia Nitrogen (asN)	- - -	- - -	- -	- -	- - - -
Arsenic (total)	*.0001	- - -	*.0001	DNA	DNA
Barium	*1.	- - -	*1.	DNA	DNA
Boron	*1.	- - -	*1.	DNA	DNA
BOD_5	- - -	- - -	- -	- -	- - - -
Cadmium	*.1	- - -	*.1	DNA	DNA
Carbon Chloroform Extract	- - -	- - -	- -	- -	- - - -
Chloride	- - -	- - -	- -	- -	- - - -
Chromium (total hexavalent)	*1.0	- - -	*1.0	DNA	DNA
Chromium (total trivalent)	*1.0	- - -	*1.0	DNA	DNA
Copper	2.0	- - -	2.0	DNA	DNA
Cyanide (total)	15.	- - -	1.0	DNA	DNA
Cyanide (readily released @150°F & pH 4.5)	10.	- - -	0.5	DNA	DNA
~~XXXXXXXXXXXXXX~~ Cyanide (Amenable)	15.	- - -	0.2	- -	- - - -
Fecal Coliform	- - -	- - -	- -	- -	- - - -

	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l)	Max.	UPSTREAM (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Fluoride	- - -	- -	- -	- - -	- - -
Hardness (as Ca CO_3)	- - -	- -	- -	- - -	- - -
Iron (total)	1.0	- -	1.0	DNA	DNA
Lead	0.1	- -	0.1	DNA	DNA
Manganese	0.1	- -	0.1	DNA	DNA
MBAS	- - -	- -	- -	- - -	- - -
Mercury	*0.0005	- -	*0.0005	DNA	DNA
Nickel	2.0	- -	2.0	DNA	DNA
Nitrates (asN)	- - -	- -	- -	- - -	- - -
Nitrites (asN)	- - -	- -	- -	- - -	- - -
Oil & Grease (hexane solubles or equivalents)	10.	- -	10.	DNA	DNA
Organic Nitrogen (as N)	- - -	- -	- -	- - -	- - -
pH	2.0-11.0	- -	6.0-9.0	DNA	DNA
Phenols	- - -	- -	- -	- - -	- - -
Phosphorous (as P)	- - -	- -	- -	- - -	- - -
Radioactivity	- - -	- -	- -	- - -	- - -
Selenium	*.1	- -	*.1	DNA	DNA
Silver	0.2	- -	0.2	DNA	DNA
Sulfate	- - -	- -	- -	- - -	- - -
Suspended Solids	25.	- -	25.	DNA	DNA
Total Dissolved Solids	- - -	- -	- -	- - -	- - -
Zinc	*.1	- -	*.1	DNA	DNA
Others	- - -	- -	- -	- - -	- - -

*Denotes "less than"/Below detectable limit of procedure used.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center

FOR IEPA USE:
LOG NO.
DATE RECEIVED:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

APPLICATION FOR PERMIT OR CONSTRUCTION APPROVAL

WPC-PS-1

1. NAME AND LOCATION:

Name of project: TRICON INDUSTRIES, INC. WASTE TREATMENT PLANT

Municipality or Township: Downers Grove County: Du Page

2. BRIEF DESCRIPTION OF PROJECT: Cleaning/Finishing/Electroplating
A pH neutralization system & a cyanide treatment system serving Tricon Industries, Inc.

3. DOCUMENTS BEING SUBMITTED: If the project involves any of the items listed below, submit the corresponding schedule, and check the appropriate spaces.

PROJECT

Private Sewer Connection	A ____	Spray Irrigation	H ____
Public Sewer Extension	B ____	Septic Tanks	I ____
Sewer Extension Construct Only	C ____	Industrial Treatment or Pretreatment	J X
Sewage Treatment Works	D ____		
Excess Flow Treatment	E ____	Cyanide Acceptance	L ____
Lift Station/Force Main	F ____	Updating Cyanide Acceptance Form	M ____
Sludge Disposal	G X	Waste Characteristics	N X

LAND TRUST: Is the project identified in item number 1 herein, for which a permit is requested, to be constructed on land which is the subject of a trust? ☐ Yes ☒ No
If yes, item number 6.1.1 herein must be signed by a beneficiary, trustee or trust officer, and a trust disclosure must be submitted (see instructions, item 3).

Plans: Title ____ Number of Pages: ____

Specifications: Title ____ Number of Books/Pages: ____

Other Documents (Please Specify) ____

4. THIS IS AN APPLICATION FOR (CHECK):

X A. Joint Construction And Operating Permit
____ B. Authorization To Construct (See Instructions) NPDES Permit No. IL00____ Issue Date ____
____ C. Construct Only Permit (Does Not Include Operations)
____ D. Operate Only Permit (Does Not Include Construction)

5. CERTIFICATIONS AND APPROVAL:

5.1 Certificate by Design Engineer
I hereby certify that I am familiar with the information contained in this application, including the attached schedules indicated above, and that to the best of my knowledge and belief such information is true, complete and accurate. The plans and specifications (specifications other than Standard Specifications or local specifications on file with this Agency) as described above were prepared by me or under my direction.

ENGINEER Simon P. Gary (NAME) 9411 (REGISTRATION NUMBER) ____ (SEAL)

FIRM: Scientific Control Laboratories, Inc.

ADDRESS: 3158 South Kolin Avenue
Chicago, IL 60623 PHONE NUMBER: (312) 254-2406

SIGNATURE [signature]

6. CERTIFICATIONS AND APPROVALS FOR PERMITS:

6.1 Certificate by Applicant(s)
I/We hereby certify that I/we have read and thoroughly understand the conditions and requirements of this Application, and am/are authorized to sign this application in accordance with the Rules and Regulations of the Illinois Pollution Control Board.
I/We hereby agree to conform with the Standard Conditions and with any other Special Conditions made part of this Permit.

6.1.1 NAME OF APPLICANT FOR PERMIT OR AUTHORIZATION TO CONSTRUCT Tricon Industries, Inc.

2325 Wisconsin (STREET) Downers Grove, (CITY) IL (STATE) 60515 (ZIP CODE)

SIGNATURE [signature]

6.1.2 NAME OF APPLICANT FOR PERMIT TO OWN AND OPERATE Tricon Industries, Inc.

2325 Wisconsin Avenue Downers Grove, IL 60515

STREET CITY STATE ZIP CODE

SIGNATURE [signature]

TITLE Executive Vice President

6.2 **Attested (Units of Government)**

DATE _____ SIGNATURE _____ TITLE _____
(CITY CLERK, VILLAGE CLERK, SANITARY DISTRICT CLERK, ETC.)

6.3 Applications from non-governmental applicants which are not signed by the owner, must be signed by a principal executive officer of at least the level of vice president, or his duly authorized representative.

6.4 **CERTIFICATE BY INTERMEDIATE SEWER OWNER**

I hereby certify that (Please check one):

X 1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or

_____ 2. The Illinois Pollution Control Board, in PCB _____ dated _____, granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.

Name and location of sewer system to which this project will be tributary:

Downers Grove Sanitary District

SEWER SYSTEM OWNER Municipality of Downers Grove

2710 Curtiss Street Downers Grove, IL 60515

STREET CITY STATE ZIP CODE

SIGNATURE _____ DATE _____ TITLE Manager

6.4.1 **ADDITIONAL CERTIFICATE BY INTERMEDIATE SEWER OWNER**

I hereby certify that (Please check one):

_____ 1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or

_____ 2. The Illinois Pollution Control Board, in PCB _____ dated _____, granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.

Name and location of sewer system to which this project will be tributary:

SEWER SYSTEM OWNER _____

STREET CITY STATE ZIP CODE

SIGNATURE _____ DATE _____ TITLE _____

6.5 **CERTIFICATE BY WASTE TREATMENT WORKS OWNER**

I hereby certify that (Please check one):

X 1. The waste treatment plant to which this project will be tributary has adequate reserve capacity to treat the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or

_____ 2. The Illinois Pollution Control Board, in PCB _____ dated _____, granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.

I also certify that the industrial waste discharges described in the application is capable of being treated by the treatment works, and such waste discharges will be in compliance with all currently applicable local, state or federal pretreatment requirements.

Name and location of waste treatment works to which this project will be tributary:

Downers Grove Sanitary District

TREATMENT WORKS OWNER Municipality of Downers Grove

2710 Curtiss Street Downers Grove, IL 60515

STREET CITY STATE ZIP CODE

DATE _____ TITLE Manager

FOR IEPA USE:
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DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE G SLUDGE DISPOSAL & UTILIZATION

Name of Project Tricon Industries, Inc. Waste Treatment Plant

General Information

2.1 Source(s) Copper, Nickel, Silver, Gold electroplating

2.2 Volume (on both a wet and dry basis) 55 gal/3 months 150 lb day/3 months (est.)

2.3 Sludge to be disposed of is: Liquid X Dry ____

2.4 Sludge is: Aerobically digested ____ Anaerobically digested ____ Heat anaerobically digested ____ Raw ____

Chemically Stabilized ____ Composted ____ WTP Lime Sludge ____ WTP Alum Sludge ____

WTP Iron Sludge ____ Other X Spent or contaminated plating solutions. No sludge is generated by waste treatment syste

Mixture ____ If mixture, describe ____

2.5 Is the sludge defined as hazardous by State or Federal Law X YES ____ NO; if yes, Basis Waste may contain heavy metals, cyanide

2.6 Is sludge to be stored on site ____ YES X NO; if yes, type of storage, lagoon ____ storage tank ____ other ____

capacity of storage, ____ cu. ft.

Methods of Sludge Disposal and/or Utilization

3.1 Land Application ☐

3.1.1 Indicate the number of dry tons of sludge per year to be disposed by each of the following methods:

Agricultural land ____ Commercial Fertilizer Production ____ Disturbed Land Reclamation ____

Silviculture ____ Horticultural Lands ____ Public Distribution ____ Other ____

3.1.2 Sludge Disposal Site Location. Provide a map (USGS Quadrangle map or Soil Survey Map) showing location.

Name of USGS Quadrangle maps (7.5 or 15 minute) or Soil Survey Map ____

3.1.3 Is sludge to be stored at disposal site? ____ YES ____ NO. If yes, storage volume ____ Cubic Feet

3.1.4 Name(s), address(es) and license number(s) of sludge hauler(s) ____

3.1.5 Provide a copy of sludge user information sheet and signed copies for any known users.

3.1.6 In a narrative description provide operating practices and design features to prevent ground and/or surface water pollution, calculations supporting storage capacity, total acres available, soil characteristics, etc. ____

3.1.7 Basis of Design and Operation: Submit calculations of sludge application rate for agronomic rate, organic loading and metal loading rate.

3.2 Landfilling: ☐ on-site ☒ off-site

3.2.1 Sanitary Landfill ☐ Special Wastes Landfill ☐ Hazardous Waste Landfill ☒ Other ☐

3.2.2 Name and Location of Landfill(s) Chemical Waste Management - CID Landfill-Calumet City

3.2.3 IEPA Permit Number(s) ILD005084124
0430300017

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been

3.3 Incineration ☐

3.3.1 Name and Location _____

3.3.2 IEPA Permit Number(s) _____

_____

3.3.2 Ultimate Disposal of incinerator residue _____

_____

_____

_____

4. Sludge Characteristics

Submit a complete analyses of sludge characteristics — mg/kg dry wt. basis unless otherwise indicated. The analysis shall be performed unless the sludge is disposed of by incineration or at an off-site landfill. Analyses performed shall include but not be limited to the parameters below:

Parameter	Parameter
% TS	Sulfur
% VS	Aluminum (total)
COD mg/l	Arsenic (total)
pH	Barium (total)
BOD_5 mg/l	Cadmium (total)
Acidity meq at $CaCO_3$ at pH —	Cobalt (total)
Alkalinity meq at $CaCO_3$ at pH —	Chromium, hex (total)
Oil and Grease mg/l	Chromium, total
Phenols mg/l	Copper (total)
Cyanide	Iron (total)
Sulfide (total) mg/l	Mercury (total)
Sodium	Nickel (total)
EC MMhos/CM	Lead (total)
TOC	Selenium (total)
Ammonia mg/l	Vanadium (total)
Total Kjeldahl nitrogen mg/l	Zinc (total)
Phosphorus	Other*
Potassium	*Include results of any EP Toxicity tests performed.
% Volatile Acids, if anaerobically digested	

* See attached.

FOR IEPA USE:
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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE J INDUSTRIAL TREATMENT WORKS CONSTRUCTION OR PRETREATMENT WORKS

1. NAME AND LOCATION:

1.1 Name of project Tricon Industries, Inc. Waste Treatment Plant

1.2 Plant Location

1.2.1 South Half (Quarter Section) 12 (Section) 38 North (Township) 10 East (Range) Du Page (P.M.)

1.2.2 Latitude 41 ° 47 ' 30 " North

Longitude 88 ° 2 ' 30 " West

1.2.3 Name of USGS Quadrangle Map (7.5 or 15 Minutes) 7.5 minute series (topographic)

2. NARRATIVE DESCRIPTION AND SCHEMATIC WASTE FLOW DIAGRAM: (see instructions)

1) Cyanide treatment - rinse waters from EDTA mixture, silver plate & gold plating operations will flow to cyanide destruct pit with automatic chemical feed system to destruct cyanides. From there, waste flows to acid neutralization pit.

2) Acid neutralization - all other waste from plating/finishing department flows through automatic acid neutralization before being discharged to sanitary district.

2.1 PRINCIPAL PRODUCTS: Electrochemical components

2.2 PRINCIPAL RAW MATERIALS: Nitric Acid, Sulfuric Acid, Hydrochloric Acid, Sodium Cyanide, Nickel, Copper, Silver & Gold plating solutions.

3. DESCRIPTION OF TREATMENT FACILITIES:

3.1 Submit a flow diagram through all treatment units showing size, volumes, detention times, organic loadings, surface settling rate, weir overflow rate, and other pertinent design data. Include hydraulic profiles and description of monitoring systems.

3.2 Waste Treatment Works is: Batch ____, Continuous X; No. of Batches/day ____, No. of Shifts/day 1 1/2

3.3 Submit plans and specifications for proposed construction.

3.4 Discharge is: Existing ____; Will begin on 8-15-84.

4. DIRECT DISCHARGE IS TO: Receiving Stream ____ Municipal Sanitary Sewer X, Municipal storm or municipal combined sewer ____. If receiving stream or storm sewer indicated complete the following:

Name of receiving stream ____; tributary to ____;

tributary to ____; tributary to ____.

5. Is the treatment works subject to flooding? If so, what is the maximum flood elevation of record (in reference to the treatment works datum) and what provisions have been made to eliminate the flooding hazard? NO.

6. APPROXIMATE TIME SCHEDULE: Estimated construction schedule:

Start of Construction 7-01-84; Date of Completion 8-15-84

Operation Schedule 9-01-84; Date Operation Begins 9-01-84

100% design load to be reached by year Does not apply.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms

IL 532-0019

090 001

7. DESIGN LOADINGS

7.1 Design population equivalent (one population equivalent is 100 gallons of wastewater per day, containing 0.17 pounds of BOD_5 and 0.20 pounds of suspended solids;

BOD Does not apply. ; Suspended Solids _____ ; Flow _____.

7.2 Design Average Flow Rate Does not apply. MGD.

7.3 Design Maximum Flow Rate Does not apply. MGD.

7.4 Design Minimum Flow Rate Does not apply. MGD.

7.5 Minimum 7-day, 10-year low flow Does not apply cfs Does not apply MGD.

Minimum 7-day, 10-year flow obtained from Does not apply.

7.6 Dilution Ratio Does not apply. ; _____.

8. FLOW TO TREATMENT WORKS (if existing):

8.1 Flow (last 12 months)

8.1.1 Average Flow _____ MGD Does not apply.

8.1.2 Maximum Flow _____ MGD Does not apply.

8.2 Equipment used in determing above flows _____.

9. Has a preliminary engineering report for this project been submitted to this Agency for Approval?

YES ___ NO X. If so, when was it submitted and approved. Date Submitted _____

Certification# _____

Dated _____

10. List Permits previously issued for the facility: _____

11. Describe provisions for operation during contingencies such as power failures, flooding, peak loads, equipment failure, maintenances shut-downs and other emergencies.

All operations will cease in the event of power failures, flooding , equipment failure, or other emergencies.

12. Complete and submit Schedule G if sludge disposal will be required by this facility.

13. WASTE CHARACTERISTICS: Schedule N must be submitted.

14. TREATMENT WORKS OPERATOR CERTIFICATION: List names and certification numbers of certified operators:

Frank Mroczka NA

Frank Essig NA

.gency is authorized to require this information under Revised Statutes, 1976, Chapter III 1/2, Section 1039. sure of this information is required under that Section, to do so may prevent this form from being processed uld result in your application being denied. This form en approved by the Forms Management Center.

FOR IEPA USE:
LOG #
DATE RECEIVED:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE N WASTE CHARACTERISTICS

Name of Project Tricon Industries, Inc Waste Treatment Plant

FLOW DATA

	EXISTING	PROPOSED-DESIGN
2.1 Average Flow (gpd)		
2.2 Maximum Daily Flow (gpd)		

2.3 TEMPERATURE Does not apply.

Time of year	Ave. Intake Temp. F	Avg. Effluent Temp. F	Max. Intake Temp. F	Max. Effluent Temp. F	Max. Temp. Outside Mixing Zone F
SUMMER					
WINTER					

2.4 Minimum 7-day, 10-year flow: DNA cfs _____ MGD.

2.5 Dilution Ratio: DNA ; _____

2.6 Stream flow rate at time of sampling DNA cfs _____ MGD.

CHEMICAL CONSTITUENT Existing Permitted Conditions ___; Existing conditions ___; Proposed Permitted Conditions X.

Type of sample: ___grab (time of collection ___); ___composite (Number of samples per day ___)

(see instructions for analyses required) All data is projected from old plating plant, as new plating plant does not currently exist.

Constituent	RAW WASTE (mg/l)	TREATED EFFLUENT Avg. (mg/l) Max.	UPSTREAM DOWNSTREAM SAMPLES (mg/l) (mg/l)
Ammonia Nitrogen (asN)	- - -	- - -	- - -
Arsenic (total)	*.0001	*.0001	Does not apply.
Barium	*1	*1	Does not apply.
Boron	*1	*1	Does not apply.
BOD_5	- - -	- - -	- - -
Cadmium	*.1	*.1	Does not apply.
Carbon Chloroform Extract	- - -	- - -	- - -
Chloride	- - -	- - -	- - -
Chromium (total hexavalent)	*1.0	*1.0	Does not apply.
Chromium (total trivalent)	*1.0	*1.0	Does not apply.
Copper	2.0	2.0	Does not apply.
Cyanide (total)	15.	1.0	Does not apply.
Cyanide (readily released @150°F & pH 4.5)	10.	0.5	Does not apply.
Dissolved Oxygen	- - -	- - -	- - -

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. CESQG Manifest Document No. 00270

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: Tri Con Industries, 5400 Gates Ave, Downers Grove IL 60515

Location If Different

A. Illinois Manifest Document Number: IL 9290335 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0430305087

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

C. Transporter's ID Number: UPW0431630

5. Transporter 1 Company Name: Heritage-Crystal Clean LLC

6. US EPA ID Number: ILR000006536

D. Transporter's Phone: (847) 496-2770

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

9. Designated Facility Name and Site Address: Rockford Reload Express, 615 S. Main, Rockford IL 61105

10. US EPA ID Number: ILR000105114

F. Transporter's Phone ( )

G. Facility's IL ID Number: 2011012467789

H. Facility's Phone: (815) 967-9751

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. EPA HW Number
a. Non-DOT Regulated Material Used Oil per 40 CFR 279	001	M	00250	G	None
b.					
c.					
d.					

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 Hour Emergency # 1-800-827-5221

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT Signature: [signature] Date (Month Day Year): 09 26 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: GREG [illegible] Signature: [signature] Date (Month Day Year): 09 26 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: GREG [illegible] Signature: [signature] Date (Month Day Year): 09 26 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

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

3. Generator's Name and Mailing Address | Location If Different

A. Illinois Manifest Document Number IL 9273681 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

H. Facility's Phone ( )

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.		CT			EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

Work Order #00-00040YJ

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 — Manifest Document No. 65672

2. Page 1 of 1

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

3. Generator's Name and Mailing Address — Location If Different

TRICON INDUSTRIES
2325 WISCONSIN AVE
DOWNERS GROVE, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS (630)964-2330

A. Illinois Manifest Document Number IL 9365672 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 0430305017

C. Transporter's ID Number UPW083163 3OH

D. Transporter's Phone (317) 381-6848

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number 0311620007

H. Facility's Phone (630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC — 6. US EPA ID Number: INR000006536

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

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

Heritage Environmental Services, LLC
15330 CANAL BANK ROAD
LEMONT, IL 60439 — ILD085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~RQ, WASTE TETRACHLOROETHYLENE, 6.1, UN1897, PG III, (F001) ERG# 160~~					~~EPA HW Number F001 000109~~
b. NON-DOT/NON-RCRA REGULATED, (USED OIL AND ABSORBENT MIXTURE) ERG# 171	0.01	DM	00050	G	EPA HW Number 000268
c. NON-DOT/NON-RCRA REGULATED, ERG# 171 Nickel ~~Waste~~	007	DF	00385	G	EPA HW Number 000331
d.					EPA HW Number

J. Additional Description for Materials Listed Above — TSD Approval: ~~A) 61303-1~~ B) 61303-2 C) 61303-4

A)

B)

C)

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 Hour Emergency Phone Number 1-800-827-5221

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

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

Printed/Typed Name: BILL MARTIN — Signature: Bill Martin — Date: Month Day Y 09 07

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Ed F. Nylec — Signature: [signature] — Date: Month Day Y 09 07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day

19. Discrepancy Indication Space

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

Printed/Typed Name: Greg A. Brooks — Signature: [signature] — Date: Month Day 09 30

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to pro this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

HESLDR1

LAND DISPOSAL RESTRICTIONS (LDR) NOTICE AND CERTIFICATION

Generator Name: TRICON EPA I.D. No.: ILD006084124

Manifest Doc. No.: 73680 State Manifest No.: IL 9273680

(1) Manifest Page/Line Item	(2) Hazardous Waste Code[A] (One per line)	(3) Waste Water[B]	(4) Non-Waste Water[B]	(5) Subcategory (if applicable)[C]	(6) Underlying Constituents?[D] (Circle one)	(7) Applicable Certification[E] (One per line)
11 A	D001	NA	NA	5 A	Yes / No / NA	NA
					Yes / No / NA	
					Yes / No / NA	
					Yes / No / NA	
					Yes / No / NA	
					Yes / No / NA	
					Yes / No / NA	

A To list additional waste codes complete a Heritage LDR Continuation Form (HESLDR2). Complete a Heritage Supplemental F001-F005 Spent Solvent/Underlying Constituents/F039 Leachate Form (HESLDR3) if one or more applicable waste codes are F001, F002, F003, F004, F005, or F039.

B Must check one, either wastewater or non-wastewater.

C Enter "NA" if no subcategory is applicable to the waste code (see back of HESLDR1 or 40 CFR 268.40).

D If "Yes" is circled, complete Heritage Supplemental F001-F005 Spent Solvent/Underlying Constituents/F039 Leachate Form (HESLDR3). For F001-F005 or F wastes, circle "NA" and identify F001-F005 or F039 constituents on HESLDR3.

E Choose from list of certifications below and enter number. Enter only one number per line. Enter date waste is subject to prohibition if Certification #3 applies

(1) Waste Does Not Meet Applicable Treatment Standards - This is a restricted waste that does not meet the applicable treatment standards set forth in Subpart D CFR Part 268

(2) Waste Meets Applicable Treatment Standards - I certify under penalty of law that I personally have examined and am familiar with the waste through analysi testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpa I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, incl the possibility of a fine and imprisonment.

(3) Waste Subject to Exemption - This waste is subject to an exemption from a prohibition, such as a case-by-case extension, an exemption, or a nationwide cap variance (Include date subject to LDR in Column 7)

(4) Waste Treated to Applicable Treatment Standards (choose one):

(4a) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process to support this certification. Based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treat process has been operated and maintained properly so as to comply with the treatment standards specified in 40 CFR Part 268.40 without impermis dilution of the prohibited waste. I am aware there are significant penalties for submitting a false certification, including the possibility of fin imprisonment

(4b) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process to support this certification. Based on my inquiry of those individuals immediately responsible for obtaining this information, I believe tha nonwastewater organic constituents have been treated by combustion units as specified in 268.42, Table 1. I have been unable to detec nonwastewater organic constituents, despite having used best good faith efforts to analyze for such constituents. I am aware there are signi penalties for submitting a false certification, including the possibility of fine and imprisonment.

(5) Characteristic Waste Treated to Remove Characteristic (choose one):

(5a) I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the haza characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment stan I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

(5b) I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the haza characteristic, and that underlying hazardous constituents, as defined in 268.2(i), have been treated on-site to meet the 268.48 Universal Trea Standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

(6) Lab Pack Managed According to Alternative Treatment Standard at 40 CFR 268.42(c) (INCIN) - I certify under penalty of law that I personally have examine am familiar with the waste and that the lab pack contains only wastes that have not been excluded under Appendix IV to Part 268 and that this lab pack will b to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalti submitting a false certification, including the possibility of fine or imprisonment.

I certify that the information provided on this and any additional pages (HESLDR2, HESLDR3) of this LDR notification is true, accurate and complete.

Authorized Signature: [signature] Print or Type Name: RICHARD SCHMITT

Company/Title: MAINTENANCE SUPERVISOR

Date: 05-01-01

Heritage does not warrant the acceptability of this form for any specific purpose, waste or treatment method and does not warrant that its use will constitute compliance applicable law and expressly disclaims responsibility or liability, for any penalties, damages or other costs which may arise out of or be related to use of this document.

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Manifest Document No. 191194

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
5400 JANES AVE.
DOWNERS GROVE, IL 60515

Location If Different

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" 630 964-2330

A. Illinois Manifest Document Number IL 9291194 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 0 4 3 0 3 0 5 0 8

C. Transporter's ID Number U P W 0 8 3 1 6 3 3

D. Transporter's Phone (317) 486-2770

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number 0 3 1 1 6 2 0 0 0

H. Facility's Phone ((630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number: INR000006536

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
HERITAGE ENVIRONMENTAL SERVICES LLC
15330 CANAL BANK ROAD
LEMONT, IL 60439

10. US EPA ID Number: ILD085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-DOT/NON-RCRA REGULATED (USED OIL AND ABSORBENT MIXTURE)	001	DM	00055	G	EPA HW Number NON 0003
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
A. 61372-1

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #: 800 827-5221

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT Signature: [signature] Date Month Day 08 01

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Michael Haywood Signature: Michael Haywood Date Month Day 08 01

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date Month Day

19. Discrepancy Indication Space

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

Printed/Typed Name: Greg A. Brooks Signature: Greg A. Brooks Date Month Day 08 05

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1969, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD006084124 Manifest Document No. 173680

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

3. Generator's Name and Mailing Address — Location If Different
TRICON INDUSTRIES
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 630-964-2330

A. Illinois Manifest Document Number IL 9273680 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 0 4 3 0 3 0 5 0 1

C. Transporter's ID Number UPW083163330H

D. Transporter's Phone 817 381-6848

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number 0 3 1 1 6 2 0 0 0

H. Facility's Phone (630) 739-1157

5. Transporter 1 Company Name: Heritage Crystal Clean LLC
6. US EPA ID Number: IND000006536

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

9. Designated Facility Name and Site Address
Heritage Environmental Services LLC
15330 Canal Bank Rd
Lemont IL 60439
10. US EPA ID Number: ILD085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a. WASTE AEROSOLS, Flammable, 2.1, UN1950 (D001) ERG# 126	001	DM	00055	G	EPA HW Number D001 S002268
b. NON-DOT/NON-RCRA Regulated, ERG# 171 (USED Nickel)	004	DF	00220	G	EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
A) [redacted] 61303-9
B) 61303-4

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
24 Hour Emergency Phone Number: 1-800-827-5221

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature: [signature] — Date: Month 08 Day 01 Y 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael Haywood — Signature: Michael Haywood — Date: Month 08 Day 01 Y

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: GREG A. BROOKS — Signature: Greg A. Brooks — Date: Month 08 Day 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

Work Order #00-0003Y6N

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 162692

2. Page 1 of 1

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

3. Generator's Name and Mailing Address Location If Different
TRICON INDUSTRIES
2325 WISCONSIN AVE
DOWNERS GROVE, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS (630) 964-2330

A. Illinois Manifest Document Number IL 9262692 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 0430305017

C. Transporter's ID Number 0PW083163 30H

D. Transporter's Phone (217) 381-6848

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number 0311620007

H. Facility's Phone (630) 739-1151

5. Transporter 1 Company Name HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number INR000006536

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Heritage Environmental Services, LLC
15330 CANAL BANK ROAD
LEMONT, IL 60439

10. US EPA ID Number ILD085349264

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.
aRQ, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, UN1993, PG II, (ISOPROPANOL) (D001) ERG# 128	001	DM	00055	G	EPA HW Number D001 000268
bNON-DOT/NON-RCRA REGULATED, ERG# 171	004	DM	00220	G	EPA HW Number
c. WASTE AEROSOLS, FLAMMABLE, 2, 1 UN1950 ERG #126	001	DM	00055	G	EPA HW Number D001
d.					EPA HW Number

J. Additional Description for Materials Listed Above TSD Approval: A) 61303-10 B) 61303-4
A)
B)

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
24 Hour Emergency Phone Number 1-800-827-5221

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 RICHARD SCHMITT Signature [signature] Date Month Day Y 07 10 0

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Michael HAYWOOD Signature Michael Haywood Date Month Day Y 07 10 0

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

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 Gregory A. Brooks Signature [signature] Date Month Day 07 20 0

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to prov this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,0 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND ...

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE SPECIAL (Form designed for use on elite (12-pitch) typewriter.)

State Form LPC 62 8/81 IL532-0610

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No.: CESQG

Manifest Document No.: 100050

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: TRI COA INDUSTRIES, 5400 JONES AVE, Downers Grove IL 60515

Location If Different

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 630-964-2330

A. Illinois Manifest Document Number: IL 9365554 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 04363050 87

C. Transporter's ID Number: GPW 08316330

D. Transporter's Phone: (317) 486-2770

E. Transporter's ID Number:

F. Transporter's Phone: ( )

G. Facility's IL ID Number: 2 0 1 1 0 2 4 6 7 8 9

H. Facility's Phone: (815) 969-9751

5. Transporter 1 Company Name: HERITAGE - CRYSTAL CLEAN, LLC

6. US EPA ID Number: INR000006536

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: ROCKFORD RELOAD EXPRESS, 615 S. MAIN STREET, ROCKFORD, IL 61105

10. US EPA ID Number: ILR000105114

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-DOT REGULATED MATERIAL USED OIL PER 49 CFR 279	001	TT	00200	G	EPA HW Number: NONE
b.					EPA HW Number:
c.					EPA HW Number:
d.					EPA HW Number:

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 Hour Emergency Phone Number 1-800-827-5221

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

Signature: [signature]

Date: Month Day Year: 07 09 0

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: GREG Hart

Signature: [signature]

Date: Month Day Year: 07 09 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:

Signature:

Date: Month Day Year:

19. Discrepancy Indication Space

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

Printed/Typed Name: GREG Hart

Signature: [signature]

Date: Month Day: 07 10 0

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to pro... this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50... per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF [redacted] SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No.: IL D005084124 — Manifest Document No.: 13494

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, 2325 WISCONSIN AVE, DOWNERS GROVE, IL 60515

Location If Different: 630 964-2330

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

A. Illinois Manifest Document Number: IL 9313494 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 0 3 0 5 0 1

C. Transporter's ID Number: U P W 0 8 3 1 6 3 3

D. Transporter's Phone: (317) 486-2770

E. Transporter's ID Number:

F. Transporter's Phone ( )

G. Facility's IL ID Number: 0 3 1 1 6 2 0 0 0

H. Facility's Phone: (630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number: INR000006536

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: HERITAGE ENVIRONMENTAL SERVICES LLC, 15330 CANAL BANK ROAD, LEMONT, IL 60439

10. US EPA ID Number: IL D085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-DOT/NON-RCRA REGULATED USED NICKEL	006	DF	00330	G	EPA HW Number: NONE 00026
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above: A. 61303-4

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #: 1-800-827-5221

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature: [signature] — Date: Month Day Year: 06 11 0

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ED F. Nylec — Signature: [signature] — Date: Month Day Year: 06 11 0

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: Greg A. Brooks — Signature: [signature] — Date: Month Day Year: 06 11 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF [redacted] SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124 — Manifest Document No.: 13509

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, 2325 WISCONSIN AVE, DOWNERS GROVE, IL 60515

Location If Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 964-2330

A. Illinois Manifest Document Number: IL 9313509 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 0 3 0 5 0 1

C. Transporter's ID Number: H P W 0 8 3 1 6 3 3

D. Transporter's Phone: (317) 486-2770

E. Transporter's ID Number:

F. Transporter's Phone ( )

G. Facility's IL ID Number: 0 3 1 1 6 2 0 0 0

H. Facility's Phone: (630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number: INR000006536

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: HERITAGE ENVIRONMENTAL SERVICES LLC, 15330 CANAL BANK ROAD, LEMONT, IL 60439

10. US EPA ID Number: ILD085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-DOT/NON-RCRA REGULATED (USED OIL AND ABSORBENT MIXTURE)	001	DM	00055	G	EPA HW Number: NONE 00033
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above: A. 61303-2

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #: 1-800-827-5221

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature: [signature] — Date: Month Day Y 06 11 0

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ED F. Nyles — Signature: [signature] — Date: Month Day Y 06 11 0

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: Greg A. Brooks — Signature: [signature] — Date: Month Day Y 06 11 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124 — Manifest Document No.: 13493

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, 2325 WISCONSIN AVE, DOWNERS GROVE, IL 60515

Location If Different

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" 630 964-2330

A. Illinois Manifest Document Number: IL 9313493 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 0 3 0 5 0 1

C. Transporter's ID Number: H P W 0 8 3 1 6 3 3

D. Transporter's Phone: (317) 486-2770

E. Transporter's ID Number:

F. Transporter's Phone ( )

G. Facility's IL ID Number: 0 3 1 1 6 2 0 0 0

H. Facility's Phone: (630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number: INR000006536

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: HERITAGE ENVIRONMENTAL SERVICES LLC, 15330 CANAL BANK ROAD, LEMONT, IL 60439

10. US EPA ID Number: ILD085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, WASTE TETRACHLOROETHYLENE, 6.1, UN1897, PG III, (F001) ERG# 160	001	DM	00055	G	EPA HW Number F001 00010
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above: A. 61303-1

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #: 1-800-827-5221

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Printed/Typed Name: RICHARD SCHMITT — Signature: [signature] — Date (Month Day Y): 06 1 0

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ED F. Nylec — Signature: [signature] — Date (Month Day Y): 06 1 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: — Signature: — Date (Month Day Y):

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: Greg A. Brooks — Signature: Greg A. Brooks — Date (Month Day Y): 06 1 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to prov this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,0 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF [redacted] AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 92674

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, 2325 Wisconsin Ave, Downers Grove IL 60515

Location If Different

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 630-964-2330

A. Illinois Manifest Document Number: IL 9273559 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0430305017

C. Transporter's ID Number: UPW3144600H

D. Transporter's Phone (317) 338-975

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number: 2010305976

H. Facility's Phone (815) 686-9191

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number: IND05844114

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address: RELOAD EXPRESS, 615 S. MAIN ST., ROCKFORD, IL 61105

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL AND WATER MIXTURE (NOT US DOT HAZARDOUS MATERIAL)	01	TT	00385	G	EPA HW Number NONE 000331
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: Richard Satenick Signature: [signature] Date: Month Day Year 4198

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Keith K. Hampton Signature: Keith K. Hampton Date: Month Day Year 4198

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date: Month Day

19. Discrepancy Indication Space

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

Printed/Typed Name: Keith K. Hampton Signature: Keith K. Hampton Date: Month Day Year 4200

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF [redacted] AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 12898

2. Page 1 of 1

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

3. Generator's Name and Mailing Address Location If Different
TRICON INDUSTRIES
2325 WISCONSIN AVE
DOWNERS GROVE, IL 60515

A. Illinois Manifest Document Number IL 9312898 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 0 4 1 3 0 1 3 0 1 5 0 1 1

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 964-2330

C. Transporter's ID Number P W 0 8 3 1 6 3 3

5. Transporter 1 Company Name HERITAGE-CRYSTAL CLEAN, LLC

6. US EPA ID Number ILR000006536

D. Transporter's Phone (317) 484-2770

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
HERITAGE ENVIRONMENTAL SERVICES LLC
15330 CANAL BANK ROAD
LEMONT, IL 60439

10. US EPA ID Number ILD085349264

G. Facility's IL ID Number 0 3 1 1 6 2 0 0 0

H. Facility's Phone ((630) 739-1151

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-DOT/NON-RCRA REGULATED (USED NICKEL)	003	DF	00165	G	EPA HW Number NUNE 00026
b. NON-DOT/NON-RCRA REGULATED (OIL FILTERS)	001	DM	00055	G	EPA HW Number NUNE 00033
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
A. 61303-4
B. 61303-5

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #: 1-800-827-5221

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GENERATOR

Printed/Typed Name: RICHARD SCHMITT Signature: [signature] Date (Month Day Y): 04 18 0

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name: ED F. Nylec Signature: [signature] Date (Month Day Y): 04 18 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: Date (Month Day Y):

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator: Certification of receipt of [redacted]-materials covered by this manifest except as noted in item 19.

Printed/Typed Name: GREG A. BROOKS Signature: [signature] Date (Month Day Y): 04 27 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF [redacted] SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124 — Manifest Document No.: 03871

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

3. Generator's Name and Mailing Address — Location If Different
TRICON INDUSTRIES
2325 WISCONSIN AVE
DOWNERS GROVE, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 964-2330

A. Illinois Manifest Document Number: IL 9303871 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 0 3 0 5 0 1 7

C. Transporter's ID Number: U P W 0 8 3 1 6 3 3

D. Transporter's Phone: (317) 486-2770

E. Transporter's ID Number:

F. Transporter's Phone ( )

G. Facility's IL ID Number: 0 3 1 1 6 2 0 0 0 7

H. Facility's Phone ((630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC — 6. US EPA ID Number: INR000006536

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

9. Designated Facility Name and Site Address — 10. US EPA ID Number:
HERITAGE ENVIRONMENTAL SERVICES LLC
15330 CANAL BANK ROAD
LEMONT, IL 60439 — ILD085349264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-DOT/NON-RCRA REGULATED	02	DF	00110	G	EPA HW Number CLASS A ~~NONE~~ 00026
b. NON-HAZ Absorbent	01	DM	00055	G	EPA HW Number CLASS A 000331
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above
A. 61303-4

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE #: 1-800-827-5221

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

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

Printed/Typed Name: BILL MARTIN — Signature: Bill Martin — Date (Month Day Year): 3 15 0

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Keith K. Hampton — Signature: Keith Hampton — Date (Month Day Year): 3 15 0

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of [redacted] materials covered by this manifest except as noted in item 19.
Printed/Typed Name: GREG A. BROOKS — Signature: Greg A. Brooks — Date (Month Day Year): 03 21 0

GENERATOR — TRANSPORTER — FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF [redacted] SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UN... [redacted]

WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 103514

2. Page 1 of 1

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

3. Generator's Name and Mailing Address Location If Different
TRICON INDUSTRIES
2325 WISCONSIN AVE
DOWNERS GROVE, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 964-2330

A. Illinois Manifest Document Number IL 9303514 FEE PAID IF APPLICABLE

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

C. Transporter's ID Number L P W 0 8 3 1 6 3 3

D. Transporter's Phone (317) 436-2770

E. Transporter's ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number 0 3 1 1 6 2 0 0 0 7

H. Facility's Phone ((630) 739-1151

5. Transporter 1 Company Name: HERITAGE-CRYSTAL CLEAN, LLC
6. US EPA ID Number: INR000006536

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

9. Designated Facility Name and Site Address
HERITAGE ENVIRONMENTAL SERVICES LLC
15330 CANAL BANK ROAD
LEMONT, IL 60439
10. US EPA ID Number: ILD085349264

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. NON-DOT/NON-RCRA REGULATED (USED OIL AND ABSORBENT MIXTURE)	002	DM	001,10	G	EPA HW Number NONE 00033
b. NON-DOT/NON-RCRA REGULATED (NICKEL MATERIAL)	005	DF	002,75	G	EPA HW Number NONE 00026
c. NON-DOT/NON-RCRA REGULATED (USED OIL AND ABSORBENT MIXTURE)	002	DF	001,10	G	EPA HW Number NONE 000331
d.					EPA HW Number

J. Additional Description for Materials Listed Above
A. 61303-2
B. 61303-4
C. 61303-2

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
24 HOUR EMERGENCY PHONE #: 1-80--827-5221

16 **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT Signature: [signature] Date: Month Day Y 02 16 0

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MICHEAL HAYWOOD Signature: [signature] Date: Month Day Y 02 16 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date: Month Day Y

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: GREG A. BROOKS Signature: [signature] Date: Month Day Y 02 20 0

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STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address | Location If Different

A. Illinois Manifest Document Number IL 9294469 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

C. Transporter's ID Number

D. Transporter's Phone ( )

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

E. Transporter's ID Number

F. Transporter's Phone ( )

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

G. Facility's IL ID Number

H. Facility's Phone ( )

GENERATOR

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

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name | Signature | Date Month Day Y

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Y

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Y

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Y

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

CERTIFICATE OF RECYCLING

Manifest Number: 23785

Tricon Industries

2325 Wisconsin Ave
Downers Grove, IL 60515
(630)964-2330

Manifest Date: 18-Feb-00

Destruction Date: 28-Feb-00

CES Recovery Systems has processed waste from the above generator as indicated on Nonhazardous Manifest number **23785**. CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems, Inc.
Indianapolis, Indiana

Steven Huizenga, President

LAND DISPOSAL RESTRICTIONS (LDR)
NOTICE AND CERTIFICATION

(1) Waste Does Not Meet Applicable Treatment Standards - This is a restricted waste that does not meet the applicable treatment standards set forth in Subpart D of 40 CFR Part 268, or exceeds the applicable prohibition levels set forth in 40 CFR 268.32 or RCRA Section 3004(d).

I certify that the information provided on this and any additional pages (HESLDR1;HESLDR3) of this LDR notification is true, accurate and complete.

Authorized Signature: [signature] Print or Type Name: RICHARD SCHMITT
Company/Title: TRICON IND INC MAINT SUPER. Date: 11-7-00

Heritage does not warrant the acceptability of this form for any specific purpose, waste or treatment method and does not warrant that its use will constitute compliance with applicable law and expressly disclaims responsibility or liability, for any penalties, damages or other costs which may arise out of or be related to use of this document.

CRYSTAL CLEAN PARTS WASHER SERVICE

CERTIFICATIONS

I, RICHARD SCHMITT, acting in the capacity of MAINTENANCE SUPERVISOR
(please print full name) (Title)

for TRICON INC located at 5200 JANES
(Company Name) (Street Address)

DOWNERS GROVE IL 60515 630-964-2330
(City, State, Zip Code and Telephone #)

☒ **Reuse Program (Crystal Clean Degreasing/Cleaning Fluids Do NOT Contain Hazardous Waste)**

I hereby certify that I understand the used Crystal Clean degreasing fluid, (i.e. mineral spirits, petroleum naphtha) returned to Heritage Environmental Services, Inc. ("HERITAGE") for inclusion in the Crystal Clean Reuse Program will be utilized as an effective substitute for chemical product. For the purpose of qualifying to participate in this Program, I further certify that any used degreasing fluid so returned to HERITAGE has not been mixed with hazardous waste or other objectionable substances.

All constituents that may be present in the degreasing fluid are contaminants resulting from, and incidental to, normal use of the solvent as a degreaser or cleaner. I have reviewed our physical facilities, administrative practices, and operational procedures (or have directed the completion of such review by others), and based on this review do willing make this true, accurate and complete certification.

☐ **Generator's Quantity Certification (Conditionally Exempt Small Quantity Generator)**

I hereby certify that the above mentioned Company qualifies as a Conditionally Exempt Small Quantity Generator by generating less than 100 kilograms (approximately 28 gallons) of characteristic, F, K, or U-listed hazardous waste during a calendar month, and less than one kilogram (approximately 2.2 pounds) of acute hazardous (P-listed) waste during a calendar month.

I also certify that no more than 1,000 kilograms of characteristic, F, K, or U-listed hazardous waste and no more than one kilogram of acute hazardous waste was accumulated on-site at any one time during this calendar month. I will inform HERITAGE if more than 1,000 kilograms of characteristic F, K, or U-listed hazardous waste or more than one kilogram of acute hazardous waste is accumulated on-site at any one time during the calendar month that conditionally exempt small quantities of hazardous wastes are to be picked up for transportation to HERITAGE or another permitted hazardous waste management facility.

Regulatory Reference: **40 CFR 261.5 - "Special Requirements for Hazardous Waste Generated by Conditionally Exempt Small Quantity Generators"**

☐ **Generator Does NOT Qualify as a Conditionally Exempt Small Quantity Generator**

I hereby certify that the above mentioned Company qualifies as:

☐ Large Quantity Generator (LQG) > 1000 kg/2200 lbs per month or ☒ Small Quantity Generator (SQG) > 100 kg/220 lbs per month and < 1000 kg/2200 lbs per month

Said Company's EPA ID # is: _____

[signature] 10-24-2000
(Employee Signature) (Date Signed)

White - Crystal Clean Corporate Files **Pink - Customer**

(HESLDR1) NOTICE AND CERTIFICATION

Generator Name: TRICON INDUSTRIES EPA I.D. No: ILD005084124

Manifest Doc. No: State Manifest No:

Manifest Page/Line Item	(2) Hazardous Waste Code (One per line)	(3) Waste Water	(4) Non-Waste Water	(5) Subcategory (if applicable)	(6) Underlying Constituents?	(7) Applicable Certification (One per line)
1/A	F001		Y	NA	NA	1
1/B	D002		Y	1	NA	1

Subcategory Description

1) D002 CORROSIVE CHARACTERISTIC WASTES MANAGED IN CWA SYSTEMS

Enter date waste is subject to prohibition if Certification #3 applies.

(HESLDR3)

SUPPLEMENTAL F001-F005 SPENT SOLVENT/UNDERLYING CONSTITUENTS/F039 LEACHATE LAND DISPOSAL RESTRICTION NOTIFICATION

Generator Name: TRICON INDUSTRIES

EPA I.D. No: ILD005084124

M. Test Doc. No:

State Manifest No:

This form is required for F001-F005 spent solvents, characteristic wastes requiring identification of underlying hazardous constituents, or for F039 leachate only. For each F001-F005 spent solvent, characteristic waste requiring identification of underlying hazardous constituents, or F039 leachate, check all constituents listed below and verify that they are appropriate to the wastestreams identified on HESLDR1.

Regulated Constituent (Check all that apply)	Manifest Page/Line
TETRACHLOROETHYLENE	1/A

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

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

3. Generator's Name and Mailing Address

Location If Different

A. Illinois Manifest Document Number IL 9292762 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

C. Transporter's ID Number

5. Transporter 1 Company Name

6. US EPA ID Number

D. Transporter's Phone ( )

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

F. Transporter's Phone ( )

G. Facility's IL ID Number

H. Facility's Phone ( )

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

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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GENERATOR

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

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

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COPY 6. GENERATOR'S COPY

CUSTOMER NO

0	0	0	0	-	2	0	8	8	-	7	8

847 468-6600 | ED GUGLIELMI | 01/06/01 | 00-45 | 27 | 0004855843

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
C	271.75	271.75

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P.
09	0000	NO	0391	0001

LOCATION	TAX EXEMPTION NO.
503401	

GENERATOR
TRICON
2325 WISCONSIN
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

BILL TO
0000-4218-60
TRI CON INDUSTRIES
1600 EISENHOWER LN
LISLE IL 60532

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/21/00	6611	2062	630-964-2330	14-210-2052		PW				.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY-WW)	INV-CODE	PROMO NO.	RELEASE NO.	M. GI
20	00001		2.9000											0							
00	34150	14012966		1	271.75	0.00	271.75	0.00			2	717		9			Null				
TOTAL-SERVICE/PRODUCTS					271.75	0.00	~~271.75~~	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150		ILD005064124	0430305017

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	5	1	6	8	0	6	5
1	DM	27	G	717					1		

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PG III (D039)(ERG#128) 6.7LBS/GAL

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES
0 TO 220 LBS /MONTH — INITIALS
220 LBS TO 2 200 LBS /MONTH — INITIALS
GREATER THAN 2 200 LBS /MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO ILD000805911
STATE ID NO 0314380001

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO
CHECK NUMBER
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS
INVOICE # | AMOUNT $ | INVOICE # | AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO | AMEX VISA MC | EXP DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.	
XXXXX	
LDR MESSAGE	
LDR REQ'D	
MANIFEST CODE	SEQ #
PP	1 D

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

0004855843
0000-208 78 -4

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

SERVICE AND SALES ACKNOWLEDGMENT

K544/4-R5/32 SAFETY-KLEEN 08/17/00 PAGE: 1
LOCATION: LDR NOTIFICATION FORM 10:15:21

GENERATOR NAME:

MANIFEST NO.: 4858843
OR SALES SERVICE NO.: 0

CUST#: 0000000000

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD
67 BENZENE
84 CHLOROBENZENE

N O T E S

EXP NOTICE: THIS LDR EXPIRES ON 12/31/2000.

[signature] RICHARD SCHMITT MAINT SUPER. 11/07/00

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE

SEQ#: 2448579 LOC: Trees TERR: 27 REF#: 0 SW:

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

1301 Gervais Street - Suite 300
Columb uth Carolina 29201
(OMER NO.

safety-kleen.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULE TERRITORY	REFERENCE NUMBER
847 462-6550	GUGLIELMI	03/09/00	03-11	3	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
503903	

GENERATOR: 0 0 0 0 - 2 0 5 4 - 3 2

TRICON INDUSTRIES
5402 JANES AVE
DOWNERS GROVE IL 60515

BILL TO: 0000-4215-33
TRICON INC
1630 EISENHOWER LN
LISLE IL 60532

PO 12063

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5/16/00			630-964-2327	34-213-2252		PW				.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO	RELEASE NO.	MS GIV
[illegible]	S3160	5006766		1	184.95	0.00	184.95	0.00			2	717		3							

TOTAL-SERVICE/PRODUCTS 184.95 0.00 184.95 0.00

CHECK APPROPRIATE BOXES ➡

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984990202			

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	7	62	63	65
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (D039)(ERG#128) 6.7LBS/GAL	01	DR	00026	G	717			1	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS: T.J.

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000825711
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. AMEX EXP. DATE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR NOT REQ'D

MANIFEST CODE	SEQ #
DF	516

IN THE EVENT OF AN

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

TOTAL CHARGE (FROM ABOVE)	184.95
WASTE MIN. (FROM ABOVE)	—
TOTAL DUE	184.95

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

1301 Gervais Street - Suite 300
Columbia, South Carolina 29201
CUSTOMER NO.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928 CUSTOMER

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
[illegible]	[illegible] GUGLIELMI	03/04/00	05-03	17	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	331	00

LOCATION	TAX EXEMPTION NO.
503403	

GENERATOR: 0 0 0 3 - 2 7 2 6 - 7 3

TRICON
2325 WISCONSIN
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515 (2850)

BILL TO: [illegible]
TRI CON INDUSTRIES
[illegible] EISENHOWER LN
LISLE IL 60532

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
01-06-00			630-964-2336	14-018-2052		PW				.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
00	243.50	3461966		1	264.90	0.00	264.90	0.00			2	717		9						

TOTAL-SERVICE/PRODUCTS 264.90 0.00 264.90 0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984908262		ILD[illegible]	[illegible]

11 US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D039)(ERG#128) 6.7LBS/GAL

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
01	DM	00026	G	717			1	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. IL[illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. AMEX VISA EXP. DATE

MANIFEST NO.
XXXXX

LDR MESSAGE
LDR RECD

MANIFEST CODE	SEQ #
PP	512

IN THE EVENT OF AN

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

TOTAL CHARGE (FROM ABOVE)	264.90
WASTE MIN. (FROM ABOVE)	—
TOTAL DUE	264.90

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

1301 Gervais Street - Suite 300
Columbia, South Carolina 29201

WE CARE

CUSTOMER NO. 0000-2088-78

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928

CUSTOMER

FOR SERVICE C	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
847 468-6510	CD GUGLIELMI	09/02/00	00-27	22	0003247003

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
C	274.65	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	NO	631	001

LOCATION	TAX EXEMPTION NO.
503401	

GENERATOR
TRICON
2325 WISCONSIN
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

BILL TO
0070-4218-60
TRI CON INDUSTRIES
1600 EISENHOWER LN
LISLE IL 60532

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #.	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
7-12-00	7983	12062	630-964-2330	14-210-2053		PW				.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSI GM
0034150		34012966		1	271.75	0.00	271.75	0.00			2	717		9							
00100001			2.9000											0							

TOTAL-SERVICE/PRODUCTS	271.75	0.00	271.75	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000025150		ILD005041124	043030501 7

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993
PG III (0039)(ERG#128) 6.7LBS/GAL

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	516	7055
1	DM	28	G	717		1

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH
INITIALS

220 LBS. TO 2,200 LBS./MONTH
ME
INITIALS

GREATER THAN 2,200 LBS./MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000805111
STATE ID NO. 0314380001

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. AMEX EXP. DATE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ*D

MANIFEST CODE	SEQ #
PP	001

IN THE EVENT OF AN

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

MICHAEL ZWICH
Print Customer Name

TOTAL CHARGE (FROM ABOVE)	271.75
WASTE MIN. (FROM ABOVE)	ME
TOTAL DUE	271.75

DO NOT WRITE IN THE AREA BELOW

0003247003
0000-2088-78 -4

SERVICE AND SALES ACKNOWLEDGMENT

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

5-034-01

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generators US EPA ID No. | Manifest Document No.

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

3. Generator's Name and Mailing Address — Location if Different

A. Illinois Manifest Document Number: IL 9409112 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

C. Transporter's ID Number

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC | 6. US EPA ID Number: [illegible]

D. 847 468-6600 Transporter's Phone

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

E. Transporter's ID Number

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: 503401 SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120 | 10. US EPA ID Number: ILD 000805911

G. Facility's IL ID Number: 0314380001

H. Facility's Phone: 847 468-6600

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. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	TT		3		EPA HW Number A
b. USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number A
c. USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)	TT		G		EPA HW Number A
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information

MFST R/T#000000000 0-000-00

EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.

SKDOT# A: ~~357~~ B: ~~927~~ C: ~~1176~~

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

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

Printed/Typed Name | Signature | Date Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6 GENERATOR'S COPY

STATE OF ILLINOIS

T-22400 5-034-01

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 Ld # 288253

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005084124 Manifest Document No. 82760 2. Page 1 of 1

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

3. Generator's Name and Mailing Address / Location if Different
TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 964-2330

A. Illinois Manifest Document Number IL9401443 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 0430305017

C. Transporter's ID Number UPW151288IL

D. 847) 468-6560 Transporter's Phone

E. Transporter's ID Number UPW016431101H

F. ~~414 499-2400~~ ~~800 262 1785~~ Transporter's Phone

G. Facility's IL ID Number 9211030001

H. Facility's Phone 502 845-2453

5. Transporter 1 Company Name SAFETY KLEEN SYSTEMS INC 6. US EPA ID Number SCR 000075150

7. Transporter 2 Company Name SCHNEIDER NATIONAL BULK C 8. US EPA ID Number WID 981193998

9. Designated Facility Name and Site Address 000658 10. US EPA ID Number
SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068 KYD 053348108

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. NICKEL PLATING MATERIAL (NOT USDOT OR USEPA HAZARDOUS MATERIAL)	003	DF	00165	G	EPA HW Number NONE
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14
NONE

15. Special Handling Instructions and Additional Information 0004182760 MFST R/T#099550454 0001-9008-65
EMERGENCY RESP 800-468-1760(24 HR)..IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 5767 B: C: D:

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

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 RICHARD SCHMITT Signature [signature] Date Month Day Year 09 15 0

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Steve Aguirre Signature [signature] Date Month Day Year 09 15 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name James L. Guthrie Signature [signature] Date Month Day Year 09 21 0

19. Discrepancy Indication Space
Changed Line 12 from DM to DF

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name Brenda McGlothin Signature [signature] Date Month Day Year 09 28

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1: TSD MAIL TO GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

5-034-01 State Form LPC 62 8/81 IL532-0610

22397

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generators US EPA ID No. ILD 005084124

Manifest Document No. 59948

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 IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

Location if Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 964-2330

A. Illinois Manifest Document Number IL 9390383 FEE PAID IF APPLICABLE

B. Generators IL ID Number 0430305017

C. Transporter's ID Number UPW151288IL

D. (847) 468-6560 Transporter's Phone

5. Transporter 1 Company Name SAFETY KLEEN SYSTEMS INC 6. US EPA ID Number SCR 000075150

7. Transporter 2 Company Name ~~SAFETY-KLEEN (ATL) INC~~ Schneider National Bulk C 8. US EPA ID Number ~~SCR~~ WID 981793998

E. Transporter's ID Number UPW ~~2379340~~ D164511 0

F. ~~800 821 7785~~ Transporter's Phone

9. Designated Facility Name and Site Address 000654
SAFETY-KLEEN SYSTEMS, INC.
~~633 E 138TH ST~~ 3700 LAGRANGE RD.
~~DOLTON,~~ ~~IL 60419~~
SMITHFIELD KY 40068

10. US EPA ID Number
~~ILD 980613913~~
KYD 053348108

G. Facility's IL ID Number ~~0510690006~~ 1912111013101 6 1

H. Facility's Phone ~~708 225 8100~~ 502 845 245

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ~~RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)~~	~~004~~	~~DM~~	~~00220~~	~~G~~	EPA HW Number ~~D008~~ ~~D007~~
b. NICKEL PLATING MATERIAL (NOT USDOT OR USEPA HAZERDOUS MATERIAL)	004	DF	00220	G	EPA HW Number NONE
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information M459948 MFST R/T#099490970 0001-9008-65
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
~~SKDOT# A.~~ ~~1160~~ B: 5767 C: D:

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

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: RICHARD SCHMITT Signature: [signature] Date: Month 08 Day 25 Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMIE A KELLY Signature: [signature] Date: Month 08 Day 25 Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: DENNIS V. COATES Signature: Dennis V. Coates Date: Month 08 Day 29 Year

FACILITY

19. Discrepancy Indication Space
LINE 9 WRONG DESIGNATED FACILITY
LINE 6 WRONG FACILITY #
LINE H WRONG FACILITY PHONE #
LINE 11 A NON HAZ. WASTE STREAM
LINE 15 - WRONG SKDOT

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation or imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

SAFETY-KLEEN CORP.
LDR NOTIFICATION FORM

GENERATOR NAME: TRICON IND

MANIFEST NO. IL9390383
MANIFEST PAGE/LINE# 11A

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICETED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY)
D008 D007

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

LEGEND NUMBER	CONSTITUENT
258	NICKEL

GENERATOR'S AUTHORIZED SIGNATURE

RICHARD SCHMITT PAINT SUPR.
NAME & TITLE (PRINTED OR TYPED)

8/25/02
DATE

S-K PROFILE REFERENCE NUMBER: 1089308

CONTROL NUMBER: 1725828-7

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 | Manifest Document No. [illegible]

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 AVE
DOWNERS GROVE IL 60515

4. Generator's Phone ( ) 630 964-2330

A. State Manifest Document Number S 00112565

B. State Generator's ID 99917

5. Transporter 1 Company Name SAFETY KLEEN SYSTEMS INC

6. US EPA ID Number SCR 000075150

C. State Transporter's ID 86119

D. Transporter's Phone ~~847 468-6560~~

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC.

8. US EPA ID Number SCR 000074591

E. State Transporter's ID 41747

F. Transporter's Phone

9. Designated Facility Name and Site Address 000618
SAFETY-KLEEN SYSTEMS, INC.
1722 COOPER CREEK ROAD
DENTON, TX 76208

10. US EPA ID Number TXD 077603371

G. State Facility ID 65124

H. Facility's Phone 940 483-5200

11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
	a. ~~RQ WASTE CORROSIVE LIQUIDS, N.O.S.~~ X (SODIUM BISULFITE) ~~8 UN1760 PG II (D002)(ERG#154)~~	[illegible]	DM	[illegible]	G	OUTS105H
	b. NICKEL PLATING MATERIAL (NOT USDOT OR USEPA HAZARDOUS MATERIAL)	[illegible]	DM	[illegible]	G	OUTS1131
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above
1A) D002 1B) NONE

3200588

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information MFST R/T#099127840 0001-9008-65
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE SUBSEQUENT CARRIERS: 81300,40355,41015,40582,84815
SKDOT# A: 1139 B: 5767 C: D:

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

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

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month Day Year

GENERATOR

TRANSPORTER

FACILITY

LDR1

LAND DISPOSAL RESTRICTIONS (LDR)
NOTICE AND CERTIFICATION

Waste Does Not Meet Applicable Treatment Standards - This is a restricted waste that does not meet the applicable treatment standards set forth in Subpart D of 40 CFR Part 268, or exceeds the applicable prohibition levels set forth in 40 CFR 268.32 or RCRA Section 3004(d).

ertify that the information provided on this and any additional pages (HESLDR1;HESLDR3) of s LDR notification is true, accurate and complete.

horized Signature: _____ Print or Type Name: _____
pany/Title: _____ Date: _____

itage does not warrant the acceptability of this form for any specific purpose, waste or atment method and does not warrant that its use will constitute compliance with licable law and expressly disclaims responsibility or liability, for any penalties, ages or other costs which may arise out of or be related to use of this document.

LAND DISPOSAL RESTRICTIONS (LDR)
NOTICE AND CERTIFICATION

nerator Name: TRICON INDUSTRIES

EPA I.D. No: ILD005084124

nifest Doc. No:

State Manifest No:

(anifest age/Line Item	(2) Hazardous Waste Code (One per line)	(3) Waste Water	(4) Non-Waste Water	(5) Subcategory (if applicable)	(6) Underlying Constituents?	(7) Applicable Certification (One per line)
1/A	F001		Y	NA	NA	1

Enter date waste is subject to prohibition if Certification #3 applies.

(ESLDR3)

LAND DISPOSAL RESTRICTIONS (LDR)
SUPPLEMENTAL F001-F005 SPENT SOLVENT/UNDERLYING
CONSTITUENTS/F039 LEACHATE
LAND DISPOSAL RESTRICTION NOTIFICATION

.erator Name: TRICON INDUSTRIES EPA I.D. No: ILD005084124

. st Doc. No: State Manifest No:

s form is required for F001-F005 spent solvents, characteristic wastes requiring ·ntification of underlying hazardous constituents, or for F039 leachate only. For each ·1-F005 spent solvent, characteristic waste requiring identification of underlying ıardous constituents, or F039 leachate, check all constituents listed below and verify t they are appropriate to the wastestreams identified on HESLDR1.

Regulated Constituent (Check all that apply)	Manifest Page/Line
TETRACHLOROETHYLENE	1/A

NOTICE AND CERTIFICATION

(1) Waste Does Not Meet Applicable Treatment Standards - This is a restricted waste that does meet the applicable treatment standards set forth in Subpart D of 40 CFR Part 268, or exc the applicable prohibition levels set forth in 40 CFR 268.32 or RCRA Section 3004(d).

I certify that the information provided on this and any additional pages (HESLDR1;HESLDR3) of this LDR notification is true, accurate and complete.

Authorized Signature [illegible] Print or Type Name RICHARD SCHMITT
Company - Title [illegible] PLANT SUPV Date 7-16-01

He age does not warrant the acceptability of this form for any specific purpose, waste or treatment method and does not warrant that its use will constitute compliance with applicable law and expressly disclaims responsibility or liability, for any penalties, damages or other costs which may arise out of or be related to use of this document.

LDR ID: 3245

(HESLDR1)

LAND DISPOSAL RESTRICTIONS (LDR)
NOTICE AND CERTIFICATION

Generator Name: TRICON INDUSTRIES

EPA I. D. No: ILD005084124

Manifest Doc. No:

State Manifest No:

(1) Manifest Page - Line Item	(2) Hazardous Waste Code (One per line)	(3) Waste Water	(4) Non-Waste Water	(5) Subcategory (if applicable)	(6) Underlying Constituents	(7) Applicable Certification (One per line)
1/A	D001		X	NA		1

Subcategory Description

Enter date waste is subject to prohibition if Certification #3 applies.

ESLDR1

LAND DISPOSAL RESTRICTIONS (LDR)
NOTICE AND CERTIFICATION

(1) Waste Does Not Meet Applicable Treatment Standards - This is a restricted waste that does no meet the applicable treatment standards set forth in Subpart D of 40 CFR Part 268, or exceed the applicable prohibition levels set forth in 40 CFR 268.32 or RCRA Section 3004(d).

I certify that the information provided on this and any additional pages (HESLDR1;HESLDR3) of this LDR notification is true, accurate and complete.

Authorized Signature [signature] Print or Type Name RICHARD SCHMITT
Company - Title TRICON INC MAINT SUPVR Date 7-16-01

He age does not warrant the acceptability of this form for any specific purpose, waste or treatment method and does not warrant that its use will constitute compliance with applicable law and expressly disclaims responsibility or liability, for any penalties, damages or other costs which may arise out of or be related to use of this document.

LDR ID: 3245

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

5-034-01

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084424 Manifest Document No. 128821

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, 2325 WISCONSIN, DOWNERS GROVE IL 60515

Location if Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 630-964-2330

A. Illinois Manifest Document Number: IL 9149503 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0430305011

C. Transporter's ID Number: UPW151288IL

D. Transporter's Phone: 847 468-6600

5. Transporter 1 Company Name: ~~SAFETY KLEEN SYSTEMS, INC~~ 6. US EPA ID Number: ~~SCR 000075150~~

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

E. Transporter's ID Number

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: 503401 SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120 10. US EPA ID Number: ILD 000805911

G. Facility's IL ID Number: 0314380001

H. Facility's Phone: 847 468-6600

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	001	TT	400	G	EPA HW Number A
b. ~~USED OIL AND WATER MIXTURE~~ (NOT USDOT HAZARDOUS MATERIAL)		TT		G	EPA HW Number A
c. ~~USED ANTIFREEZE (NOT USEPA OR~~ USDOT REGULATED)		TT		G	EPA HW Number A
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

MFST R/T# ~~000000000~~ 99184291 0-000-00

EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.

SKDOT# A: ~~850~~ 1001 B: ~~927~~ C: ~~1276~~ D:

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

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: RICHARD SCHMITT Signature: [signature] Date: Month Day Year 06 19

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ERIC GATZA Signature: [signature] Date: Month Day Year 06 19

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date: Month Day Year

TRANSPORTER

19. Discrepancy Indication Space: SECT 15 - CHANGED DOT from 850 to 1001

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: JANICE WEST Signature: [signature] Date: Month Day Year 06 19

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

5-034-01

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address | Location if Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number: IL 9115193 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

C. Transporter's ID Number

D. 847 468-6510 Transporter's Phone

E. Transporter's ID Number

F. ( ) Transporter's Phone

G. Facility's IL ID Number 0314[illegible]

H. Facility's Phone 847 468-6560

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS INC | 6. US EPA ID Number: ILD 984408202

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

9. Designated Facility Name and Site Address: 503401 SAFETY KLEEN SYSTEMS INC 1500 E VILLA ST ELGIN IL 60120 | 10. US EPA ID Number: ILD 000805411

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number [illegible]
b. USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number [illegible]
c. USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)	TT		G		EPA HW Number [illegible]
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information: MFST R/T# 00000000 0-[illegible] EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR

SKDOT# A: ~~[illegible]~~ B: ~~[illegible]~~ C: ~~[illegible]~~

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

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

Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) 5-034-01 EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005084124
Manifest Document No.: 95312
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address / Location if Different
TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515
630 964-2330

4. 24-HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

5. Transporter 1 Company Name: SAFETY KLEEN SYSTEMS INC
6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SCHNEIDER NATIONAL BULK C
8. US EPA ID Number: WID 981193998

9. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC 000658
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD 053348108

A. Illinois Manifest Document Number: IL 9132795 FEE PAID IF APPLICABLE
B. Generator's IL ID Number: 0430305017
C. Transporter's ID Number: UPW151288IL
D. ( ) Transporter's Phone
E. Transporter's ID Number: 847 468-6560 UPW01643110
F. ( ) Transporter's Phone: 800 262-1785
G. Facility's IL ID Number: 9211030001
H. Facility's Phone: 502 845-2453

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. NICKEL PLATING MATERIAL (NOT USDOT OR USEPA HAZARDOUS MATERIAL)	004	DF ~~DM~~	00220	G	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

PO 12064

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14: M061

15. Special Handling Instructions and Additional Information: PP# 1695312 MFST R/T# 98446683 0001-9008-6
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 5767 B: C: D:

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

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

Printed/Typed Name: X RICHARD SCHMITT
Signature: X Richard Schmitt
Date: Month 01 Day 27

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ANDREW ALTMAN
Signature: [signature]
Date: Month 01 Day 27

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: R. Fonshek
Signature: [signature]
Date: Month 02 Day 01

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: Victoria Boler
Signature: Victoria Boler
Date: Month 02 Day 02

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR
A11913756/2033488

STATE OF ILLINOIS

5-034-01

PLEASE TYPE

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

(Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address | Location if Different

A. Illinois Manifest Document Number IL 9085275 FEE PAID IF APPLICABLE

B. Generator's IL ID Number

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

C. Transporter's ID Number UPM[illegible]

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number: ILD 984908202

D. Transporter's Phone: 800(669-5740

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address 000249
SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST
ELGIN IL 60120

10. US EPA ID Number: ILD 000805911

G. Facility's IL ID Number D314380000

H. Facility's Phone: 847 468-8560

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number A
b. USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number A
c. USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)	TT		G		EPA HW Number A
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information MFST R/T# 00000000 0-000-00
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 850 B: 927 C: 1176 D:

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

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

Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

X54474-R5732 SAFETY-KLEEN 08/07/99 PAGE: 1
LOCATION: 503401 LDR NOTIFICATION FORM 18:52:14

GENERATOR NAME: TRICON MANIFEST NO.: XXXXX
OR SALES SERVICE NO.: 337465

CUST#: 5-034-01-4473

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:
237 TRICHLOROETHYLENE
250 CADMIUM
251 CHROMIUM (TOTAL)
255 LEAD

==========

8-31-99

---NOTES---

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE ___/___/___

SEQ#: 6947 LOC: 503401 TERR: 27 REF#: 337465 SW: 99

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

2. Page 1 of 1

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

3. Generator's Name and Mailing Address TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

4. Generator's Phone (630) 964-2330

A. State Manifest Document Number S 00134325

B. State Generator's ID 99917

5. Transporter 1 Company Name: SAFETY KLEEN SYSTEMS INC — 6. US EPA ID Number: ILD 984908202

C. State Transporter's ID 86119

D. Transporter's Phone 847 468-6560

7. Transporter 2 Company Name: SAFETY-KLEEN (TG). INC. — 8. US EPA ID Number: SCD 987574647

E. State Transporter's ID UPW2039540H

F. Transporter's Phone

9. Designated Facility Name and Site Address 000618
SAFETY-KLEEN SYSTEMS, INC
1722 COOPER CREEK ROAD
DENTON, TX 76208

10. US EPA ID Number: TXD 077603371

G. State Facility ID 65124

H. Facility's Phone 940 483-5200

11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
X	a. RQ WASTE CORROSIVE LIQUIDS, N.O.S. (SODIUM BISULFITE) 8 UN1760 PG II (D002)(ERG#154)	002	DM	00110	G	OUTS105H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above
IA) D002

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information MFST R/T# 97729507 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE THESE SUBSEQUEN'T CARRIERS: 81300,40355,41015,40582
SKDOT# A: 1139 B: C: D:

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

Printed/Typed Name: [illegible] — Signature: [illegible] — Month 05 Day 31 Year 9[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: [illegible] Snell — Signature: [illegible] — Month 05 Day 31 Year 9[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name — Signature — Month Day Year

White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy

LDR NOTIFICATION FORM

GENERATOR NAME: TRICON IND

MANIFEST NO. S00134325
MANIFEST PAGE/LINE# 1/9

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

[illegible] WASTE CODES & LDR SUBCATEGORIES (IF ANY)
[illegible]

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION: NONE

8-31-99

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE

S-K PROFILE REFERENCE NUMBER: 2114029 CONTROL NUMBER: 1919989-

STATE OF ILLINOIS
SAFETY-KLEEN CORP
STATE PRESCRIBED FORM
3-034-01
NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

P O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610
EPA Form 8700-22 (6-89)

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE
Form Approved OMB No 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

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

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
Location if Different:

4. Generator's Phone ( )

A. Illinois Manifest Document Number
IL 8993120
MANIFEST FEE PAID

B. Generator's IL ID Number

C. Illinois Transporter's ID

5. Transporter 1 Company Name
SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number
ILD 984908202

800 669-5740 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 006249
SAFETY-KLEEN SYSTEMS, INC
1500 VILLA STREET
ELGIN, IL 60120

10. US EPA ID Number
ILD 000805911

G. Facility's IL ID Number 0314380000

H. Facility's Phone
847 468-6566

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14 Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number
b. USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)	TT		G		EPA HW Number
c. USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)	TT		G		EPA HW Number
d.					EPA HW Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information
MFST R/T# 00000000 0-[illegible]
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO [illegible]
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NEC[illegible]
SEDOT# A: 850 B: 857 C: 1170

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

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

GENERATOR

Printed/Typed Name	Signature	DATE Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½, Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6 GENERATOR COPY

STATE OF ILLINOIS
SAFETY-KLEEN CORP.
STATE PRESCRIBED FORM
0-000-00
P.O. BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610
FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE
NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH
EPA Form 8700-22 (6-89)
Form Approved. OMB No. 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: [illegible] 97167
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 INC, 2325 WISCONSIN, DOWNERS GROVE IL 60513
Location if Different:
4. Generator's Phone (630) 964-2330

A. Illinois Manifest Document Number: IL 8969536 MANIFEST FEE PAID
B. Generator's IL ID Number: 0430305017
C. Illinois Transporter's ID: UPW151288IL
D. 800 669-5740 Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
G. Facility's IL ID Number: 0314380001
H. Facility's Phone: 847 468-6560

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: 000249 SAFETY-KLEEN SYSTEMS, INC, 1500 VILLA STREET, ELGIN, IL 60120
10. US EPA ID Number: ILD 000805911

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	001	TT	385	G	EPA HW Number A
b. ~~USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)~~		TT		G	EPA HW Number A
c. ~~USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)~~		TT		G	EPA HW Number A
d.					EPA HW Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14: 97276122

15. Special Handling Instructions and Additional Information
MFST R/T# 00000000 0-000-00
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 850 B: ~~927~~ C: ~~1178~~ D:

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

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

Printed/Typed Name	Signature	DATE Month Day Year
RICHARD SCHMITT	[signature]	05 27 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month Day Year
ERIC J GATZA	[signature]	05 27 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month Day Year
Kathy Scott	Kathy Scott	05 27 99

GENERATOR / TRANSPORTER / FACIL

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS
SAFETY-KLEEN CORP
STATE PRESCRIBED FORM

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005084124
Manifest Document No.: 44673

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: [illegible] IND, [illegible] WISCONSIN AVE, [illegible] GROVE IL 60515
Location if Different:

4. Generator's Phone: [illegible]

A. Illinois Manifest Document Number: IL 8977488 — MANIFEST FEE PAID

B. Generator's IL ID Number: 043[illegible]

C. Illinois Transporter's ID: 847 468-6560 — Transporter's Phone

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: [illegible] NATIONAL BUL[illegible]
8. US EPA ID Number: [illegible]

E. Illinois Transporter's ID: 414 449-24[illegible]

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: 000058
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number: KYD 053348108

G. Facility's IL ID Number: 92110[illegible]

H. Facility's Phone: 502 845-2453

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. NICKEL PLATING MATERIAL (NOT USDOT OR USEPA HAZARDOUS MATERIAL)	005	DF	00275		EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14: M061

15. Special Handling Instructions and Additional Information: PP#M44673 MFST R/T# 97509576 5-[illegible] EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY. SKDOT# A: 5767 B: C: D:

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

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: Richard Salgnick — Signature: [signature] — DATE: Month 07 Day 19 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Chris Snell — Signature: Chris Snell — DATE: Month 07 Day 19 Year 99

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Eddie Cannes — Signature: Eddie Cannes — DATE: Month 07 Day 23 Year 99

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: Rebecca Spencer — Signature: Rebecca Spencer — DATE: Month 07 Day 27 Year 99

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS
SAFETY-KLEEN CORP.
STATE PRESCRIBED FORM
5-034-01
NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610
EPA Form 8700-22 (6-89)

136185
FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE
Form Approved. OMB No. 2050-0039

UNIFORM [redacted] WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005084124
Manifest Document No. 84498
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 IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515
Location if Different:
4. Generator's Phone (630 964-2330

A. Illinois Manifest Document Number IL 8950917 MANIFEST FEE PAID
B. Generator's IL ID Number 0430305017
C. Illinois Transporter's ID UPW151288IL
D. 847 468-6560 Transporter's Phone
E. Illinois Transporter's ID ~~IL266~~ IL266
414 449-2400
F. ( ) Transporter's Phone
G. Facility's IL ID Number 9211030001
H. Facility's Phone 502 845-2453

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number ILD 984908202
7. Transporter 2 Company Name SCHNEIDER NATIONAL BULK C
8. US EPA ID Number WID 981193998
9. Designated Facility Name and Site Address 000658
SAFETY-KLEEN SYSTEMS, INC
3700 LAGRANGE ROAD
SMITHFIELD KY 40068
10. US EPA ID Number KYD 053348108

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. NICKEL PLATING MATERIAL (NOT USDOT OR USEPA HAZARDOUS MATERIAL)	008 ~~DM~~	DF	00440	G	EPA HW Number
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14
M06

15. Special Handling Instructions and Additional Information
PP# 284498 MFST R/T# 97103051 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 5767 B: C: D:

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

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Printed/Typed Name	Signature	Date (Month Day Year)
X Richard Sokevick	X [signature]	04 23 99

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
ANDREW ALTMAN	[signature]	04 23 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Timothy G Ganschow	[signature]	04 27 99

FACIL

19. Discrepancy Indication Space
12a, Container Type Corrected To "DF". (MR)

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

Printed/Typed Name	Signature	Date (Month Day Year)
Diane Edlin	Diane Edlin	04 28 99

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

81363-R4747 SAFETY-KLEEN CORP. PAGE 1 OF 1

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN SYSTEMS, INC.
1722 COOPER CREEK ROAD
DENTON, TX 76208

EPA ID: TXD077603371

3-17-99 1/9

SK9368446

UNDER MANIFEST NUMBER LINE NUMBER

THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS. IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES	***	PROHIBITED LEVEL AND TREATMENT STANDARD
NICKEL (NI)	134 MG/L	PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D007	CHROMIUM (CR)	0.60 MG/L ******
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
****** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

GENERATOR NAME: TRICON IND EPA ID:

GENERATOR SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

21190665

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 — Manifest Document No. 09819

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

3. Generator's Name and Mailing Address: TRICON IND, 2325 WISCONSIN AVE, DOWNERS GROVE IL 60515

4. Generator's Phone (630) 964-2330

A. State Manifest Document Number: SK 936846

B. State Generator's ID: 99917

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number: ILD 984908202

C. State Transporter's ID: 88888

D. Transporter's Phone: 847 468-6560

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.

8. US EPA ID Number: SCD 987574647

E. State Transporter's ID: ~~UPW2039540H~~

F. Transporter's Phone: 803 798-2993

9. Designated Facility Name and Site Address: 000618 SAFETY-KLEEN SYSTEMS, INC, 1722 COOPER CREEK ROAD, DENTON, TX 76208

10. US EPA ID Number: TXD 077603371

G. State Facility ID: 65124

H. Facility's Phone: 940 483-5200

11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
X	a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	008	DF	00440	G	OUTS113H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above: 1A) D008 D007

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: PPH209819 MFST R/T# 96921059 5-034-01-4413 EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTH'D TO USE THESE SUBSEQUEN T CARRIERS: 81300,40355,41015,40582 SKDOT# A: 1160 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations.
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Printed/Typed Name: RICHARD SCHMITT — Signature: [signature] — Month 03 Day 17 Yr 9

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: Demi Saluno — Signature: [signature] — Month 03 Day 17 Yr 9

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: ~~RICHARD SCHMITT~~ BH — Signature: [signature] BH — Month 03 Day 23 Yr 9

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. — Date

Printed/Typed Name: S Wilson — Signature: [signature] — Month 03 Day 28 Yr 9

White-original Pink-TSD Facility Yellow-Transporter Green-Generator's Trip Copy

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. ILD 005084124 Manifest Document No. 109819

22. Page 2 of 2

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

23. Generator's Name and Mailing Address TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

L. State Manifest Document Number SK 936846

M. State Generator's ID 99917

24. Transporter 3 Company Name
TRI STATE MOTOR TRANSIT CO

25. US EPA ID Number MOD 095038998

N. State Transporter's ID 40355

O. Transporter's Phone 800-234-8768

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM		29. Containers No.	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.		RIDER MANIFEST FOR TRANSPORTATION ONLY					
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							

GENERATOR

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

TRANSPORTER

33. Transporter 3 Acknowledgement of Receipt of Materials

Printed/Typed Name: R. HENDERSON

Signature: R. Henderson

Date: Month 03 Day 26 Year 9

34. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

FACILITY

35. Discrepancy Indication Space

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

SAFETY-KLEEN CO

ORIGINAL-RETURN TO GENERATOR

90289 (continuation

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities, including the time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 5-95

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

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

FOR DNR USE ONLY

Designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039. Expires 9-3

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005084124
Manifest Document No. 010109
2. Page 1 of 1
Information in the shaded are is not required by Federal law

3. Generator's Name and Mailing Address
TRICON INDUSTRIES, INC.
2325 WISCONSIN AVE. DOWNERS GROVE, IL. 60515
Site Location If Different
4. Generator's Phone (630) 964-2330

A. State Manifest Document Number WI J727145
B. State Generator's ID IL.043030501 7

5. Transporter 1 Company Name
HYDRITE CHEMICAL CO.
6. US EPA ID Number ILD 984781880
C. State Transporter's ID 0026
D. Transporter's Phone 247-5

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
HYDRITE CHEMICAL CO.
114 NORTH MAIN ST.
COTTAGE GROVE, WI 53527
10. US EPA ID Number WID 000808824
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. RQ, WASTE TETRACHLOROETHYLENE 6.1 UN-1897 PG III ERG-74 F001	0017	DM	0385	G	F001
b.					
c.					
d.					

Additional Descriptions for Materials Listed Above
D039 D022

K. Handling Codes for Wastes Listed Ab

15. Special Handling Instructions and Additional Information AUTHORIZATION #14232-K-110024
EMERGENCY #630-964-2330

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prop shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to a plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural R sources. 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 t degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal current 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 Laudio Plater
Signature: Gary Laudio
Date: Month 3 Day 31

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: JOHN LOR (DRIVER)
Signature:
Date: Month 4 Day 3/4

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

19. Discrepancy Indication Space

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

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 Ge
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

COPY 2-
GENERATOR RETAIN

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE: 608/839-4293

WASTE PROCESSING CERTIFICATION OF DESTRUCTION

For **FINISHING EQ (TRICON INDUSTRIE**

WASTE MASTER#:	**14232**
AUTHORIZATION#:	**110024**
MANIFEST#:	**J727145**

This document certifies that the material listed on the referenced / attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which cannot be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE: 608/839-4293

INCOMING SAMPLE ANALYSIS FORM

LAB NUMBER: I904-006
DATE: 4/1/99
LAB TYPE: QCA
LOT NUMBER:

COMPANY: FINISHING EQ (TRICON INDUSTRIE
WASTE MASTER: 14232
AUTH NUMBER: 110024
DISTRIBUTOR: K
MATERIAL: PERCHLOROETHYLENE RECYCLE
SALESPERSON: NELSON,JEFF
PART NUMBER: RWR040SP
CUSTOMER# FI1201

WET CHEMISTRY DATA

SOLVENT DENSITY: 1.56
PH: 5
TOTAL DIST:
PERCENT YIELD:
SOLIDS:
BTU PER LB:
CHLORIDES:
WATER BY KF:
COLOR APHA:
ACID ACCEPTANCE:
FLASHPOINT:
PCB NUMBER: P904-002

COMMENTS:
SEVEN DRUMS
0% NON-VOLATILE RESIDUE

Alcohols		N Butanol
		Ethanol
		Isobutanol
		Methanol
		Water
		Isopropanol
		N Propanol
Diluents		Heptane
		Hexane
		Mineral Spirits
		100 Solvent
		Stoddard
		Toluene
		Xylene
		VMP Naphtha
Chlorinated		Methylene Chloride
	99.1%	Perchloroethylene
		111 Trichloroethane
		Freon
Actives		Trichloroethylene
		Acetone
		N Butyl Acetate
		Ethyl Acetate
		Glycol Ether EB
		Glycol Ether EEAC
		Isobutyl acetate
		Isopropyl Acetate
		Methyl Ethyl Ketone
		Methyl Isobutyl Keto
		N Propyl Acetate
		Glycol Ether PM
		Glycol Ether PMA
		Tetrahydrofuran
		Cyclohexanone
		Glycol Ether EE
		Glycol Ether EM
		Glycol Ether EEP
		Glycol Ether EP
Other:	0.9%	OTHERS
	100.0%	TOTAL

ANALYSISBY: RF APPROVEDBY: WO

QUALITY . . . In All We Do

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

HYDRITE CHEMICAL

GENERATOR	HYDRITE AUTHORIZATION #	STATE MANIFEST
TICON INDUSTRIES, INC.	14232-K-110024	WI 7271

EPA WASTE CODE NUMBERS							
D039	D022						

Is this waste ☒ Non-wastewater or ☐ Wastewater? (see 40 CFR 268.2) Check ONE

Indicate all the Universal Treatment Standards and/ or EPA Waste Codes as they apply to your waste by checking the appropriate boxes in sections A, B, C, D. For those treatment standards not listed in sections A, B, C, or D, list their waste Code, Regulated Constituent, and treatment level in Section E.

SECTION A — IGNITABLE WASTE TREATMENT STANDARDS

WASTE CODE	Waste Description and Treatment/Regulatory Subcategory	WASTEWATER Concentration in mg/l or Technology Code	NON-WASTEWATER Concentration in mg/l unless noted as mg or Technology Code
☐ D001	Ignitable Characteristic Wastes, except for the §261.21(a)(1) High TOC Subcategory, that are managed in non-CWA / non-CWA-equivalent / non-Class I SDWA systems.	DEACT and meet §268.48 Standards; or RORGS; or CMBST	DEACT and meet §268.48 standards or RORGS; or CMBST
☐ D001	High TOC Ignitable Characteristic Liquids Subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of non-wastewater only.)	N/A	RORGS; or CMBST

SECTION B — CORROSIVE WASTE TREATMENT STANDARDS

☐ D002	Corrosive Characteristic Wastes that are managed in non-CWA / non-CWA equivalent / non-Class I SDWA systems.	DEACT and meet §268.48 standards	DEACT and meet §268.48 standards
☐ D002	Corrosive Characteristic Wastes that are managed in CWA, CWA-equivalent, or Class I SDWA systems.	DEACT	DEACT

SECTION C — METAL WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/l-TCLP	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/l-TCLP	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/l-TCLP
☐ Antimony	1.9	2.1	☐ Chromium (total) (D007)	2.77	0.86	☐ Selenium (D010)	0.82	0.1[illegible]
☐ Arsenic (D004)	1.4	5.0	☐ Lead (D008)	0.69	0.37	☐ Silver (D011)	0.43	0.3[illegible]
☐ Barium (D005)	1.2	7.6	☐ Mercury (non-wastewater from Retort)	N/A	0.20	☐ Thallium	1.4	0.07[illegible]
☐ Beryllium	0.82	0.014	☐ Mercury - all others	0.15	0.025	☐ Vanadium	4.3	0.2[illegible]
☐ Cadmium (D006)	0.69	0.19	☐ Nickel	3.98	5.0	☐ Zinc	2.61	5.3

SECTION D — WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/kg (*mg/l-TCLP)	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/kg (*mg/l-TCLP)	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/kg (*mg/l-TCLP)
☐ Acetone	0.28	160	☐ 1,2 Dichloroethane	0.21	6.0	☐ Pyridine	0.014	16
☐ Benzene	0.14	10	☐ Ethyl acetate	0.34	33	☐ Tetrachloroethylene	0.056	6.0
☐ n-Butyl alcohol	5.6	2.6	☐ Ethyl Benzene	0.057	10	☐ Toluene	0.080	10
☐ Carbon disulfide	3.8	N/A	☐ Ethyl ether	0.12	160	☐ 1,1,1-Trichloroethane	0.054	6.0
☐ Carbon tetrachloride	0.057	6.0	☐ Isobutyl alcohol	5.6	170	☐ 1,1,2-Trichloroethane	0.054	6.0
☐ Chlorobenzene	0.057	6.0	☐ Methanol	5.6	0.75*	☐ 1,1,2-Trichloro-1,2,2 trifluoroethane	0.057	3.0
☐ Chloroform	0.046	6.0	☐ Methylene chloride	0.089	30	☐ Trichloroethylene	0.054	6.0
☐ O-Cresols	0.11	5.6	☐ Methyl ethyl ketone	0.26	36	☐ Trichloromonofluoromethane	0.020	30
☐ M & P Cresols	0.77	5.6	☐ Methyl isobutyl ketone	0.14	33	☐ Vinyl chloride	0.27	6.0
☐ Cyclohexanone	0.36	0.75*	☐ Nitrobenzene	0.068	14	☐ Xylene	0.32	30

SECTION E — WASTE TREATMENT STANDARDS NOT LISTED ABOVE

WASTE CODE	REGULATED CONSTITUENT	WASTEWATER	NON-WASTEWATER

SECTION F — CALIFORNIA LIST WASTES

- ☐ Liquid hazardous wastes having a pH less than or equal to two (2)
- ☐ Liquid hazardous wastes containing PCBs at a concentration greater than or equal to 50 ppm
- ☐ Liquid hazardous wastes that contain HOCs in total concentration greater than or equal to 1000 mg/l
- ☐ Nonliquid hazardous wastes containing HOCs in total concentration greater than or equal to 1000 mg/kg
- ☐ Free (amenable to chlorination) cyanides greater than or equal to 1000 mg/l
- ☐ One or more of the following metals greater than or equal to the following: Arsenic and/or compounds: 500 mg/l; Cadmium and/or compounds: 100 mg/l; Chromium and/or compounds: [illegible] mg/l; Lead and/or compounds: 500 mg/l; Mercury and/or compounds: 20 mg/l; Nickel and/or compounds: 134 mg/l; Selenium and/or compounds: 100 mg/l; Thallium and/or compounds: 130 mg/l.

SECTION G — UNDERLYING HAZARDOUS CONSTITUENTS

If there are underlying hazardous constituents of concern which do not meet the treatment standard of 40 CFR 268.48, Table UST-Universal Treatment Standard, then mark all underlying hazardous constituents on page #2.

D001, D002, or D012-D043 to be treated in a non-CWA system, and that contain underlying hazardous constituents - Check all underlying hazardous constituents present.

An underlying hazardous constituent is defined at 40 CFR 268.2(i) as any constituent listed in the universal treatment standards table (40 CFR 268.48), present at a concentration above its constituent-specific treatment standard. These constituents and their treatment standards are listed on next page. D001 wastes (only) treated by incineration, fuels substitution, or other recovery system do not require identification of underlying hazardous constituents.

TEXAS NATURAL RESOURCE
CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved. OMB No. 2050-0039. expires 09/30 9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124

Manifest Document No.

2. Page 1 of 1

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

3. Generator's Name and Mailing Address TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

4. Generator's Phone (630 964-2330

A. State Manifest Document Number SK 777158

B. State Generator's ID 99917

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number ILD 984908202

C. State Transporter's ID 88888

D. Transporter's Phone 847 468-6560

7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC.

8. US EPA ID Number SCD 987574647

E. State Transporter's ID

F. Transporter's Phone 803 798-2993

9. Designated Facility Name and Site Address 000818
SAFETY-KLEEN SYSTEMS, INC
1722 COOPER CREEK ROAD
DENTON, TX 76208

10. US EPA ID Number TXD 077603371

G. State Facility ID 65124

H. Facility's Phone 940 483-5200

11A. 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.
X	a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)		DM	0015	G	OUTS113H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above
IA) D008 D007

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
MFST R/T# 96690797 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE THESE SUBSEQUEN T CARRIERS: 81300,40355,41015,40582
SKDOT# A: 1160 B: C: D:

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

GENERATOR

Printed/Typed Name | Signature | Month | Day | Ye

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month | Day | Ye

18. Transporter 2 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month | Day | Ye

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month | Day | Ye

FOR SAFETY-KLEEN USE ONLY

81363-R4747 SAFETY-KLEEN CORP. PAGE 1 OF 1

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN SYSTEMS, INC.
1722 COOPER CREEK ROAD
DENTON, TX 76208

EPA ID: TXD077603371

1-28-98

UNDER MANIFEST NUMBER SK777158 LINE NUMBER
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS.
IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES ***	PROHIBITED LEVEL AND TREATMENT STANDARD
NICKEL (NI)	134 MG/L PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D007	CHROMIUM (CR)	0.60 MG/L ******
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
****** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

GENERATOR NAME: TRICON IND EPA ID:

GENERATOR SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

Certificate of Recycling

Generator: Tricon Industries
Address: 2325 Wisconsin Ave.
Downers Grove, IL 60515

CES Recovery Systems has processed waste from the above generator as indicated on the NonHazardous Manifest # 22378 dated October 19, 1998.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 10-30-98
Date destroyed: 11-02-98

Steven Huizenga

Steve Huizenga, President

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2.2.3.7.8

2. Page 1 of 10/19/98

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

4. Generator's Phone (630) 964-2330

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0

A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I.N.D.9.8.5.0.9.2.6.0.0

C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	005	D.F	00275	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste

Printed/Typed Name: RICHARD SCHMITZ | Signature | Month 10 Day 19 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: John P Algozine | Signature | Month 10 Day 19 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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: L. Schreiber | Signature | Month 10 Day 19

GENERATOR | TRANSPORTER | FACILITY

ORIGINAL - RETURN TO GENERATOR

TO: SAFETY-KLEEN SYSTEMS, INC
1500 VILLA STREET
ELGIN IL 60120

EPA ID NO. ILD005059112
(DESIGNATED FACILITY)

UNDER MANIFEST/SALES SERVICE NUMBER (716940) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000973
WASTE CODE(S): D039 D006 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D002	LEAD (PB)	5.0 MG/L EP OR TCLP
D002	LEAD (PB)	0.75 MG/L ******
D006	LEAD ACID BATTERIES SUBCATEGORY	RLEAD ******
D008	RADIOACTIVE LEAD SOLIDS SUBCATEGORY	MACRO ******
D018	BENZENE	10 MG/KG ****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****
D040	TRICHLOROETHYLENE	6.0 MG/KG ****

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
****** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/98.

GENERATOR NAME: TRICON EPA ID: ILD005084124

SEQ#: 9502 LOC: 503401 CUST: 5-034-01-4473 TERR: 27 REF#: 716940 SW: 98

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2.2.2.7.8

2. Page 1 of

10/19/98

3. Generator's Name and Mailing Address
Tricon Industries
2325 Wisconsin Ave
Downers Grove, IL 60515
4. Generator's Phone (630) 964-2330

5. Transporter 1 Company Name
CES Recovery Systems

6. US EPA ID Number
I.N.D.9.8.5.0.9.2.6.0.0

A. Transporter's Phone
IND985092600
(219)977 2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number
I.N.D.9.8.5.0.9.2.6.0.0

C. Facility's Phone
9160899740
(800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	2 5	D.F	2 2.7	G
b.				
c.				
d.				

GENERATOR

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste

Printed/Typed Name	Signature	Month	Day	Year
X RICHARD SCHMIDT	X	10	19	

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[illegible]	[illegible]	10	19	

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON, IL 60419

EPA ID: ILD980613913

(ER MANIFEST NUMBER IL8300986 LINE NUMBER 11A

THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS.
IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES ***	PROHIBITED LEVEL AND TREATMENT STANDARD	
NICKEL (NI)	134 MG/L	PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D007	CHROMIUM (CR)	0.60 MG/L ******
D008	LEAD (PB)	5.0 MG/L EP OR TCLP
D008	LEAD (PB)	0.75 MG/L ******
D008	LEAD ACID BATTERIES SUBCATEGORY	RLEAD ******
D008	RADIOACTIVE LEAD SOLIDS SUBCATEGORY	MACRO ******

NOTES:
* THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
****** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

GENERATOR NAME: TRICON IND EPA ID:

GENERATOR SIGNATURE (OPTIONAL): 10-14-98

NAME & TITLE (OPTIONAL):

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

STATE OF ILLINOIS
SAFETY-KLEEN CORP. P.O. BOX 19276
5-034-01 STATE PRESCRIBED FORM

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005084124 — Manifest Document No. 08696
2. Page 1 of 1

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

3. Generator's Name and Mailing Address — Location if Different:
TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

4. Generator's Phone (630 964-2330

A. Illinois Manifest Document Number: IL 8350986 — MANIFEST FEE PAID

B. Illinois Generator's ID: 0430305017

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

C. Illinois Transporter's ID: UPW0151288OH
D. Transporter's Phone: 847 468-6560

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCD 987574647

E. Illinois Transporter's ID: UPW0203954OH
F. Transporter's Phone: 803 798-2993

9. Designated Facility Name and Site Address: SAFETY-KLEEN SYSTEMS, INC 000654
633 E 138TH ST
DOLTON, IL 60419
10. US EPA ID Number: ILD 980613913

G. Illinois Facility's ID: 0310690006

H. Facility's Phone: 708 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	005	DF	00275	G	EPA HW Number: X X D008 / Authorization Number
b.					EPA HW Number: X X / Authorization Number
c.					EPA HW Number: X X / Authorization Number
d.					EPA HW Number: X X / Authorization Number

J. Additional Descriptions for Materials Listed Above: IA) D007

K. Handling Codes for Wastes Listed Above in Item #14: M141

15. Special Handling Instructions and Additional Information: 608696 MFST R/T# 96131391 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 1160 B: C: D:

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

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 Kaypie — Signature: Gary Kaypie — DATE: Month 10 Day 14 Year 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Aguirre — Signature: [signature] — DATE: Month 10 Day 14 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: DUANE HARTMANN — Signature: [signature] — DATE: Month 10 Day 18 Year 98

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: M. Shell Man — Signature: M. Shell Man — DATE: Month 10 Day 18 Year 98

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

A)1725828/1089308

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS
SAFETY-KLEEN CORP. P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
5-034-01 STATE PRESCRIBED FORM State Form LPC 62 8/81 IL532-0610
FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH **EPA Form 8700-22 (6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005084124 | Manifest Document No.
2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: TRICON INC, 2325 WISCONSIN AVE, DOWNERS GROVE IL 60515 | Location if Different:
4. Generator's Phone (630) 964-2330

A. Illinois Manifest Document Number: IL 8350986 MANIFEST FEE PAID
B. Illinois Generator's ID: 0430305017
C. Illinois Transporter's ID: UPW01112880H
D. Transporter's Phone: 847 468-6560

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCD 987574647

E. Illinois Transporter's ID: UPW020395 40H
F. Transporter's Phone: 803 798-2993

9. Designated Facility Name and Site Address: SAFETY-KLEEN SYSTEMS, INC 000654, 633 E 138TH ST, DOLTON, IL 60419
10. US EPA ID Number: ILD 980613913

G. Illinois Facility's ID: 0310690006
H. Facility's Phone: 708 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	DM		G		EPA HW Number: X X D008 / Authorization Number
b.					EPA HW Number: X X / Authorization Number
c.					EPA HW Number: X X / Authorization Number
d.					EPA HW Number: X X / Authorization Number

J. Additional Descriptions for Materials Listed Above: IA, D007

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information: MFST R/T# 96131391 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 1160 B: C: D:

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

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

Printed/Typed Name | Signature | DATE Month Day Year

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

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

19. Discrepancy Indication Space

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

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

A)1725826/1089 COPY 5. GENERATOR MAIL TO IEPA (RCRA AND PCB WASTES)

STATE OF ILLINOIS
SAFETY-KLEEN CORP. P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
STATE PRESCRIBED FORM State Form LPC 62 8/81 IL532-0610
0-000-00
FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH **EPA Form 8700-22 (6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 58323
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 Ind, 2325 Wisconsin, Downers Grove Il 60515
Location if Different:
4. Generator's Phone (630) 964-2330

A. Illinois Manifest Document Number: IL 8343487 — MANIFEST FEE PAID
B. Illinois Generator's ID: 0430305017

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: ILD 000805911
C. Illinois Transporter's ID: UPW01512880H
D. ( ) 847 468-6560 Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. Illinois Transporter's ID: UPW20395408
F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: 000249 SAFETY-KLEEN SYSTEMS, INC, 1500 VILLA STREET, ELGIN, IL 60120
10. US EPA ID Number: ILD 000805911
G. Illinois Facility's ID: 0314380001
H. Facility's Phone: 847 468-6560

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	001	TT	425	G	EPA HW Number: XA; Authorization Number:
b.					EPA HW Number: XX; Authorization Number:
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14: 96063789

15. Special Handling Instructions and Additional Information MFST R/T# 00000000
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
71-1241 SKDOT# A: 850 B: C: D:

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

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

Printed/Typed Name	Signature	DATE Month	Day	Year
RICHARD SCHMITT	[signature]	9	24	98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month	Day	Year
[signature]	[signature]	9	24	98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Michelle Caamzi	[signature]	9	24	98

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved. OMB No. 2050-0039, expires 09/30 9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 47101
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 AVE
DOWNERS GROVE IL 60515
4. Generator's Phone: 630 964-2330

A. State Manifest Document Number: SK 777563
B. State Generator's ID: 99917

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. US EPA ID Number: ILD 984908202
C. State Transporter's ID: 88888
D. Transporter's Phone: 847 468-6560

7. Transporter 2 Company Name: SAFETY KLEEN (T6) Inc
8. US EPA ID Number: SCD987574647
E. State Transporter's ID: 41747
F. Transporter's Phone: 708 849-4850

9. Designated Facility Name and Site Address: 000618
SAFETY-KLEEN SYSTEMS, INC
1722 COOPER CREEK ROAD
DENTON, TX 76208
10. US EPA ID Number: TXD 077603371
G. State Facility ID: 65124
H. Facility's Phone: 940 383-2611

11A. 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.
X	a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	004	DF	00220	G	UTS113H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above: IA) D008 D007
K. Handling Codes for Wastes Listed Above: M141

15. Special Handling Instructions and Additional Information: 347101 MFST R/T# 95890361 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE THESE SUBSEQUEN T CARRIERS: 81300,40355,41015,40582
SKDOT# A: 1160 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state 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: Richard Salenick
Signature: [signature]
Month Day Year: 09 01 19

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Aguirre
Signature: [signature]
Date: 09 01 19

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: DUANE HARTMAN
Signature: [signature]
Date: 09 08 19

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: B. Forte
Signature: [signature]
Date: 09 09

GENERATOR / TRANSPORTER / FACILITY

82101

PROL# A0001725828 - 7

White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN SYSTEMS, INC.
1722 COOPER CREEK ROAD
DENTON, TX 76208

EPA ID: TXD077603371

UNDER MANIFEST NUMBER SK777563 LINE NUMBER 11A
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS.
IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES ***	PROHIBITED LEVEL AND TREATMENT STANDARD	
NICKEL (NI)	134 MG/L	PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D008	LEAD (PB)	5.0 MG/L EP OR TCLP

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES.
****AND MEET UNIVERSAL TREATMENT STANDARDS
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

GENERATOR NAME: TRICON IND EPA ID:

GENERATOR SIGNATURE (OPTIONAL): 9-1-98

NAME & TITLE (OPTIONAL):

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

K54214-R5732 SAFETY-KLEEN 07/27/98 PAGE: 1
LOCATION: 503401 LAND DISPOSAL RESTRICTION NOTICE 18:21:46

TO: SAFETY-KLEEN SYSTEMS, INC. EPA ID NO. ILD000805911
1500 VILLA STREET (DESIGNATED FACILITY)
ELGIN, IL 60120

039726

U. ER MANIFEST/SALES SERVICE NUMBER ~~[illegible]~~.) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
D008	LEAD (PB)	5.0	MG/L EP OR TCLP
D018	BENZENE	10	MG/KG ****
D039	TETRACHLOROETHYLENE	6.0	MG/KG ****
D040	TRICHLOROETHYLENE	6.0	MG/KG ****

8-20-98

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 6/30 FOR UT/MN OR ON 12/31 FOR ALL STATES.

GENERATOR NAME: TRICON EPA ID: ILD005084124

SEQ#: 9101 LOC: 503401 CUST: 5-034-01-4473 TERR: 27 REF#: 39726 SW: 98

TEXAS NATURAL RESOURCE 5-034-01
CONSERVATION COMMISSION
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved OMB No. 2050-0039. expires 09/30

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 175261
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 AVE
DOWNERS GROVE IL 60515
4. Generator's Phone ( ) 630 964-2330

A. State Manifest Document Number: SK 777486
B. State Generator's ID: 99917

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. US EPA ID Number: ILD 984908202
C. State Transporter's ID: 88888
D. Transporter's Phone: 847 468-6560

7. Transporter 2 Company Name: TRI STATE MOTOR TRANSIT CO
8. US EPA ID Number: MOD095038998
E. State Transporter's ID: 40355
F. Transporter's Phone: 800 234 8768

9. Designated Facility Name and Site Address: 000618
SAFETY-KLEEN ~~CORP.~~ Systems, Inc.
1722 COOPER CREEK ROAD
DENTON, TX 76208
10. US EPA ID Number: TXD 077603371
G. State Facility ID: 65124
H. Facility's Phone: 940 383-2611

11A. 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.
X	a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	005	DF	00275	G	OUTS113H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above: (A) D008 D007
K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: 175261 MFST R/T# 95654114 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE THESE SUBSEQUEN T CARRIERS: 81300,40355,41015,40582
SKDOT# A: 1160 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state 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: RICHARD SCHMITT
Signature: [signature]
Month Day Year: 07 01 19

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN JASPER
Signature: [signature]
Date: 07 01 19

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Vincent T. Boyd
Signature: Vincent T. Boyd
Date: 07 01 19

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: S. Watson
Signature: S Watson
Date: 07 12 19

GENERATOR
TRANSPORTER
FACILITY

TNRCC-0311 (Rev. 07/19) 172 5828-7

White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN ~~CORP.~~ Systems, Inc.
1722 COOPER CREEK ROAD
DENTON, TX 76208

EPA ID: TXD077603371

CORRECTED COPY

UNDER MANIFEST NUMBER SK77486 LINE NUMBER 11A
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS.
IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES ***	PROHIBITED LEVEL AND TREATMENT STANDARD	
NICKEL (NI)	134 MG/L	PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D008	LEAD (PB)	5.0 MG/L EP OR TCLP

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES.
****AND MEET UNIVERSAL TREATMENT STANDARDS
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

GENERATOR NAME: TRICON IND EPA ID: ~~TX~~ D005089124

GENERATOR SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

7.1.98

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

469325

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

Form approved. OMB No. 2050-0039, expires 09/30

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. ILD005084124	Manifest Document No. 12546	2. Page 1 of 1	Information in the shaded area is not required by Federal law

3. Generator's Name and Mailing Address TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515
4. Generator's Phone (630 964-2330)

A. State Manifest Document Number SK 414025
B. State Generator's ID 99917

5. Transporter 1 Company Name SAFETY-KLEEN CORP.
6. US EPA ID Number ILD 984908202
C. State Transporter's ID 88888
D. Transporter's Phone 847 468-6560

7. Transporter 2 Company Name TRI-STATE MOTOR TRANSIT CO
8. US EPA ID Number MOD095038998
E. State Transporter's ID 40355
F. Transporter's Phone 800 239 8768

9. Designated Facility Name and Site Address 000618
SAFETY-KLEEN CORP.
1722 COOPER CREEK ROAD
DENTON, TX 76208
10. US EPA ID Number TXD 077603371
G. State Facility ID 65124
H. Facility's Phone 940 383-2611

11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
X	a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	004	DF ~~DM~~	00220	G	OUTS113H
	b.					
	c.					
	d.					

J. Additional Descriptions for Materials Listed Above
IA) D008 D007

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information PP# 812546 MFST R/T# 95118897 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE THESE SUBSEQUEN T CARRIERS: 81300,40355,41015,40582
SKDOT# A: 1160 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and ar classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and nationa government regulations, including applicable state 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 b economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present an 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 selec the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month Day Y
X Joe Ledwa	X Joe Ledwa	04 13

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name	Signature	Month Day Y
ROBERT V. SKELTON	[signature]	04 13

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name	Signature	Month Day Y
William Hurt	W Hurt	04 17

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. — Date

Printed/Typed Name	Signature	Month Day
L Raabe	L Raabe	04 23

White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP.
1722 COOPER CREEK ROAD
DENTON, TX 76208

EPA ID: TXD077603371

4/13/98

UNDER MANIFEST NUMBER SK414035 LINE NUMBER 11A
THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS.
IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES ***	PROHIBITED LEVEL AND TREATMENT STANDARD	
NICKEL (NI)	134 MG/L	PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D008	LEAD (PB)	5.0 MG/L EP OR TCLP

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES.
****AND MEET UNIVERSAL TREATMENT STANDARDS
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

GENERATOR NAME: TRICON IND EPA ID:

GENERATOR SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

STATE OF ILLINOIS

SAFETY-KLEEN CORP. P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

STATE PRESCRIBED FORM State Form LPC 62 8/81 IL532-0610 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

0-000-00

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH EPA Form 8700-22 (6-89) Form Approved. OMB No 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 07273

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 Inc. 2325 Wisconsin Downers Grove Il 60515

Location if Different:

4. Generator's Phone (630) 964.2330

A. Illinois Manifest Document Number: IL 8303636 MANIFEST FEE PAID

B. Illinois Generator's ID: 0 4303050 17

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.

6. US EPA ID Number: ILD 984908202

C. Illinois Transporter's ID: 1123

D. (847) 468-6560 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 000249: SAFETY-KLEEN CORP. 1500 VILLA STREET ELGIN, IL 60120

10. US EPA ID Number: ILD 000805911

G. Illinois Facility's ID: 0314380001

H. Facility's Phone: 847 468-6560

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	001	TT	350	G	EPA HW Number X X; Authorization Number
b.					EPA HW Number X X; Authorization Number
c.					EPA HW Number X X; Authorization Number
d.					EPA HW Number X X; Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14: 95554974

15. Special Handling Instructions and Additional Information: MFST R/T# 00000000
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
71.1241 SKDOT# A: 850 B: C: D:

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

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: RICHARD SCHMITT Signature: [signature] DATE Month 6 Day 9 Year 98

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] Signature: [signature] DATE Month 6 Day 9 Year 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: DATE Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: Michelle Gemzsi Signature: Michelle Gemzsi DATE Month 6 Day 9 Year 98

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION 5-034-01
P.O. Box 13087
Austin, Texas 78711-3087

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

Form approved. OMB No. 2050-0039. expires 09/30/

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 — Manifest Document No. 44010

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 AVE
DOWNERS GROVE IL 60515

4. Generator's Phone (630 964-2330)

A. State Manifest Document Number SK 505874

B. State Generator's ID 99917

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.

6. US EPA ID Number: ILD 984908202

C. State Transporter's ID 88888 4088(

D. Transporter's Phone 847 468-6560

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 000618
SAFETY-KLEEN CORP.
1722 COOPER CREEK ROAD
DENTON, TX 76208

10. US EPA ID Number: TXD 077603371

G. State Facility ID 65124

H. Facility's Phone 940 383-2611

11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
X	a. RQ HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD) 9 NA3082 PG III (D008)(ERG#171)	006	DF	00330	G	OUTS113H
	b.					
	c					
	d.					

J. Additional Descriptions for Materials Listed Above
1A) D008 D007

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information 24040 MFST R/T# 95024999 5-034-01-4413
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTH'D TO USE THESE SUBSEQUEN T CARRIERS: 81300,40355,41015,40582
SKDOT# A: 1160 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state 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: X RICHARD SCHMITT — Signature: X Richard Schmitt — Month 03 Day 06 Ye 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: ROBERT V. SKELTON — Signature — Month 03 Day 06 Ye 9

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Ye

FACILITY

19. Discrepancy Indication Space

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

Date

Printed/Typed Name: S. Bridges — Signature — Month Day 03/19

TNRCC 311 (Rev. 12-7-9...) White - original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

[illegible] SAFETY-KLEEN CORP.
[illegible] COOPER CREEK ROAD
DENTON TX [illegible]

EPA ID: TXD077603371

5/6/99

[illegible] MANIFEST NUMBER SK505874 LINE NUMBER 11A

THE GENERATOR NOTED BELOW IS SHIPPING TO YOU A RESTRICTED WASTE UNDER FEDERAL AND STATE LAND DISPOSAL RESTRICTION REGULATIONS. IN ACCORDANCE WITH THESE REGULATIONS, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED AND THE EPA WASTE CODES AND APPROPRIATE TREATMENT STANDARDS ARE AS FOLLOWS:

HAZARDOUS WASTE CODES: D008 D007

TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES ***	PROHIBITED LEVEL AND TREATMENT STANDARD
[illegible] (NI)	134 MG/L PROHIBITED

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD CONCENTRATION OR TECHNOLOGY CODE
D007	CHROMIUM (CR)	5.0 MG/L TCLP
D008	LEAD (PB)	5.0 MG/L EP OR TCLP

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE SOLVENT RECOVERY OR USE AS FUEL PRIOR TO LAND DISPOSAL.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES.
****AND MEET UNIVERSAL TREATMENT STANDARDS
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

[illegible] NAME: TRICON IND EPA ID:

[illegible] SIGNATURE (OPTIONAL): _____

NAME & TITLE (OPTIONAL): _____

SAFETY-KLEEN SAMPLE NUMBER: 1089308 CONTROL NUMBER: 1725828-7

STATE OF ILLINOIS
SAFETY-KLEEN CORP
STATE PRESCRIBED FORM
0-000-00

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved. OMB No 2050-0039

UNIFORM ~~HAZARDOUS~~ WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124
Manifest Document No.: 65109

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 Ind, 2325 Wisconsin Ave, Downers Grove IL. 60515
Location if Different:

4. Generator's Phone (630) 964-2330

A. Illinois Manifest Document Number: IL 8154258 — MANIFEST FEE PAID

B. Illinois Generator's ID: 0430305017

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.

6. US EPA ID Number: ILD 984908202

C. Illinois Transporter's ID:

D. (847) 468-65[illegible] 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: SAFETY-KLEEN CORP. [illegible] VILLA STREET ELGIN, IL 60120

10. US EPA ID Number: ILD 000805911

G. Illinois Facility's ID: 0314[illegible]

H. Facility's Phone: 847 468-55[illegible]

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible] (NOT USDOT HAZARDOUS MATERIAL)	001	TT	00200		EPA HW Number: XX; Authorization Number:
b. ~~[illegible] AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)~~	—	~~TT~~	—		EPA HW Number: ~~XX~~; Authorization Number:
c. ~~USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)~~	—	~~TT~~	—		EPA HW Number: ~~XX~~; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14: 95211941

15. Special Handling Instructions and Additional Information: MFST R/T# 00000000
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
OK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
Print# M65109 5-034-71- SKDOT# A: ~~100~~ 852 B: C: D:

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

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

Printed/Typed Name	Signature	DATE Month Day Year
RICHARD SCHMITT	Richard Schmitt	04 09 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month Day Year
ANDRES BONNOT	[signature]	04 09 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	DATE Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month Day Year
Michelle Gemzsi	Michelle Gemzsi	4 9 98

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

LOCATION: 503401 LAND DISPOSAL RESTRICTION NOTICE 17:19:51

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN, IL 60120

EPA ID NO. ILD000080391
(DESIGNATED FACILITY)

4/24/98

UNDER MANIFEST/SALES SERVICE NUMBER (033525) THE GENERATOR NOTED BELOW IS SHIPPING TO YOU ~~WASTE~~ DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 9644 SOLVENT 150 D039 SKDOT#: 0000975
WASTE CODE(S): D039 D008 D018 D040
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE	
D008	LEAD (PB)	5.0	MG/L EP OR TCLP
D018	BENZENE	10	MG/KG ****
D039	TETRACHLOROETHYLENE	6.0	MG/KG ****
D040	TRICHLOROETHYLENE	6.0	MG/KG ****

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: TRICON EPA ID: ILD005084124

SEQ#: 7906 LOC: 503401 CUST: 5-034-01-4473 TERR: 27 REF#: 33525 SW: 98

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 5-95

WISCONSIN DEPT. OF NATURAL RESOURCES

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

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

FOR DNR USE ONLY

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. ILD 005084124
Manifest Document No. 010108
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, INC.
2325 WISCONSIN AVE. DOWNERS GROVE, IL. 60515
Site Location If Different
4. Generator's Phone (630) 964-2330

A. State Manifest Document Number WI J727172
B. State Generator's ID IL. 0530305017

5. Transporter 1 Company Name
HYDRITE CHEMICAL CO.
6. US EPA ID Number ILD 984781880
C. State Transporter's ID 0096
D. Transporter's Phone 847-540-581

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
HYDRITE CHEMICAL CO.
114 NORTH MAIN ST.
COTTAGE GROVE, WI 53527
10. US EPA ID Number WID 000808824
G. State Facility's ID
H. Facility's Phone 608-257-1414

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, WASTE TETRACHLOROETHYLENE 6.1 UN-1897 PG III ERG-74 F001	009	DM	00220	G	F010
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
D039 D022

K. Handling Codes for Wastes Listed Ab

15. Special Handling Instructions and Additional Information AUTHORIZATION # 14232-K-98773
EMERGENCY # 630-964-2330

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prop shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to a plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural R sources. 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 t degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal current 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: TONY TUMMIE
Signature: [signature]
Date: Month 08 Day 11

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: JOHN NOTEK DRIVER
Signature: [signature]
Date: Month 08 Day 11

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

FACILITY

19. Discrepancy Indication Space

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

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

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 Ge
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

COPY 2-
GENERATOR RETAIN

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

HYDRITE CHEMICA

GENERATOR	HYDRITE AUTHORIZATION #	STATE MANIFEST
TRICON INDUSTRIES, INC.	14232-98773	WIN 72717

EPA WASTE CODE NUMBERS							
D039	D022						

s this waste ☒ Non-wastewater or ☐ Wastewater? (see 40 CFR 268.2) Check ONE

ndicate all the Universal Treatment Standards and/ or EPA Waste Codes as they apply to your waste by checking the appropriate boxes in sections A, B, C, D. For those treatment standards not listed in sections A, B, C, or D, list their waste Code, Regulated Constituent, and treatment level in Section E.

SECTION A — IGNITABLE WASTE TREATMENT STANDARDS

WASTE CODE	Waste Description and Treatment/Regulatory Subcategory	WASTEWATER Concentration in mg/l or Technology Code	NON-WASTEWATER Concentration in mg/l unless noted as "mg/ or Technology Code
☐ D001	Ignitable Characteristic Wastes, except for the §261.21(a)(1) High TOC Subcategory, that are managed in non-CWA / non-CWA-equivalent / non-Class I SDWA systems.	DEACT and meet §268.48 Standards; or RORGS; or CMBST	DEACT and meet §268 • j standarc or RORGS; or CMBST
☐ D001	High TOC Ignitable Characteristic Liquids Subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of non-wastewater only.)	N/A	RORGS; or CMBST

SECTION B — CORROSIVE WASTE TREATMENT STANDARDS

☐ D002	Corrosive Characteristic Wastes that are managed in non-CWA / non-CWA equivalent / non-Class I SDWA systems.	DEACT and meet §268.48 standards	DEACT and meet §268.48 standards
☐ D002	Corrosive Characteristic Wastes that are managed in CWA, CWA-equivalent, or Class I SDWA systems.	DEACT	DEACT

SECTION C — METAL WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/l-TCLP	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/l-TCLP	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTE mg/l-TC
☐ Antimony	1.9	2.1	☐ Chromium (total) (D007)	2.77	0.86	☐ Selenium (D010)	0.82	0.16
☐ Arsenic (D004)	1.4	5.0	☐ Lead (D008)	0.69	0.37	☐ Silver (D011)	0.43	0.30
☐ Barium (D005)	1.2	7.6	☐ Mercury (non-wastewater from Retort)	N/A	0.20	☐ Thallium	1.4	0.07
☐ Beryllium	0.82	0.014	☐ Mercury - all others	0.15	0.025	☐ Vanadium	4.3	0.23
☐ Cadmium (D006)	0.69	0.19	☐ Nickel	3.98	5.0	☐ Zinc	2.61	5.3

SECTION D — WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/kg (*mg/l-TCLP)	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTEWATER mg/kg (*mg/l-TCLP)	REGULATED CONSTITUENT	WASTEWATER mg/l	NON-WASTE mg/kg (*mg/
☐ Acetone	0.28	160	☐ 1,2 Dichloroethane	0.21	6.0	☐ Pyridine	0.014	16
☐ Benzene	0.14	10	☐ Ethyl acetate	0.34	33	☐ Tetrachloroethylene	0.056	6.0
☐ n-Butyl alcohol	5.6	2.6	☐ Ethyl Benzene	0.057	10	☐ Toluene	0.080	10
☐ Carbon disulfide	3.8	N/A	☐ Ethyl ether	0.12	160	☐ 1,1,1-Trichloroethane	0.054	6.0
☐ Carbon tetrachloride	0.057	6.0	☐ Isobutyl alcohol	5.6	170	☐ 1,1,2-Trichloroethane	0.054	6.0
☐ Chlorobenzene	0.057	6.0	☐ Methanol	5.6	0.75*	☐ 1,1,2-Trichloro-1,2,2 trifluoroethane	0.057	3.0
☐ Chloroform	0.046	6.0	☐ Methylene chloride	0.089	30	☐ Trichloroethylene	0.054	6.0
☐ O-Cresols	0.11	5.6	☐ Methyl ethyl ketone	0.26	36	☐ Trichloromonofluoromethane	0.020	30
☐ M & P Cresols	0.77	5.6	☐ Methyl isobutyl ketone	0.14	33	☐ Vinyl chloride	0.27	6.0
☐ Cyclohexanone	0.36	0.75*	☐ Nitrobenzene	0.068	14	☐ Xylene	0.32	30

SECTION E — WASTE TREATMENT STANDARDS NOT LISTED ABOVE

WASTE CODE	REGULATED CONSTITUENT	WASTEWATER	NON-WASTEWATER

SECTION F — CALIFORNIA LIST WASTES

- ☐ Liquid hazardous wastes having a pH less than or equal to two (2)
- ☐ Liquid hazardous wastes containing PCBs at a concentration greater than or equal to 50 ppm
- ☐ Liquid hazardous wastes that contain HOCs in total concentration greater than or equal to 1000 mg/l
- ☐ Nonliquid hazardous wastes containing HOCs in total concentration greater than or equal to 1000 mg/kg
- ☐ Free (amenable to chlorination) cyanides greater than or equal to 1000 mg/l
- ☐ One or more of the following metals greater than or equal to the following: Arsenic and/or compounds: 500 mg/l; Cadmium and/or compounds: 100 mg/l; Chromium and/or comp 0 mg/l; Lead and/or compounds: 500 mg/l; Mercury and/or compounds: 20 mg/l; Nickel and/or compounds: 134 mg/l; Selenium and/or compounds: 100 mg/l; Thallium pounds: 130 mg/l.

SECTION G — UNDERLYING HAZARDOUS CONSTITUENTS

If there are underlying hazardous constituents of concern which do not meet the treatment standard of 40 CFR 268.48, Table UST-Universal Treatment Standard, then mark all unde constituents on page #2.

D001, D002, or D012-D043 to be treated in a non-CWA system, and that contain underlying hazardous constituents - Check all underlying hazardous constituents present.

An underlying hazardous constituent is defined at 40 CFR 268.2(i) as any constituent listed in the universal treatment standards table (40 CFR 268.48), present at a concentration a constituent-specific treatment standard. These constituents and their treatment standards are listed on next page. D001 wastes (only) treated by incineration, fuels substitution, or o recovery system do not require identification of underlying hazardous constituents.

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 5-95

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

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

FOR DNR USE ONLY

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

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible]
Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded are is not required by Federal la

3. Generator's Name and Mailing Address [illegible]
Site Location If Different [illegible]
4. Generator's Phone [illegible]

A. State Manifest Document Number WI J727172
B. State Generator's ID [illegible]

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
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 [illegible]
10. US EPA ID Number [illegible]
G. State Facility's ID
H. Facility's Phone [illegible]

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

Additional Descriptions for Materials Listed Above
[illegible]

K. Handling Codes for Wastes Listed A

15. Special Handling Instructions and Additional Information [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by pro shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural sources. 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 degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal curren 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 [illegible]
Signature [illegible]
Date Month Day [illegible]

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title JOHN KEYLE DRIVER
Signature [illegible]
Date Month Day 03 11

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

19. Discrepancy Indication Space

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

Printed/Typed Name & Position Title John Baukin Warehouse
Signature [illegible]
Date Month Day 03 12

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 Ge
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

COPY 5-
FACILITY SEND TO GENERATOR

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE 608/839-4293

WASTE PROCESSING CERTIFICATION OF DESTRUCTION

For FINISHING EQ. (TRICON IND.)

WASTE MASTER#:	**14232**
AUTHORIZATION#:	**98773**
MANIFEST#:	**J727172**

This document certifies that the material listed on the referenced / attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which cannot be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE: 608/839-4293

INCOMING SAMPLE ANALYSIS FORM

LAB NUMBER: I803-319
DATE: 3/14/98
LAB TYPE: QCA
LOT NUMBER:

COMPANY: FINISHING EQ. (TRICON IND.)
WASTE MASTER: 14232
AUTH NUMBER: 98773
DISTRIBUTOR: K
MATERIAL: PERC RECYCLE
SALESPERSON: STEUCK,DAN
PART NUMBER: RWR040SP
CUSTOMER# FI1201

WET CHEMISTRY DATA

SOLVENT DENSITY: 1.5
PH: 7
TOTAL DIST:
PERCENT YIELD:
SOLIDS:
BTU PER LB:
CHLORIDES:
WATER BY KF:
COLOR APHA:
ACID ACCEPTANCE:
FLASHPOINT:
PCB NUMBER: P803-100

COMMENTS:
4 DRUMS
NON-VOLATILE RESIDUE 0.3%

Alcohols		N Butanol
		Ethanol
		Isobutanol
		Methanol
	0.6%	Water
		Isopropanol
		N Propanol
Diluents		Heptane
		Hexane
		Mineral Spirits
		100 Solvent
		Stoddard
		Toluene
		Xylene
		VMP Naphtha
Chlorinated		Methylene Chloride
	97.9%	Perchloroethylene
		111 Trichloroethane
		Freon
Actives		Trichloroethylene
		Acetone
		N Butyl Acetate
		Ethyl Acetate
		Glycol Ether EB
		Glycol Ether EEAC
		Isobutyl acetate
		Isopropyl Acetate
		Methyl Ethyl Ketone
		Methyl Isobutyl Ketone
		N Propyl Acetate
		Glycol Ether PM
		Glycol Ether PMA
		Tetrahydrofuran
		Cyclohexanone
		Glycol Ether EE
		Glycol Ether EM
		Glycol Ether EEP
		Glycol Ether EP
Other:	1.5%	OTHERS
	100.0%	**TOTAL**

ANALYSISBY: KB APPROVEDBY: BJS

QUALITY . . . In All We Do

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-4473 27 134192 195-
MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120 12/08/97

Under manifest/sales service number 134196 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE FO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED?
34150						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] EPA ID NO. [illegible]

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 16239

2. Page 1 of 1

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

3. Generator's Name and Mailing Address Location If Different

Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 800-645-8265

A. Illinois Manifest Document Number IL 7716239 FEE PAID IF APPLICABLE

B. Illinois Generator's ID 0430305011

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc

6. US EPA ID Number: MAD039322250

C. Illinois Transporter's ID 1476

D. 781 849-1800 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

Clean Harbors Services Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID 0316000055

H. Facility's Phone (773) 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III ERG#171	003	DF	00165	G	EPA HW Number XXD000 Authorization Number 00028
b. HYDRAULIC OIL, NON D.O.T. REGULATED, N/A	013	DF	00715	G	EPA HW Number XXCLASS Authorization Number 00027
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Description for Materials Listed Above
11a T33167 D010
11b T39901

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

WO# D792334

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT Signature: [signature] Date: Month 01 Day 21 Year 9

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulz Signature: [signature] Date: Month 01 Day 21 Year 9

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: ROB SHEAHAN Signature: [signature] Date: Month 01 Day 21 Year 9

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for & will accept the waste the generator is shipping.

COPY 1. TSD MAIL TO GENERATOR

740850-65

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 016239

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WAST CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER TH LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EP WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).

Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also chec applicable subcategory; for F001 through F005, check applicable constituents.

Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.

Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 = The waste is a characteristic hazardous waste D001, D002, D003, or D018-43 which is intended fo treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardou Constituents (UHC's) are NOT required to be identified.

1A = The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater tha or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) c combustion (CMBST) technology. UHC's are NOT required to be identified.

2 = The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D0 Explosive, Water Reactive or Other Reactive subcategory, D012-17 non-wastewater, or D018-43 which is intend for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located the United States. All UHC's which are reasonably expected to be present must be identified, except for D0 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologie Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum this form.

3 = The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which intended for export and treatment/disposal at a facility located outside the United States. LDR treatme standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, t identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exporte Note however that if the exported waste is subsequently returned for treatment/disposal in the United State all applicable LDR regulations would apply and a revised LDR notification would be required.

4 = The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatmer disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance wi the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternati treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LD Addendum and attach completed Addendum to this form.

5 = The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordnar subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 = The waste is a lab pack that is intended for incineration using the alternative lab pack treatment stand under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K1 P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY			COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ]	D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ]	D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
_____	[ ]	D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ]	D003			
		[ ]	Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	1 3 4 5 6
		[ ]	Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	1 3 4 5 6
		[ ]	Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	1 2 3 4 6
		[ ]	Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	1 2 3 4 6
		[ ]	Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	1 2 3 4 6
		[ ]	Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	1 3 4 5 6
_____	[ ]	D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ]	D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ]	D006			
		[ ]	Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
		[ ]	Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
_____	[ ]	D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	~~[ ]~~	D008			
		~~[ ]~~	Lead	[ ] WW ~~[ ]~~ Non-WW	3 4 (5) 6
		[ ]	Lead Acid Batteries	[ ] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
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SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	~~D1~~ D010 Selenium	[ ] WW ~~[ ]~~ Non-WW	3 4 (5) 6
	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

[ ]	1. ALL F001-F005	[ ]	12. Cyclohexanone	[ ]	25. Pyridine
[ ]	2. Acetone	[ ]	13. o-Dichlorobenzene	[ ]	26. Tetrachloroethy
[ ]	3. Benzene	[ ]	14. 2-Ethoxyethanol (F005 only)	[ ]	27. Toluene
[ ]	4. n-Butyl alcohol	[ ]	15. Ethyl acetate	[ ]	28. 1,1,1-Trichloro ethane
[ ]	5. Carbon disulfide	[ ]	16. Ethyl benzene	[ ]	29. 1,1,2-Trichloro ethane
[ ]	6. Carbon tetrachloride	[ ]	17. Ethyl ether	[ ]	30. Trichloroethyle
[ ]	7. Chlorobenzene	[ ]	18. Isobutyl alcohol	[ ]	31. 1,1,2-Trichloro 1,2,2-trifluoroe
[ ]	8. o-Cresol	[ ]	19. Methanol	[ ]	32. Trichloromonofl methane
[ ]	9. m-Cresol (difficult to distinguish from p-cresol)	[ ]	20. Methylene chloride	[ ]	33. Xylene - mixed (sum of o-, m-, p-xylene)
[ ]	10. p-Cresol (difficult to distinguish from m-cresol)	[ ]	21. Methyl ethyl ketone		
[ ]	11. Cresol - mixed isomers (sum of o-, m- and p-cresol)	[ ]	22. Methyl isobutyl ketone		
		[ ]	23. Nitrobenzene		
		[ ]	24. 2-Nitropropane (F005 only)		

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SECTION III. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION IV. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLET SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION V. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastev treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but dc discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equiva treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipit for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment techn that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which con greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be tr using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subse reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by w total suspended solids (TSS). [See 40 CFR 268.2(f)]

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SECTION I. UNDERLYING HAZARDOUS CONSTITUENTS (UHC'S)

[✓] Check here if one or more of the constituents listed in Section IV below are reasonably expected to be presen as an "Underlying Hazardous Constituent" in the waste. Then in Section IV, check off each constituent. Not that per the definition of UHC in 40 CFR 268.2, vanadium and zinc are NOT regulated as UHC's.

[ ] Check here if NONE of the UHC constituents listed in Section IV are expected to be present in the waste.

SECTION II. MULTI-SOURCE LEACHATE (WASTE CODE F039)

[ ] Check here if one or more of the constituents listed in Section IV are present as a constituent in th multi-source leachate (F039) waste. Then in Section IV below, check off each constituent. Note tha constituents which are identified by an asterisk (*) are NOT regulated as F039 constituents.

[ ] Check here if NONE of the F039 constituents listed in Section IV are present in the waste.

SECTION III. HAZARDOUS DEBRIS CONTAMINANTS SUBJECT TO TREATMENT (CSTT)

[ ] Check here if one or more of the constituents listed in Section IV is a CSTT for hazardous debris that i intended for treatment using the alternate treatment technologies in 40 CFR 268.45. To identify CSTT's, refe to the "Regulated Hazardous Constituent" column in the Treatment Standard Table in 40 CFR 268.40. Then, i Section IV below, check off the constituents that appear for each waste code used to identify the debris.

[ ] Check here if the entry in the "Regulated Hazardous Constituent" column in the Treatment Standard Table in CFR 268.40 is "Not Applicable", i.e. D001, D002, and D003 (non-cyanides subcategories only).

SECTION IV. LIST OF CONSTITUENTS - INCLUDE MANIFEST LINE ITEM

250. _____ [ ] A2213 (*)
34. _____ [ ] Acenaphthylene
35. _____ [ ] Acenaphthene
36. _____ [ ] Acetone
37. _____ [ ] Acetonitrile
38. _____ [ ] Acetophenone
39. _____ [ ] 2-Acetylaminofluorene
40. _____ [ ] Acrolein
41. _____ [ ] Acrylamide (*)
42. _____ [ ] Acrylonitrile
251. _____ [ ] Aldicarb sulfone (*)
43. _____ [ ] Aldrin
44. _____ [ ] 4-Aminobiphenyl
45. _____ [ ] Aniline
46. _____ [ ] Anthracene
47. _____ [ ] Antimony
48. _____ [ ] Aramite
49. _____ [ ] Arsenic
50. _____ [ ] alpha-BHC
51. _____ [ ] beta-BHC
52. _____ [ ] delta-BHC
53. _____ [ ] gamma-BHC
252. _____ [ ] Barban (*)
54. _____ [ ] Barium
253. _____ [ ] Bendiocarb (*)
254. _____ [ ] Bendiocarb phenol (*)
255. _____ [ ] Benomyl (*)
55. _____ [ ] Benzene
56. _____ [ ] Benz(a)anthracene
57. _____ [ ] Benzal chloride (*)
58. _____ [ ] Benzo(b)fluoranthene (difficult to distinguish from Benzo(k)fluoranthene)
59. _____ [ ] Benzo(k)fluoranthene (difficult to distinguish from Benzo(b)fluoranthene)
60. _____ [ ] Benzo(g,h,i)perylene
61. _____ [ ] Benzo(a)pyrene
62. _____ [ ] Berylium
63. _____ [ ] Bromodichloromethane
64. _____ [ ] Bromomethane (Methyl bromide)
65. _____ [ ] 4-Bromophenyl phenyl ether
66. _____ [ ] n-Butyl alcohol
256. _____ [ ] Butylate (*)
67. _____ [ ] Butyl benzyl phthalate
68. _____ [ ] 2-sec-Butyl-4,6-dinitrophenol (Dinoseb)
69. _____ [ ] Cadmium
257. _____ [ ] Carbaryl (*)
258. _____ [ ] Carbendazim (*)
259. _____ [ ] Carbofuran (*)
260. _____ [ ] Carbofuran phenol (*)
70. _____ [ ] Carbon disulfide
71. _____ [ ] Carbon tetrachloride
261. _____ [ ] Carbosulfan (*)

72. _____ [ ] Chlordane (alpha and gamma isomers)
73. _____ [ ] p-Chloroaniline
74. _____ [ ] Chlorobenzene
75. _____ [ ] Chlorobenzilate
76. _____ [ ] 2-Chloro-1,3-butadiene
77. _____ [ ] Chlorodibromomethane
78. _____ [ ] Chloroethane
79. _____ [ ] bis(2-Chloroethoxy)methane
80. _____ [ ] bis(2-Chloroethyl)ether
81. _____ [ ] Chloroform
82. _____ [ ] bis(2-Chloroisopropyl)ether
83. _____ [ ] p-Chloro-m-cresol
84. _____ [ ] 2-Chloroethyl vinyl ether (*)
85. _____ [ ] Chloromethane (Methyl Chloride)
86. _____ [ ] 2-Chloronaphthalene
87. _____ [ ] 2-Chlorophenol
88. _____ [ ] 3-Chloropropylene
89. _____ [ ] Chromium (Total)
90. _____ [ ] Chrysene
91. _____ [ ] o-Cresol
92. _____ [ ] m-Cresol (difficult to distinguish from p-Cresol)
93. _____ [ ] p-Cresol (difficult to distinguish from o-Cresol)
262. _____ [ ] m-Cumenyl methylcarbamate (*)
94. _____ [ ] Cyanides (Total)
95. _____ [ ] Cyanides (Amenable)
263. _____ [ ] Cycloate (*)
96. _____ [ ] Cyclohexanone
97. _____ [ ] 1,2-Dibromo-3-chloropropane
98. _____ [ ] 1,2-Dibromoethane (Ethylene dibr
99. _____ [ ] Dibromomethane
100. _____ [ ] 2,4-Dichlorophenoxyacetic acid (
101. _____ [ ] o,p'-DDD
102. _____ [ ] p,p'-DDD
103. _____ [ ] o,p'-DDE
104. _____ [ ] p,p'-DDE
105. _____ [ ] o,p'-DDT
106. _____ [ ] p,p'-DDT
107. _____ [ ] Dibenz(a,h)anthracene
108. _____ [ ] Dibenzo(a,e)pyrene
109. _____ [ ] m-Dichlorobenzene
110. _____ [ ] o-Dichlorobenzene
111. _____ [ ] p-Dichlorobenzene
112. _____ [ ] Dichlorodifluoromethane
113. _____ [ ] 1,1-Dichloroethane
114. _____ [ ] 1,2-Dichloroethane
115. _____ [ ] 1,1-Dichloroethylene
116. _____ [ ] trans-1,2-Dichloroethylene
117. _____ [ ] 2,4-Dichlorophenol
118. _____ [ ] 2,6-Dichlorophenol
119. _____ [ ] 1,2-Dichloropropane
120. _____ [ ] cis-1,3-Dichloropropylene
121. _____ [ ] trans-1,3-Dichloropropylene

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122. _____ [ ] Dieldrin
123. _____ [ ] Diethyl phthalate
264. _____ [ ] Diethylene glycol, dicarbamate (*)
124. _____ [ ] 2,4-Dimethyl phenol
125. _____ [ ] Dimethyl phthalate
126. _____ [ ] Di-n-butyl phthalate
127. _____ [ ] 1,4-Dinitrobenzene
128. _____ [ ] 4,6-Dinitro-o-cresol
129. _____ [ ] 2,4-Dinitrophenol
130. _____ [ ] 2,4-Dinitrotoluene
131. _____ [ ] 2,6-Dinitrotoluene
132. _____ [ ] Di-n-octyl phthalate
265. _____ [ ] Dimetilan (*)
133. _____ [ ] p-Dimethylaminoazobenzene (*)
134. _____ [ ] Di-n-propylnitrosoamine
135. _____ [ ] 1,4-Dioxane (*)
136. _____ [ ] Diphenylamine (difficult to distinguish from diphenylnitrosamine)
137. _____ [ ] Diphenylnitrosamine (difficult to distinguish from diphenylamine)
138. _____ [ ] 1,2-Diphenylhydrazine
139. _____ [ ] Disulfoton
266. _____ [ ] Dithiocarbamates (Total) (*)
140. _____ [ ] Endosulfan I
141. _____ [ ] Endosulfan II
142. _____ [ ] Endosulfan sulfate
143. _____ [ ] Endrin
144. _____ [ ] Endrin aldehyde
267. _____ [ ] EPTC (*)
145. _____ [ ] Ethyl acetate
146. _____ [ ] Ethyl cyanide (propanenitrile)
147. _____ [ ] Ethyl benzene
148. _____ [ ] Ethyl ether
149. _____ [ ] bis(2-Ethylhexyl)phthalate
150. _____ [ ] Ethyl methacrylate
151. _____ [ ] Ethylene oxide
152. _____ [ ] Famphur
153. _____ [ ] Fluoranthene
154. _____ [ ] Fluorene
155. _____ [ ] Fluoride
268. _____ [ ] Formetanate hydrochloride (*)
269. _____ [ ] Formparanate (*)
156. _____ [ ] Heptachlor
157. _____ [ ] Heptachlor epoxide
158. _____ [ ] Hexachlorobenzene
159. _____ [ ] Hexachlorobutadiene
160. _____ [ ] Hexachlorocylopentadiene
161. _____ [ ] HxCDDs (All hexachlorodibenzo-p-dioxins)
162. _____ [ ] HxCDFs (All hexachlorodibenzo-furans)
163. _____ [ ] Hexachloroethane
164. _____ [ ] Hexachloropropylene
165. _____ [ ] Indeno (1,2,3-c,d)pyrene
270. _____ [ ] 3-Iodo-2-propynyl n-butylcarbamate (*)
166. _____ [ ] Iodomethane
167. _____ [ ] Isobutyl alcohol
168. _____ [ ] Isodrin
271. _____ [ ] Isolan (*)
169. _____ [ ] Isosafrole
170. _____ [ ] Kepone
171. _____ [ ] Lead
172. _____ [ ] Mercury--Nonwastewater from Retort
173. _____ [ ] Mercury--All others
174. _____ [ ] Methacrylonitrile
175. _____ [ ] Methanol
176. _____ [ ] Methapyrilene
272. _____ [ ] Methiocarb (*)
273. _____ [ ] Methomyl (*)
177. _____ [ ] Methoxychlor
178. _____ [ ] 3-Methylcholanthrene
179. _____ [ ] 4,4-Methylene-bis(2-chloroaniline)
180. _____ [ ] Methylene chloride

181. _____ [ ] Methyl ethyl ketone
182. _____ [ ] Methyl isobutyl ketone
183. _____ [ ] Methyl methacrylate
184. _____ [ ] Methyl methansulfonate
185. _____ [ ] Methyl parathion
274. _____ [ ] Metolcarb (*)
275. _____ [ ] Mexacarbate (*)
276. _____ [ ] Molinate (*)
186. _____ [ ] Naphthalene
187. _____ [ ] 2-Naphthylamine
188. _____ [ ] Nickel
189. _____ [ ] o-Nitroaniline (*)
190. _____ [ ] p-Nitroaniline
191. _____ [ ] Nitrobenzene
192. _____ [ ] 5-Nitro-o-toluidine
193. _____ [ ] o-Nitrophenol (*)
194. _____ [ ] p-Nitrophenol
195. _____ [ ] N-Nitrosodiethylamine
196. _____ [ ] N-Nitrosodimethylamine
197. _____ [ ] N-Nitroso-di-n-butylamine
198. _____ [ ] N-Nitrosomethylethylamine
199. _____ [ ] N-Nitrosomorpholine
200. _____ [ ] N-Nitrosopiperidine
201. _____ [ ] N-Nitrosopyrrolidine
277. _____ [ ] Oxamyl (*)
202. _____ [ ] Parathion
203. _____ [ ] Total PCBs (sum of all PCB isomers or all Arochlors)
278. _____ [ ] Pebulate (*)
204. _____ [ ] Pentachlorobenzene
205. _____ [ ] PeCDDs (All pentachlorodibenzo-p-dioxins)
206. _____ [ ] PeCDFs (All pentachlorodibenzofurans)
207. _____ [ ] Pentachloroethane (*)
208. _____ [ ] Pentachloronitrobenzene
209. _____ [ ] Pentachlorophenol
210. _____ [ ] Phenacetin
211. _____ [ ] Phenanthrene
212. _____ [ ] Phenol
279. _____ [ ] o-Phenylenediamine (*)
213. _____ [ ] Phorate
214. _____ [ ] Phthalic acid (*)
215. _____ [ ] Phthalic anhydride
280. _____ [ ] Physostigmine (*)
281. _____ [ ] Physostigmine salicylate (*)
282. _____ [ ] Promecarb (*)
216. _____ [ ] Pronamide
283. _____ [ ] Propham (*)
284. _____ [ ] Propoxur (*)
285. _____ [ ] Prosulfocarb (*)
217. _____ [ ] Pyrene
218. _____ [ ] Pyridine
219. _____ [ ] Safrole
220. _____ [X] Selenium
221. _____ [ ] Silver
222. _____ [ ] Silvex (2,4,5-TP)
223. _____ [ ] Sulfide
224. _____ [ ] 2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)
225. _____ [ ] 1,2,4,5-Tetrachlorobenzene
226. _____ [ ] TCDDs (All tetrachlorodibenzo-p-dioxins)
227. _____ [ ] TCDFs (All tetrachlorodibenzofurans)
228. _____ [ ] 1,1,1,2-Tetrachloroethane
228. _____ [ ] 1,1,2,2-Tetrachloroethane
230. _____ [ ] Tetrachloroethylene
231. _____ [ ] 2,3,4,6-Tetrachlorophenol
232. _____ [ ] Thallium
286. _____ [ ] Thiodicarb (*)
287. _____ [ ] Thiophanate-methyl (*)
288. _____ [ ] Tirpate (*)
233. _____ [ ] Toluene
234. _____ [ ] Toxaphene
289. _____ [ ] Triallate (*)
235. _____ [ ] Tribromomethane (Bromoform)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 ADDENDUM Manifest No. 77716239

236. _____ [ ] 1,2,4-Trichlorobenzene
237. _____ [ ] 1,1,1-Trichloroethane
238. _____ [ ] 1,1,2-Trichloroethane
239. _____ [ ] Trichloroethylene
240. _____ [ ] Trichloromonofluoromethane
241. _____ [ ] 2,4,5-Trichlorophenol
242. _____ [ ] 2,4,6-Trichlorophenol
243. _____ [ ] 1,2,3-Trichloropropane
244. _____ [ ] 1,1,2-Trichloro-1,2,2-trifluoroethan
290. _____ [ ] Triethylamine (*)
245. _____ [ ] tris-(2,3-Dibromopropyl)phosphate
246. _____ [ ] Vanadium (*)
291. _____ [ ] Vernolate (*)
247. _____ [ ] Vinyl chloride
248. _____ [ ] Xylenes--mixed isomers (sum of o-, m-, and p-xylene concentrations)
249. _____ [ ] Zinc (*)

KEY TERMS/DEFINITIONS

CONTAMINANTS SUBJECT TO TREATMENT (CSTT) are the specific constituents listed by waste code number in the Treatmen Standard Table in §268.40. CSTT's must be identified for all hazardous debris wastes that are intended for treatmen using one of the hazardous debris alternate treatment technologies described in §268.45.

REASONABLY EXPECTED TO BE PRESENT means that the generator is relying on knowledge of the raw materials used, th process, and potential reaction products, or on the results of a one-time analysis for the entire list of UHC's tha may be present in the untreated hazardous waste. If a one-time analysis of the entire list of UHC's is conducte subsequent analyses are required for only those pollutants which would reasonably be expected to be present in t waste as generated, based on the previous sampling and analysis results.

UNDERLYING HAZARDOUS CONSTITUENT (UHC) means any constituent listed in §268.48 Table UTS - Universal Treatme Standards (except vanadium and zinc) which can reasonably be expected to be present at the point of generation of t hazardous waste, at a concentration above the constituent-specific UTS treatment standard. [See 40 CFR 268.2]

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 5-95

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

FOR DNR USE ONLY

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

F. designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-3

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005 [illegible] 4124
Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded area is not required by Federal law

3. Generator's Name and Mailing Address [illegible]
Site Location If Different
4. Generator's Phone ([illegible]) [illegible]
A. State Manifest Document Number WI J725303
B. State Generator's ID IL 043030 [illegible]

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number IL [illegible]
C. State Transporter's ID
D. Transporter's Phone

7. Transporter 2 Company Name Hydrite Chemical Co
8. US EPA ID Number IL 0 [illegible]
E. State Transporter's ID [illegible]
F. Transporter's Phone [illegible]

9. Designated Facility Name and Site Address [illegible]
10. US EPA ID Number WI [illegible]
G. State Facility's ID
H. Facility's Phone 608-25[illegible]

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

GENERATOR

Additional Descriptions for Materials Listed Above
[illegible] 22

K. Handling Codes for Wastes Listed Ab

15. Special Handling Instructions and Additional Information [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prop shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to a plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural R sources. 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 t degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal curren 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
Gary Kaupie Plater Helper	[signature]	[illegible]	[illegible]

TRANSPORTER

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials

Printed/Typed Name & Position Title	Signature	Date Month	Day
Bill [illegible] Driver	Bill Brandon	[illegible]	[illegible]

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials

Printed/Typed Name & Position Title	Signature	Date Month	Day
Stanley [illegible] Driver	[signature]	[illegible]	[illegible]

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	Signature	Date Month	Day
[illegible]	[signature]	[illegible]	[illegible]

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 Ge
6 — Transporter retain

Emergency 24 Hour Assistance Telephone Number

COPY 5.

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE: 608/839-4293

WASTE PROCESSING CERTIFICATION OF DESTRUCTION

For **FINISHING EQ.(TRICON IND.)**

WASTE MASTER#:	**14232**
AUTHORIZATION#:	**93905**
MANIFEST#:	**J725303**

This document certifies that the material listed on the referenced / attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which cannot be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE: 608/839-4293

INCOMING SAMPLE ANALYSIS FORM

LAB NUMBER: I710-497
DATE: 10/17/97
LAB TYPE: QCA
LOT NUMBER:

COMPANY: FINISHING EQ.(TRICON IND.)
WASTE MASTER: 14232
AUTH NUMBER: 93905
DISTRIBUTOR: K
MATERIAL: PERCHLOROETHYLENE RECYCLE
SALESPERSON: STEUCK,DAN
PART NUMBER: RWR040SP
CUSTOMER# FI1201

WET CHEMISTRY DATA

SOLVENT DENSITY: 1.598
PH: 7
TOTAL DIST: 42/50
PERCENT YIELD:
SOLIDS:
BTU PER LB:
CHLORIDES:
WATER BY KF:
COLOR APHA:
ACID ACCEPTANCE:
FLASHPOINT:
PCB NUMBER: P710-153

COMMENTS:
3 DRUMS

Alcohols		N Butanol
		Ethanol
		Isobutanol
		Methanol
		Water
		Isopropanol
		N Propanol
Diluents		Heptane
		Hexane
		Mineral Spirits
		100 Solvent
		Stoddard
		Toluene
		Xylene
		VMP Naphtha
Chlorinated		Methylene Chloride
	99.5%	Perchloroethylene
		111 Trichloroethane
		Freon
Actives		Trichloroethylene
		Acetone
		N Butyl Acetate
		Ethyl Acetate
		Glycol Ether EB
		Glycol Ether EEAC
		Isobutyl acetate
		Isopropyl Acetate
		Methyl Ethyl Ketone
		Methyl Isobutyl Keto
		N Propyl Acetate
		Glycol Ether PM
		Glycol Ether PMA
		Tetrahydrofuran
		Cyclohexanone
		Glycol Ether EE
		Glycol Ether EM
		Glycol Ether EEP
		Glycol Ether EP
Other:	0.5%	OTHERS
	100.0%	**TOTAL**

ANALYSISBY: AI APPROVEDBY: AH

QUALITY . . . In All We Do

Certificate of Recycling

Generator: Tricon Industries
Address: 2325 Wisconsin Ave.
Downers Grove IL 60515

CES Recovery Systems has processed waste from Tricon Industries as indicated on NonHazardous Manifest # 21520 dated October 30, 1997.

CES Recovery Systems hereby certifies that this waste was thermally destroyed for energy recovery at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 11/10/97
Date destroyed: 11/13/97

Steven Huizenga

Steve Huizenga, President

5-034-01

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

safety-kleen

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-4473 2 178956 1997-

MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120 10/25/97

Under manifest/sales service number 176956 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIA INCLUDED/ADDED? (Y
34150						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

*These treatment standards do not preclude reclamation prior to final disposition.

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

safety-kleen.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911

(DESIGNATED FACILITY)

5-034-01-4473 27 975106 1997-

MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 975106 the generator noted below is shipping to you a waste determined be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land dispos

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wat
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☑ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040 **	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium ** D040 SEE ABOVE	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATER INCLUDED/ADDED?
34150						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

V-1597

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company TRICON EPA ID NO ILD005084124

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

HYDRITE CHEMICAL

I. GENERAL INFORMATION

GENERATOR: TRICON INDUSTRIES, INC. MANIFEST NO. WJ 538843

HYDRITE AUTHORIZATION NO. 14232-K-89932

EPA WASTE CODE NOs: F001 D039 D022

Is this waste ☒ Non-wastewater or ☐ Wastewater? (See 40 CFR 268.2) Check ONE.

II. UNIVERSAL TREATMENT STANDARDS (40 CFR - 268.48)

Indicate all the Universal Treatment Standards and / or EPA Waste Codes as they apply to your waste by checking the appropriate boxes in sections A, B, or C. For those treatment standards not listed in sections A, B, or C, list their Waste Code, Regulated Constituent, and treatment level in section D.

A. SOLVENT WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / kg (*mg / l - TCLP)	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / kg (*mg / l - TCLP)
☐ Acetophenone	0.010	9.7	☐ Ethyl Benzene	0.057	10
☐ Acetone	0.28	160	☐ Ethyl ether	0.12	160
☐ Acenaphthylene	0.059	3.4	☐ Fluorene	0.059	N/A
☐ Anthracene	0.059	3.4	☐ Isobutyl alcohol	5.6	170
☐ Benzene	0.14	10	☐ Indeno (1,2,3-cd) pyrene	0.0055	3.4
☐ Benzol (a) pyrene	0.061	3.4	☐ Methanol	5.6	0.75*
☐ Benz (a) anthracene	0.058	3.4	Methanol alternate	INCIN	CMBST
☐ bis (2-Ethylhexyl) phthalate	0.28	28	☐ Methylene chloride	0.089	30
☐ n-Butyl alcohol	5.6	2.6	☐ Methyl ethyl ketone	0.26	36
☐ Butylbenzyl phthalate	0.017	28	☐ Methyl isobutyl ketone	0.14	33
☐ Carbon disulfide	3.8	N/A	☐ Naphthalene	0.059	5.6
☐ Carbon tetrachloride	0.057	6.0	☐ Nitrobenzene	0.068	14
☐ Chlorobenzene	0.057	6.0	☐ Pentachloroethane	N/A	6.0
☒ Chloroform	0.046	6.0	☐ Phenanthrene	0.059	5.6
☐ Chrysene	0.059	3.4	☐ Phenol	0.039	0.2
☐ O-Cresols	0.11	5.6	☐ Phthalic anhydride	0.055	28
☐ M & P Cresols	0.77	5.6	☐ Pyrene	0.067	8.2
☐ Cyanides (total)	1.2	590	☐ Pyridine	0.014	16
☐ Cyclohexanone	0.36	0.75*	☒ Tetrachloroethylene	0.056	6.0
☐ Diethyl phthalate	0.20	28	☐ Tetrahydrofuran	INCIN	CMBST
☐ Dimethyl phthalate	0.047	28	☐ Toluene	0.080	10
☐ Di-n-butyl phthalate	0.057	28	☐ 1,2,4-Trichlorobenzene	0.055	6.0
☐ Di-n-octyl phthalate	0.017	28	☐ 1,1,1-Trichloroethane	0.054	6.0
☐ m-Dichlorobenzene	0.036	6.0	☐ 1,1,2-Trichloroethane	0.054	6.0
☐ o-Dichlorobenzene	0.088	6.0	☐ 1,1,1,2-Trichloroethane	0.054	6.0
☐ 1,2 Dichloroethane	0.21	6.0	☐ 1,1,2,2-Trichloroethane	0.054	6.0
☐ 1,1 Dichloroethylene	0.025	6.0	☐ 1,1,2-Trichloro-1,2,2 trifluoroethane	0.057	3.0
☐ Diethyl phthalate	0.20	28	☐ Trichloroethylene	0.054	6.0
☐ 2,4 - Dimethylphenol	0.036	N/A	☐ Trichloromonofluoromethane	0.020	30
☐ Diphenylamine	0.92	13	☐ Urethane (Ethyl carbamate)	INCIN	INCIN
☐ Diphenylnitrosamine	0.92	13	☐ Xylene	0.32	30
☐ Ethyl acetate	0.34	33	☐ Vinyl chloride	0.27	6.0

Waste Description and Treatment/Regulatory Subcategory	REGULATED HAZARDOUS CONSTITUENT	WASTEWATER	NON-WASTEWATER
	COMMON NAME	Concentration in mg/l or Technology Code	Concentration in mg/kg unless noted as * mg/l TCLP* or Technology Code
☐ F005 solvent waste containing 2-Nitropropane as the only listed F001-5 solvent	2-Nitropropane	(WETOX or CHOXD) fb CARBN; or INCIN	INCIN
☐ F-005 solvent waste containing 2-Ethoxyethanol as the only listed F001-5 solvent	2-Ethoxyethanol	BIODG; or INCIN	INCIN

Waste Code	Waste Description and Treatment/Regulatory Subcategory	WASTEWATER	NON-WASTEWATER
		Concentration in mg/l or Technology Code	Concentration in mg/l unless noted as * mg/l TCLP* or Technology Code
☐ D001	Ignitable Characteristic Wastes, except for the §261.21(a)(1) High TOC Subcategory that are managed in non-CWA / non-CWA-equivalent/non-Class I SDWA systems.	DEACT and meet §268.48 Standards; or RORGS; or CMBST	DEACT and meet §268.48 standards or RORGS; or CMBST
☐ D001	High TOC Ignitable Characteristic Liquids Subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of non-wastewater only.)	N/A	RORGS; or CMBST

METAL WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP
Antimony	1.9	2.1	☐ Mercury (non-wastewater from Retort)	N/A	0.20
Arsenic (D004)	1.4	5.0	☐ Mercury - all others	0.15	0.025
Barium (D005)	1.2	7.6	☐ Nickel	3.98	5.0
Beryllium	0.82	0.014	☐ Selenium (D010)	0.82	0.16
Cadmium (D006)	0.69	0.19	☐ Silver (D011)	0.43	0.30
Chromium (total) (D007)	2.77	0.86	☐ Thallium	1.4	[illegible]
Lead (D008)	0.69	0.37	☐ [illegible]		

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
608/257-5892
FACSIMILE: 608/839-4293

NACD Responsible Distribution Process
UL Documentation Verification Assessment
File T7 hC1989

WASTE PROCESSING CERTIFICATION OF DESTRUCTION

For **FINISHING EQ.(TRICON INDUST.)**

WASTE MASTER#:	**14232**
AUTHORIZATION#:	**89932**
MANIFEST#:	**J538843**

This document certifies that the material listed on the referenced / attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which cannot be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

HYDRITE CHEMICAL C

GENERAL INFORMATION

GENERATOR: TRICON INDUSTRIES MANIFEST NO. WI J 725303

HYDRITE AUTHORIZATION NO. 14232-K-93905

EPA WASTE CODE NOs: D039 D022

Is this waste ☒ Non-wastewater or ☐ Wastewater? (See 40 CFR 268.2) Check ONE.

II. UNIVERSAL TREATMENT STANDARDS (40 CFR - 268.48)

Indicate all the Universal Treatment Standards and / or EPA Waste Codes as they apply to your waste by checking the appropriate boxes in sections A, B, or C. For those treatment standards not listed in sections A, B, or C, list their Waste Code, Regulated Constituent, and treatment level in section D.

A. SOLVENT WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / kg (*mg / l - TCLP)	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / kg (*mg / l - TCLP)
☐ Acetophenone	0.010	9.7	☐ Ethyl Benzene	0.057	10
☐ Acetone	0.28	160	☐ Ethyl ether	0.12	160
☐ Acenaphthylene	0.059	3.4	☐ Fluorene	0.059	N/A
☐ Anthracene	0.059	3.4	☐ Isobutyl alcohol	5.6	170
☐ Benzene	0.14	10	☐ Indeno (1,2,3-cd) pyrene	0.0055	3.4
☐ Benzol (a) pyrene	0.061	3.4	☐ Methanol	5.6	0.75*
☐ Benz (a) anthracene	0.058	3.4	Methanol alternate	INCIN	CMBST
☐ bis (2-Ethylhexyl) phthalate	0.28	28	☐ Methylene chloride	0.089	30
☐ n-Butyl alcohol	5.6	2.6	☐ Methyl ethyl ketone	0.26	36
☐ Butylbenzyl phthalate	0.017	28	☐ Methyl isobutyl ketone	0.14	33
☐ Carbon disulfide	3.8	N/A	☐ Naphthalene	0.059	5.6
☐ Carbon tetrachloride	0.057	6.0	☐ Nitrobenzene	0.068	14
☐ Chlorobenzene	0.057	6.0	☐ Pentachloroethane	N/A	6.0
☒ Chloroform	0.046	6.0	☐ Phenathrene	0.059	5.6
☐ Chrysene	0.059	3.4	☐ Phenol	0.039	0.2
☐ O-Cresols	0.11	5.6	☐ Phthalic anhydride	0.055	28
☐ M & P Cresols	0.77	5.6	☐ Pyrene	0.067	8.2
Cyanides (total)	1.2	590	☐ Pyridine	0.014	16
Cyclohexanone	0.36	0.75*	☒ Tetrachloroethylene	0.056	6.0
☐ Diethyl phthalate	0.20	28	☐ Tetrahydrofuran	INCIN	CMBST
☐ Dimethyl phthalate	0.047	28	☐ Toluene	0.080	10
☐ Di-n-butyl phthalate	0.057	28	☐ 1,2,4-Trichlorobenzene	0.055	6.0
☐ Di-n-octyl phthalate	0.017	28	☐ 1,1,1-Trichloroethane	0.054	6.0
☐ m-Dichlorobenzene	0.036	6.0	☐ 1,1,2-Trichloroethane	0.054	6.0
☐ o-Dichlorobenzene	0.088	6.0	☐ 1,1,1,2-Trichloroethane	0.054	6.0
☐ 1,2 Dichloroethane	0.21	6.0	☐ 1,1,2,2-Trichloroethane	0.054	6.0
☐ 1,1 Dichloroethylene	0.025	6.0	☐ 1,1,2-Trichloro-1,2,2 trifluoroethane	0.057	3.0
☐ Diethyl phthalate	0.20	28	☐ Trichloroethylene	0.054	6.0
☐ 2,4 - Dimethylphenol	0.036	N/A	☐ Trichloromonofluoromethane	0.020	30
☐ Diphenylamine	0.92	13	☐ Urethane (Ethyl carbamate)	INCIN	INCIN
☐ Diphenylnitrosamine	0.92	13	☐ Xylene	0.32	30
☐ Ethyl acetate	0.34	33	☐ Vinyl chloride	0.27	6.0

Waste Description and Treatment/Regulatory Subcategory	REGULATED HAZARDOUS CONSTITUENT	WASTEWATER	NON-WASTEWATER
	COMMON NAME	Concentration in mg/l or Technology Code	Concentration in mg/kg unless noted as * mg/l TCLP* or Technology Code
☐ F005 solvent waste containing 2-Nitropropane as the only listed F001-5 solvent.	2-Nitropropane	(WETOX or CHOXD) fb CARBN; or INCIN	INCIN
☐ F-005 solvent waste containing 2-Ethoxyethanol as the only listed F001-5 solvent	2-Ethoxyethanol	BIODG; or INCIN	INCIN

Waste Code	Waste Description and Treatment/Regulatory Subcategory	WASTEWATER	NON-WASTEWATER
		Concentration in mg/l or Technology Code	Concentration in mg/l unless noted as * mg/l TCLP* or Technology Code
☐ D001	Ignitable Characteristic Wastes, except for the §261.21(a)(1) High TOC Subcategory, that are managed in non-CWA / non-CWA-equivalent/non-Class I SDWA systems.	DEACT and meet §268.48 Standards; or RORGS; or CMBST	DEACT and meet §268 • j standards or RORGS; or CMBST
☐ D001	High TOC Ignitable Characteristic Liquids Subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of non-wastewater only.)	N/A	RORGS; or CMBST

B. METAL WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP
☐ Antimony	1.9	2.1	☐ Mercury (non-wastewater from Retort)	N/A	0.20
☐ Arsenic (D004)	1.4	5.0	☐ Mercury - all others	0.15	0.025
☐ Barium (D005)	1.2	7.6	☐ Nickel	3.98	5.0

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 5-95

WISCONSIN DEPT. OF NATURAL RESOURCES

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

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

FOR DNR USE ONLY

F designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-3

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD 005084124
Manifest Document No. 00007
2. Page 1 of 1
Information in the shaded are is not required by Federal lav

3. Generator's Name and Mailing Address
TRICON INDUSTRIES, INC.
2325 WISCONSIN AVE. DOWNERS GROVE, IL. 60515
Site Location If Different
4. Generator's Phone (630) 964-2330

A. State Manifest Document Number WI J725303
B. State Generator's ID IL 0430305017

5. Transporter 1 Company Name
HYDRITE CHEMICAL Co.
6. US EPA ID Number ILD 984781880
C. State Transporter's ID 0096
D. Transporter's Phone 847-540-58

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
HYDRITE CHEMICAL Co.
114 NORTH MAIN ST.
COTTAGE GROVE, WI 53527
10. US EPA ID Number WID 000808824
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. RQ WASTE TETRACHLOROETHYLENE 6.1 UN-1897 PG III ERG-74 F001	0003	DM	00150	G	F001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
D039 D022

K. Handling Codes for Wastes Listed Ab

15. Special Handling Instructions and Additional Information
EMERGENCY # 630-964-2330 AUTHORIZATION # 14232-K-93905

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prop shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to a plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural F sources. 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 t degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal current 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 Raupie Plater Helper
Signature: Gary Raupie
Date: Month Day

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: BILL BRANDON DRIVER
Signature: Bill Brandon
Date: Month Day

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

19. Discrepancy Indication Space

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

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

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 Ge
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

COPY 2-
GENERATOR RETAIN

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-4473 27 440467 1997-2
MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 440467 the generator noted below is shipping to you a waste determined t be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposa

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wate
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040 **	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene ** D040 SEE ABOVE	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE FO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERI INCLUDED/ADDED?
3410						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 5/9/97

** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

safety-kleen.

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. [illegible] (DESIGNATED FACILITY)

ADDRESS: [illegible] VILLA STREET ELGIN, IL [illegible]

Under manifest/sales service number 209294 the generator noted below is shipping to you a waste determined be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land dispos

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wat
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE FO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATER INCLUDED/ADDED?

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Signature [illegible] EPA ID NO. [illegible]

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

PHASE II LDR NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL 216 REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

safety-kleen.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. IL[illegible]

5-134-01-4473 27 [illegible] (DESIGNATED FACILITY)

MAN DOC: XXXXX

ADDRESS: 150[illegible] VILLA STREET ELGIN, IL [illegible]

Harry,

Under manifest/sales service number 690743 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	COMBUSTION (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
☒ 150 Premium Solvent	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ AQUEOUS BRAKE CLEANER	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/KG
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/L
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERIAL INCLUDED/ADDED? (Y/N)
[illegible]						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES 3.2596

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] EPA ID NO.: IL[illegible]

safety-kleen

PHASE IX LDR NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL 216 REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000905511 (DESIGNATED FACILITY)

5-034-01-4473 27 799696 1996-

MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120.

Under manifest/sales service number 799696 the generator noted below is shipping to you a waste determined be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land dispos

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	COMBUSTION (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wat
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
☒ 150 Premium Solvent	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ AQUEOUS BRAKE CLEANER	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/KG
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/L
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATER INCLUDED/ADDED?
34150						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 10-4-96

** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company TRICO EPA ID NO.: ILD [illegible]

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

safety-kleen

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. [illegible] (DESIGNATED FACILITY)

5-034-01-4473 2 [illegible] 1996

MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60123

Under manifest/sales service number 097101 the generator noted below is shipping to you a waste determined be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land dispos

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wate
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☒ Waste Petroleum Naphtha 150	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Brake Cleaner	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/L
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO.

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATERI INCLUDED/ADDED?
341						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) 12-4-96

** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] EPA ID NO. [illegible]

safety-kleen.

LAND DISPOSAL RESTRICTION AND WASTE ANALYSIS CRITERIA FORM

PHASE II LDR NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL 216 REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000805911 (DESIGNATED FACILITY)

5-034-01-4473 27 433339 1994
MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 433339 the generator noted below is shipping to you a waste determined be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposa

A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	COMBUSTION (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wate
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
☒ 150 Premium Solvent	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ AQUEOUS BRAKE CLEANER	D006	Cadmium	1.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/KG
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/L
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE FO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATER INCLUDED/ADDED?
34012966						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

5-2496

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION)

** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company TRICON EPA ID NO.: ILD005084124

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2152 0

2. Page 1 of 1

10/24/97

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

4. Generator's Phone (630) 964-2330

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: IND985092600

A. Transporter's Phone: IND985092600 (219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: IND985092600

C. Facility's Phone: 9180898740 (800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	005	DF	00275	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
X Joseph Ledwa	X Joseph A Ledwa	10	30	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Juan Kuice	Juan Kuice	10	30	97

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
L. SCHREIBER	L. Schreiber	10	31	97

GENERATOR

TRANSPORTER

FACILITY

Printed by KELLER ASSOCIATES, INC.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 2152 0

2. Page 1 of 1

10/24/97

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

4. Generator's Phone (630) 964-2330

5. Transporter 1 Company Name
CES Recovery Systems

6. US EPA ID Number
IND985092600

A. Transporter's Phone
IND985092600
(219)977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number
IND985092600

C. Facility's Phone
9180898740
(800)437-7488

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	005	DF	00.275	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above
Gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste

Printed/Typed Name	Signature	Month	Day	Year
X	X	10	30	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Juan Kuita		10	30	97

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

5110

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. T I D 0 0 5 0 8 4 1 2 4 Manifest Document No. 57837

2. Page 1 of 1

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

3. Generator's Name and Mailing Address Location If Different

Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 800-645-8265

A. Illinois Manifest Document Number IL 7657837 FEE PAID IF APPLICABLE

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

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc

6. US EPA ID Number: M A D 0 3 9 3 2 2 2 5 0

C. Illinois Transporter's ID 1 4 7 6

D. 617 849-1800 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

Clean Harbors Services Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: I L D 0 0 0 6 0 8 4 7 1

G. Illinois Facility's ID 0 3 1 6 0 0 0 0 5 1

H. Facility's Phone (773) 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III	009	DF	00495	G	EPA HW Number XX D 0 0 1 8; Authorization Number 0 0 0 2 8 1
b. HYDRAULIC OIL, NON D.O.T. REGULATED . N/A	005	DM	00275	G	EPA HW Number XX C U A 9 5 1 A; Authorization Number 0 0 0 2 7 5
c.					EPA HW Number XX; Authorization Number
d.					EPA HW Number XX; Authorization Number

J. Additional Description for Materials Listed Above

11a T33167 D010
11b T39901

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

wo# D280973

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT Signature: [signature] Date: Month Day Year 10 17 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulz Signature: [signature] Date: Month Day Year 10 17 97

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: ROB SHEAHAN Signature: [signature] Date: Month Day Year 10 17 97

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for & will accept the

Responsible Owner at 800/424-8802 or 202/426-2675.

04775-45

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 016578837

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).

Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.

Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.

Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 = The waste is a characteristic hazardous waste D001, D002, or D018-43 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A = The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) combustion (CMBST) technology. UHC's are NOT required to be identified.

2 = The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. Or, the waste is a D003 Explosive, Water Reactive or Other Reactive subcategory (regardless of whether intended for CWA or non-CWA treatment). All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 = The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States all applicable LDR regulations would apply and a revised LDR notification would be required.

4 = The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

5 = The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordnance subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 = The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standards under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 261 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K101, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY			COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ]	D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ]	D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
_____	[ ]	D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ]	D003			
		[ ]	Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
		[ ]	Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
		[ ]	Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	2 3 4 6
		[ ]	Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	2 3 4 6
		[ ]	Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	2 3 4 6
		[ ]	Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ]	D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ]	D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ]	D006			
		[ ]	Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
		[ ]	Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
_____	[ ]	D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	[X]	D008			
		[X]	Lead	[ ] WW [X] Non-WW	3 4 (5) 6
		[ ]	Lead Acid Batteries	[ ] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 7L 7657837

SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	[X] D010 Selenium	[ ] WW [X] Non-WW	3 4 5 6
	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

	[ ] 1. ALL F001-F005		
	[ ] 2. Acetone		
	[ ] 3. Benzene		
	[ ] 4. n-Butyl alcohol		
	[ ] 5. Carbon disulfide		
	[ ] 6. Carbon tetrachloride		
	[ ] 7. Chlorobenzene		
	[ ] 8. o-Cresol		
	[ ] 9. m-Cresol (difficult to distinguish from p-cresol)		
	[ ] 10. p-Cresol (difficult to distinguish from m-cresol)		
	[ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)		
		[ ] 12. Cyclohexanone	
		[ ] 13. o-Dichlorobenzene	
		[ ] 14. 2-Ethoxyethanol (F005 only)	
		[ ] 15. Ethyl acetate	
		[ ] 16. Ethyl benzene	
		[ ] 17. Ethyl ether	
		[ ] 18. Isobutyl alcohol	
		[ ] 19. Methanol	
		[ ] 20. Methylene chloride	
		[ ] 21. Methyl ethyl ketone	
		[ ] 22. Methyl isobutyl ketone	
		[ ] 23. Nitrobenzene	
		[ ] 24. 2-Nitropropane (F005 only)	
			[ ] 25. Pyridine
			[ ] 26. Tetrachloroethylene
			[ ] 27. Toluene
			[ ] 28. 1,1,1-Trichloroethane
			[ ] 29. 1,1,2-Trichloroethane
			[ ] 30. Trichloroethylene
			[ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroethane
			[ ] 32. Trichloromonofluoromethane
			[ ] 33. Xylene - mixed isomers (sum of o-, m-, and p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 2E7657837

SECTION III. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION IV. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETIN SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION V. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. F example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to t local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewat treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before la disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do r discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalen treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitat for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technol that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which conta greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treat using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES u at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequ reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by wei total suspended solids (TSS). [See 40 CFR 268.2(f)]

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

5110 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-95

534366-381

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. 88362

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
2325 Wisconsin Avenue
Downers Grove, IL 60515

Location If Different

A. Illinois Manifest Document Number IL 7388362 FEE PAID IF APPLICABLE

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

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 800-645-8265

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc

6. US EPA ID Number: M A D 0 3 9 3 2 2 2 5 0

C. Illinois Transporter's ID 147

D. (617) 849-1800 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
Clean Harbors Services Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: I L D 0 0 0 6 0 8 4 7 1

G. Illinois Facility's ID 0 3 1 5 0 0 0 0 1 5

H. Facility's Phone (773) 646-6202

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 ISOPROPANOL , 3, UN1219, II	001	DM	00055	G	EPA HW Number XXD00 / Authorization Number
b. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III	005	DF	00275	G	EPA HW Number XXD00 / Authorization Number
c. HYDRAULIC OIL, NON D.O.T. REGULATED , N/A	010	DM	00550	G	EPA HW Number XXCLASS / Authorization Number 00027
d.					EPA HW Number XX / Authorization Number

J. Additional Description for Materials Listed Above
11a T39902
11b T33167 D010
11c T39901

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information

WO# 1768182

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT | Signature | Date Month Day Y: 07 09

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulz | Signature | Date Month Day Y: 07 09

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Y

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: ROB SHEAHAN | Signature | Date Month Day Y: 07 09

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provi this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50 0 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for & will accept the waste the generator is shipping.

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL7388362

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).

Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.

Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.

Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001, D002, or D018-43 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. Or, the waste is a D003 Explosive, Water Reactive or Other Reactive subcategory (regardless of whether intended for CWA or non-CWA treatment). All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States all applicable LDR regulations would apply and a revised LDR notification would be required.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordnance subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 261 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY			COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ]	D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
11A	[X]	D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[X] Non-WW only	1A 3 6
	[ ]	D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ]	D003			
	[ ]		Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ]		Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	2 3 4 6
	[ ]		Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ]		Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D006			
	[ ]		Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
	[ ]	D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11B	[X]	D008			
	[X]		Lead	[ ] WW [X] Non-WW	3 4 5 6
	[ ]		Lead Acid Batteries	[ ] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11B	[x] D010 Selenium	[ ] WW [x] Non-WW	3 4 5 6
_____	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)

_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)

_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylen
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloro-ethane
_____ [ ] 29. 1,1,2-Trichloro-ethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroetha
_____ [ ] 32. Trichloromonofluor methane
_____ [ ] 33. Xylene - mixed iso (sum of o-, m-, and p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No. _____

SECTION III. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION IV. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETIN SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION V. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. I example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to t local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewat treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before la disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivale treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitat for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technol that can be demonstrated to perform equally or greater than these technologies.

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WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by wei total suspended solids (TSS). [See 40 CFR 268.2(f)]

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

5110 FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible] Manifest Document No. 92798

2. Page 1 of

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

3. Generator's Name and Mailing Address — Location If Different

Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 800-645-8265

A. Illinois Manifest Document Number: IL 7292798 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: [illegible]

5. Transporter 1 Company Name: Clean Harbors Fox Services, Inc

6. US EPA ID Number: [illegible]

C. Illinois Transporter's ID: 1478

D. 217 849-1800 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

Clean Harbors Services Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID

H. Facility's Phone: (773) 646-5[illegible]

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ISOPROPANOL, 3, UN1219, II ERG #129	001	DM	00055	G	EPA HW Number XX; Authorization Number
b. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III ERG #171	005	DF	00275	G	EPA HW Number XX; Authorization Number
c. HYDRAULIC OIL, NON D.O.T. REGULATED, N/A	006	DM	00330	G	EPA HW Number XX; Authorization Number
d.					EPA HW Number XX; Authorization Number

J. Additional Description for Materials Listed Above

11a T39902
11b T33167 D010
11c T39901

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

Vol# 1751556

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature: [signature] — Date: Month 02 Day 13 Y 9

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert H. Schulz — Signature: Robert H. Schulz — Date: Month 02 Day 13 Y 9

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space ~~sec 12~~ line 11c - sec 12 - change to 7 DM
line 11c - sec 13 - change to 385 Gallons

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

Printed/Typed Name: ROB SHEAHAN — Signature: [signature] — Date: Month 02 Day 13 Y 9

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to prov this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,0 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for & will accept the waste the generator [illegible]

COPY 1. TSD MAIL TO GENERATOR

373084-95

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL7290798

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WAS CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER T LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE E WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).

Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also che applicable subcategory; for F001 through F005, check applicable constituents.

Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.

Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001, D002, or D018-43 which is intended for treatment/dispo in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater t or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equival system, or non-Class I SDWA system located in the United States. Or, the waste is a D003 Explosive, Wa Reactive or Other Reactive subcategory (regardless of whether intended for CWA or non-CWA treatment). UHC's which are reasonably expected to be present must be identified, except for D001 waste that is inten to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by complet Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which intended for export and treatment/disposal at a facility located outside the United States. LDR treatm standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, identification of UHC's (if applicable) is not required for hazardous waste that is intended to be export Note however that if the exported waste is subsequently returned for treatment/disposal in the United Stat all applicable LDR regulations would apply and a revised LDR notification would be required.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatme disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternat treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LI Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordna subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment stan under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST		COLUMN 2: WASTE CODE / SUBCATEGORY		COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ]	D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
11A	[X]	D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[X] Non-WW only	(1A) 3 6
	[ ]	D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ]	D003			
	[ ]		Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ]		Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	2 3 4 6
	[ ]		Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ]		Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D006			
	[ ]		Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
	[ ]	D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11B	[X]	D008			
		[X]	Lead	[ ] WW [X] Non-WW	3 4 (5) 6
		[ ]	Lead Acid Batteries	[ ] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D009	[ ] WW [ ] Non-WW	3 4 5
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] Non-WW only	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] WW [✓] Non-WW	3 4 5 6
113	[✓] D010 Selenium	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D011 Silver	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxapnene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethy
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloro ethane
_____ [ ] 29. 1,1,2-Trichloro ethane
_____ [ ] 30. Trichloroethyle
_____ [ ] 31. 1,1,2-Trichloro 1,2,2-trifluoro
_____ [ ] 32. Trichloromonof methane
_____ [ ] 33. Xylene - mixed (sum of o-, m-, p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION III. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents: [ ] ALL CALIFORNIA LIST CONSTITUENTS [ ] Liquids with nickel greater than or equal to 134 mg/l [ ] Liquids with thallium greater than or equal to 130 mg/l [ ] Liquids with PCB's > or = 50 ppm [ ] Waste containing HOC's > or = 1,000 mg/kg	[ ] WW [ ] Non-WW	1 2 3 4 5 6

SECTION IV. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLE SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION V. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

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HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which co greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be t using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the Cl at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subs reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by total suspended solids (TSS). [See 40 CFR 268.2(f)]

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

5110

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 92288

2. Page 1 of 1

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

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

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS *800-645-8265

A. Illinois Manifest Document Number IL 7292288 FEE PAID IF APPLICABLE

B. Illinois Generator's ID 0430305017

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc

6. US EPA ID Number: MAD039322250

C. Illinois Transporter's ID 1478

D. 617 849-1800 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
Clean Harbors Services Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID 0316000051

H. Facility's Phone (773) 646-6202

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 ISOPROPANOL , 3, UN1219, II ERG#129	001	DM	00055	G	EPA HW Number XX D001 Authorization Number
b. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III ERG#171	006	DF	00330	G	EPA HW Number XX D008 Authorization Number
c. HYDRAULIC OIL, NON D.O.T. REGULATED , N/A	004	DM	00220	G	EPA HW Number XX CLASS A Authorization Number 000275
d.					EPA HW Number XX Authorization Number

J. Additional Description for Materials Listed Above
11a T39902
11b T33167 D010
11c T39901

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

wo# D758697

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD S. SCHMITT Signature: [signature] Date: Month Day Year 04 16 97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulz Signature: Robert A Schulz Date: Month Day Year 04 16 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Date: Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name: Tammy Reed Signature: Tammy Reed Date: Month Day Year 04 17 97

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

lean Harbors has appropriate permits for & will accept the waste the ...

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL7292288

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.
Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001, D002, or D018-43 which is intended for treatment/disposa in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater thar or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. Or, the waste is a D003 Explosive, Water Reactive or Other Reactive subcategory (regardless of whether intended for CWA or non-CWA treatment). All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and a revised LDR notification would be required.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance wi the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternati treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordnance subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standar under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete anc attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 26 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST		COLUMN 2: WASTE CODE / SUBCATEGORY		COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ]	D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
11A	[X]	D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[X] Non-WW only	1A 3 6
	[ ]	D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ]	D003			
	[ ]		Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ]		Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	2 3 4 6
	[ ]		Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ]		Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]	D006			
	[ ]		Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ]		Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
	[ ]	D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11B	[X]	D008			
	[X]		Lead	[ ] WW [X] Non-WW	3 4 5 6
	[ ]		Lead Acid Batteries	[ ] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No. _____

SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
113	[X] D010 Selenium	[ ] WW [X] Non-WW	3 4 5 6
	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 -
	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

[ ]	1. ALL F001-F005	[ ]	12. Cyclohexanone	[ ]	25. Pyridine
[ ]	2. Acetone	[ ]	13. o-Dichlorobenzene	[ ]	26. Tetrachloroethy
[ ]	3. Benzene	[ ]	14. 2-Ethoxyethanol (F005 only)	[ ]	27. Toluene
[ ]	4. n-Butyl alcohol			[ ]	28. 1,1,1-Trichloro ethane
[ ]	5. Carbon disulfide	[ ]	15. Ethyl acetate		
[ ]	6. Carbon tetrachloride	[ ]	16. Ethyl benzene	[ ]	29. 1,1,2-Trichloro ethane
[ ]	7. Chlorobenzene	[ ]	17. Ethyl ether		
[ ]	8. o-Cresol	[ ]	18. Isobutyl alcohol	[ ]	30. Trichloroethyle
[ ]	9. m-Cresol (difficult to distinguish from p-cresol)	[ ]	19. Methanol	[ ]	31. 1,1,2-Trichloro 1,2,2-trifluoroe
		[ ]	20. Methylene chloride		
		[ ]	21. Methyl ethyl ketone	[ ]	32. Trichloromonofl methane
[ ]	10. p-Cresol (difficult to distinguish from m-cresol)	[ ]	22. Methyl isobutyl ketone		
		[ ]	23. Nitrobenzene	[ ]	33. Xylene - mixed (sum of o-, m-, p-xylene)
[ ]	11. Cresol - mixed isomers (sum of o-, m- and p-cresol)	[ ]	24. 2-Nitropropane (F005 only)		

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No. _____

SECTION III. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION IV. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMP: SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION V. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent t local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the waste treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equiv treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipi for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment tech that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which co greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be t using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CE at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subs reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by total suspended solids (TSS). [See 40 CFR 268.2(f)]

STATE OF WISCONSIN
Chapter 144, Wis. Stats.
Form 4400-66P Rev. 10-93

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

FOR DNR USE ONLY

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

designed for use on elite (12-pitch) typewriter.

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

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address
[illegible]
Site Location If Different
4. Generator's Phone [illegible]

A. State Manifest Document Number
WI J551744
B. State Generator's ID
IL 043030 5017

5. Transporter 1 Company Name
[illegible]
6. US EPA ID Number
[illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]

7. Transporter 2 Company Name
HYDRITE Chemical Co
8. US EPA ID Number
IL0984918466
E. State Transporter's ID 0096
F. Transporter's Phone 708 534 9[illegible]

9. Designated Facility Name and Site Address
[illegible]
10. US EPA ID Number
WID000[illegible]
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. [illegible]	6	[illegible]	330		[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
D039 D022

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
[illegible] 14232 [illegible] 25613
[illegible]

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

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials

Printed/Typed Name & Position Title	Signature	Date Month Day
[illegible]	[illegible]	[illegible]

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials

Printed/Typed Name & Position Title	Signature	Date Month Day
S ALEXANDER DRIVER	[illegible]	12/18/9[illegible]

19. Discrepancy Indication Space

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

Printed/Typed Name & Position Title	Signature	Date Month Day
Todd Arvold	[illegible]	12/18/[illegible]

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 G
6 — Transporter retai

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

COPY 5-
FACILITY SEND TO GENERATOR

HYDRITE CHEMICAL CO.

114 N. MAIN STREET
P.O. BOX 247
COTTAGE GROVE, WI 53527
608/257-5892
FACSIMILE: 608/839-4475

Documentation Verification Assessment

WASTE PROCESSING
CERTIFICATION OF DESTRUCTION

FOR: FINISHING EQ.(TRICON INDUST.)

WASTE MASTER #: 14232

AUTHORIZATION #: 85613

Manifest #: J551744

This document certifies that the material listed on the referenced/attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which can not be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

HYDRITE CHEMICAL CO.

114 N. MAIN STREET
P.O. BOX 247
COTTAGE GROVE, WI 53527
608/257-5892
FACSIMILE: 608/839-4475

NACD Responsible Distribution Process

UL Documentation Verification Assessment

INCOMING SAMPLE ANALYSIS FORM

SHEET #:
LAB #: I612-528
DATE: 12/20/1996

LAB TYPE: QCA
BATCH #:
LOT #:
COMPANY: FINISHING EQ.(TRICON INDUST.)
WASTE MASTER: 14232
AUTH.#: 85613
BRANCH: K
MATERIAL: PERCHLOROETHYLENE RECYCLE
SALESPERSON: GRISWOLD
PART # RWR040SP
CUSTOMER # FI1201

WET CHEMISTRY DATA
DENSITY: 1.59
pH: 8

TOTAL DIST: 43/50 % YIELD:

SOLIDS:

BTU/LB:

% CHLORIDES:

WATER BY KF:
COLOR
ACID ACC.
FLASH POINT (TCC DEG F):

PCB #: P612-211
PCB RESULTS:

COMMENTS:
6 DRUMS

ANALYZED BY JC/RF

ALCOHOLS:
N-BUTANOL
ETHANOL
ISOBUTANOL
METHANOL
WATER
ISOPROPANOL
N-PROPANOL

DILUENTS:
HEPTANE
HEXANE
MINERAL SPIRITS
100 FLASH NAPHTHA
STODDDARD SOLVENT
TOLUENE
XYLENE
VM&P NAPHTHA

CHLORINATED:
METHYLENE CHLORIDE
99 % PERCHLOROETHYLENE
1,1,1 TRICHLOROETHANE
FLUOROCARBON
TRICHLOROETHYLENE

ACTIVES:
ACETONE
N-BUTYL ACETATE
ETHYL ACETATE
ISOBUTYL ACETATE
ISOPROPYL ACETATE
METHYL ETHYL KETONE
METHYL ISOBUTYL KETON
N-PROPYL ACETATE
GLYCOL ETHER EB
GLYCOL ETHER EEAC
GLYCOL ETHER PM
GLYCOL ETHER PMA
CYCLOHEXANONE
TETRAHYDROFURAN
GLYCOL ETHER EE
GLYCLOL ETHER EM
GLYCOL ETHER EEP
GLYCOL ETHER EP

OTHERS:
1 %OTHERS

TOTAL: 100 %

DRIVER TICKET

CleanHarbors

ENVIRONMENTAL SERVICES, INC.
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-848-2141

DRIVER NAME: Robert A Schutz

DATE: 11-14-96 TO#: CWO#: D7409

TRACTOR # 5110 TRAILER # CAN #

GENERATOR/TSDF Tricon Ind
2325 Wisconsin Ave
Downers Grove Ill

MANIFEST NO'S: IL7233046

LOADING / UNLOADING

ARRIVED 930 DEPARTED 1030 TOTAL HRS. 1

COMMENTS

SIGNATURE VERIFIES
ARRIVAL & DEPARTURE TIMES

DATE 11-14-96

CHI 136 A

WHITE - CLEAN HARBORS PINK - CUSTOMER/TSDF YELLOW - DRIVER

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794 9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL 532 0810

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050 0039. Expires 9 30 98

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. — Manifest Document No.
2. Page 1 of — Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address — Location if Different
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*
5. Transporter 1 Company Name — 6. US EPA ID Number
7. Transporter 2 Company Name — 8. US EPA ID Number
9. Designated Facility Name and Site Address — 10. US EPA ID Number

A. Illinois Manifest Document Number: IL 7233046 — FEE PAID IF APPLICABLE
B. Illinois Generator's ID
C. Illinois Transporter's ID
D. Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
G. Illinois Facility's ID
H. Facility's Phone

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

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information

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

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

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

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and non-hazardous) stored, disposed of, treated or reclaimed in Illinois, and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part I should be used.

INSTRUCTIONS TO GENERATORS (*Please type.*)

1. *Enter generator's* USEPA 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 composing this Manifest.
3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
5, 6, C, D. For the first transporter who will transport the waste, enter the company name, USEPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
7, 8, E, F. If applicable, enter the information requested for the second transporter who will transport the waste.
9, 10, G, H. For the facility designated to receive the waste, enter company name, address, USEPA ID Number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste plus the phrase "not hazardous by DOT".
12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container.

CM = Metal boxes or roll offs — DM = Metal drums
CW = Wooden boxes — DW = Wooden drums
CF = Fiberboard or plastic bags — DF = Fiberboard or plastic drums
BA = Burlap, cloth, paper or plastic bags
CY = Cylinders — TT = Tank Trucks
DT = Dump trucks — TP = Tanks portable
TC = Tank cars

13. Enter the total quantity of each waste.
14. Enter unit of measure from list below.

G = Gallons — P = Pounds
T = Tons — Y = Cubic Yards
L = Liters — K = Kilograms
M = Metric tons — N = Cubic meters

I. Enter the EPA 4 digit Hazardous Waste Number. If waste is a mixture of listed and characteristic wastes, the listed waste must be entered; other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies will be obtained from the receiving facility/treatment plant for waste going out of Illinois).

J, K. If needed, enter additional description or relevant information/instructions for the material listed in Item 11.

15. If needed, indicate special transportation, treatment, storage or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments leaving for treatment, storage, or disposal outside the jurisdiction of the United States in this space.
16. The generator must read, sign, fill in 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. If another mode in addition to highway is used, enter the appropriate additional mode.

***GENERATOR:* RETAIN COPY 6. MAIL COPY 5 TO IEPA WITHIN 5 DAYS OF THE SHIPMENT OF WASTE IS HAZARDOUS.**

INSTRUCTIONS TO TRANSPORTERS 17, 18: The person accepting the waste on behalf of the first carrier must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt. *Upon delivery of waste to facility, retain Copy 4 and leave remaining copies with the facility owner/operator.*

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The *authorized representative* of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
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 by signing and entering the date of receipt.

Return Copy 4 and Copy 5 to the generator, and send Copy 5 to Illinois EPA within 30 days of the delivery.

Public reporting burden for this collection of information is estimated to average: 12 minutes for generators, 6 minutes for transporters and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding the burden estimate including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0810

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address | Location If Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

A. Illinois Manifest Document Number: IL 7233046 FEE PAID IF APPLICABLE

B. Illinois Generator's ID

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

C. Illinois Transporter's ID

D. Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit WtVol	I. Waste No.
a.					EPA HW Number XX Authorization Number
b.					EPA HW Number XX Authorization Number
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

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

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

Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 1-800-424-8802 (Nationwide)

COPY 5: GENERATOR MAIL TO IEPA
(RCRA AND PCB WASTES)

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form (IN 82 081) (LS 12 0810)

5710

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: ILD005084124 — Manifest Document No: 33044
2. Page 1 of 1 — Information in the shaded areas is not required by federal law but is required by Illinois law

3. Generator's Name and Mailing Address (Location if Different)
Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800-645-8265

A. Illinois Manifest Document Number: IL 7233046 (FEE PAID IF APPLICABLE)
B. Illinois Generator's ID: 0430305017
C. Illinois Transporter's ID: 1147
D. 617 849-1800 Transporter's Phone

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc
6. US EPA ID Number: MAD039322250

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
Clean Harbors Services Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID: 0311600051
H. Facility's Phone: (312) 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III	008	DF	00440	G	EPA HW Number: XX010101 / Authorization Number: 010101211
b.					EPA HW Number: XX / Authorization Number
c.					EPA HW Number: XX / Authorization Number
d.					EPA HW Number: XX / Authorization Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
11a 133167 D010

wo# D740412

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature: [signature] — Date (Month Day Year): 11 14 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schutz — Signature: [signature] — Date (Month Day Year): 11 14 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of ...

GENERATOR — TRANSPORTER — FACILITY

Case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

1. Enter generator's USEPA 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. If location of waste generation is different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
B. Enter the generator's Illinois EPA ten digit identification number.
5, 6, C, D. For the first transporter who will transport the waste, enter the company name, USEPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
7, 8, E, F. If applicable, enter the information requested for the second transporter who will transport the waste.
9, 10, G, H. For the facility designated to receive the waste, enter company name, address, USEPA ID Number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT".
12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container.
CM = Metal boxes or roll offs — DM = Metal drums
CW = Wooden boxes — DW = Wooden drums
CF = Fiberboard or plastic bags — DF = Fiberboard or plastic drums
BA = Burlap, cloth, paper or plastic bags
CY = Cylinders — TT = Tank Trucks
DT = Dump trucks — TP = Tanks portable
TC = Tank cars
13. Enter the total quantity of each waste.
14. Enter unit of measure from list below:
G = Gallons — P = Pounds
T = Tons — Y = Cubic Yards
L = Liters — K = Kilograms
M = Metric tons — N = Cubic meters
I. Enter the EPA 4 digit Hazardous Waste Number, if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and company, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).
J, K. If needed, enter additional description or information/instructions for the material listed in Item 11.
15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments generators must enter the point of departure (City and State) for shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States in this space.
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. If another mode in addition to highway is used, enter the appropriate additional mode.

***GENERATOR:** RETAIN COPY 6. MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT IF WASTE IS HAZARDOUS.*

INSTRUCTIONS TO TRANSPORTER: 17, 18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. ***Upon delivery of waste to facility,*** *retain Copy 4 and leave remaining copies with the facility owner/operator.*

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
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 by signing and entering the date of receipt.*
Retain Copy 4, send Copy 1 to the generator and send Copy 5 to Illinois EPA within 30 days of the delivery.

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters and 30 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW, Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 167233046

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.
Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001, D002, or D018-43 which is intended for treatment/disposal in a CWA system, CWA equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. Or, the waste is a D003 Explosive, Water Reactive or Other Reactive subcategory (regardless of whether intended for CWA or non-CWA treatment). All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CRI Form LDR-1 Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and a revised LDR notification would be required.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CRI Form LDR-1 Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordnance subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CRI Form LDR-LP. Note that in accordance with 40 CFR Part 268 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D001 Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D001 High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
_____	[ ] D002 Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D003		
	[ ] Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ] Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	2 3 4 6
	[ ] Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ] Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D004 Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D005 Barium	[ ] Non-WW only	3 5 6
_____	[ ] D006	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Cadmium		
	[ ] Cadmium Containing Batteries		
_____	[ ] D007 Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11A	[X] D008	[ ] Non-WW only	3 5 6
	[X] Lead	[ ] WW [X] Non-WW	3 4 (5) 6
	[ ] Lead Acid Batteries	[ ] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11A	[X] D010 Selenium	[ ] WW [X] Non-WW	3 4 (5) 6
_____	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylene
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloroethane
_____ [ ] 29. 1,1,2-Trichloroethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroethane
_____ [ ] 32. Trichloromonofluoromethane
_____ [ ] 33. Xylene - mixed isomers (sum of o-, m-, and p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No. _____

SECTION III CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOCl's > or = 1,000 mg/kg

SECTION IV. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4 HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CRI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM

SECTION V. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS). (See 40 CFR 268.2(f))

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL
P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794 9276 (217) 782 6761
State Form LPC 62 8/81 IL532 0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-96

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.: 12442 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address (Location If Different):
Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

A. Illinois Manifest Document Number: IL 7212642 FEE PAID IF APPLICABLE
B. Illinois Generator's ID: 0 4 3 0 3 0 5 0 1 7

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800-OIL-TANK (645-8265)

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc — 6. US EPA ID Number: M A D 0 3 9 3 2 2 2 5 0
C. Illinois Transporter's ID: 1/478
D. Transporter's Phone: (617) 849-1800

7. Transporter 2 Company Name: CLEAN HARBORS ENV. SERVICES, INC — 8. US EPA ID Number: MAD039322250
E. Illinois Transporter's ID: 1/478
F. Transporter's Phone: (617) 849-1800

9. Designated Facility Name and Site Address:
Spring Grove Resource Recovery
4879 Spring Grove Avenue
Cincinnati, OH 45232
10. US EPA ID Number: O H D 0 0 0 8 1 6 6 2 9
G. Illinois Facility's ID:
H. Facility's Phone: (513) 681-5738

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON D.O.T. REGULATED, ETHYLENE GLYCOL SOLUTION, N/A, III	003	DM	001165	G	EPA HW Number: XX CLASS A; Authorization Number
b.					EPA HW Number: XX; Authorization Number
c.					EPA HW Number: XX; Authorization Number
d.					EPA HW Number: XX; Authorization Number

J. Additional Description for Materials Listed Above: 11a CH027039

K. Handling Codes for Wastes Listed Above In Item 14:

15. Special Handling Instructions and Additional Information:
vo# D725588

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Joe Ledwa — Signature: Joseph R Ledwa — Date: 06 26 96

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert A. Schulz — Signature: Robert A. Schulz — Date: 06 26 96

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD [illegible] — Signature: [illegible] — Date: 07 03 96

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: Mary Ann Lagedrost, agent for SGRR — Signature: Mary [illegible] Lagedrost — Date: 07 06 96

The Agency is authorized to require, pursuant to Illinois Revised Statutes, 1985, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802.

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois where the destination state requires copies of the manifest, a photocopy of part I should be used.

INSTRUCTIONS TO GENERATORS (*Please type*)

1. Enter generator's USEPA 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. If location of waste generation is different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.

A, B. *Enter the generator's Illinois EPA ten digit identification number.*

5, 6, C, D. For the first transporter who will transport the waste, enter the company name, USEPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.

7, 8, E, F. If applicable, enter the information requested for the second transporter who will transport the waste.

9, 10, G, H. For the facility designated to receive the waste, enter company name, address, USEPA ID Number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.

11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT".

12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM = Metal boxes or roll offs	DM = Metal drums
CW = Wooden boxes	DW = Wooden drums
CF = Fiberboard or plastic bags	DF = Fiberboard or plastic drums
BA = Burlap, cloth, paper or plastic bags.	
CY = Cylinders	TT = Tank Trucks
DT = Dump trucks	TP = Tanks portable
TC = Tank cars	

13. Enter the total quantity of each waste.
14. Enter unit of measure from list below:

G = Gallons	P = Pounds
T = Tons	Y = Cubic Yards
L = Liters	K = Kilograms
M = Metric tons	N = Cubic meters

I. Enter the EPA 4 digit Hazardous Waste Number. If waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility). (Leave blank for waste going out of Illinois.)

J, K. If needed, enter additional description or information/instructions for the material listed in Item 11.

15. If needed, indicate special transportation, treatment, storage or disposal [illegible] international shipments [illegible] departure (City and State) for shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.

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. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6. MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT IF WASTE IS HAZARDOUS.

INSTRUCTIONS TO TRANSPORTER: 17, 18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. *Upon delivery of waste to facility, return Copy 4 and leave remaining copies with the facility owner/operator.*

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.

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 by signing and entering the date of receipt.
Retain Copy 3, send Copy 1 to the generator, and send Copy 2 to Illinois EPA within 30 days of the delivery.

Public reporting burden for this collection of information is estimated to average 12 minutes for generators, 15 minutes for transporters and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate including suggestions for reducing this burden to: Chief, Information Policy Branch, PM 223, U.S. Environmental Protection Agency, 401 M Street SW, Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 67 8/81 IL 532 0810

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law but is required by Illinois law
3. Generator's Name and Mailing Address — Location if Different
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS:
5. Transporter 1 Company Name — 6. US EPA ID Number
7. Transporter 2 Company Name — 8. US EPA ID Number
9. Designated Facility Name and Site Address — 10. US EPA ID Number

A. Illinois Manifest Document Number: IL 7212642 — FEE PAID IF APPLICABLE
B. Illinois Generator's ID
C. Illinois Transporter's ID
D. ( ) Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
G. Illinois Facility's ID
H. Facility's Phone ( )

GENERATOR

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

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information

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

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

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

TRANSPORTER

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

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. — Printed/Typed Name — Signature — Date (Month Day Year)

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802

The Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

The Illinois Uniform Manifest must be used for all shipments of special waste that (where and needs where) were used, disposed of, treated or reclaimed in Illinois, and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

1. Enter generator's USEPA 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. If location of waste generation is different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
5. Enter the generator's Illinois EPA ten digit identification number.
6, 7. For the first transporter who will transport the waste, enter the
C, D company name, USEPA ID number, Illinois EPA ten digit Special Waste Hauling (SWH) Permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
7, 8. If applicable, enter the information requested for the second
E, F transporter who will transport the waste.
9, 10. For the facility designated to receive the waste, enter company
G, H name, address, USEPA ID Number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT".
12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container.

CM = Metal boxes or roll offs	DM = Metal drums
CW = Wooden boxes	DW = Wooden drums
CF = Fiberboard or plastic bags	DF = Fiberboard or plastic drums
BA = Burlap, cloth, paper or plastic bags	
CY = Cylinders	TT = Tank Trucks
DT = Dump trucks	TP = Tanks portable
TC = Tank cars	

13. Enter the total quantity of each waste.
14. Enter unit of measure from list below.

G = Gallons	P = Pounds
T = Tons	Y = Cubic Yards
L = Liters	K = Kilograms
M = Metric tons	N = Cubic meters

I. Enter the EPA 4 digit Hazardous Waste Number; if waste is a mixture of listed and characteristic wastes, the listed waste must be entered. Other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream. These numbers are specific for each waste stream and are issued from the Facility. Facility clearance block for waste stream out of Illinois.

J, K. If needed, enter additional descriptions and additional indications for the material listed in Item 11.

15. If needed, indicate special transportation, treatment, storage or disposal information or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment, storage or disposal outside the jurisdiction of the United States in this space.
16. The generator must read, sign, date 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. If another mode in addition to highway is used, enter the appropriate additional mode.

***GENERATOR:** RETAIN COPY 6. MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT IF WASTE IS HAZARDOUS.*

INSTRUCTIONS TO TRANSPORTER: 17, 18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. ***Upon delivery of waste to facility,*** *retain Copy 4 and leave remaining copies with the facility owner/operator.*

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
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 by signing and entering the date of receipt.
Return Copy 4, send Copy 1 to the generator, and send Copy 2 to Illinois EPA within 30 days of the delivery.

Public reporting burden for this collection of information is estimated to average 12 minutes for generators, 15 minutes for transporters and 30 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

CleanHarbors

ENVIRONMENTAL SERVICES INC
CENTRAL DISPATCH
24 HOUR SERVICE
1 800 635-2767
FAX 1-617 847 8926

DRIVER NAME [illegible]

DATE [illegible]

TRACTOR # [illegible] TRAILER # [illegible] CAN #

ORDER DATE LEAVE DATE PICK UP DATE [illegible] TIME AM PM

GENERATOR/ORIGIN [illegible]
[illegible]
[illegible] Curve II

TSDF

PAGE 1 of 1

CWO # [illegible]

TR #

DELIVERY DATE [illegible] TIME AM PM

[illegible]

SPECIAL INSTRUCTIONS

MANIFEST NOS [illegible] JL 679 3283

U S D O T DESCRIPTION	NO TYPE CONTAINERS	TOTAL QUANTITY/VOLUME
Waste Sodium Hydroxide Sol 8 UNHZY III	1 DM	30 Gal
Haz Waste Liquids NOS 9 NA ~~3378~~ 3382 III	28 DF	1540 Gal
Hydraulic Oil Non DOT Reg	4 DM	230 Gal

[redacted]

LOADING

ARRIVED 10 DEPARTED 11 TOTAL HRS 1

COMMENTS

[illegible] 9/18/96

GENERATOR SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DATE

UNLOADING

ARRIVED DEPARTED TOTAL HRS

COMMENTS

TSDF SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DATE

TRACTOR STARTING MILEAGE ENDING MILEAGE LOADED MILES TOTAL MILES

TRAILER HUB READING

CHI 136 WHITE – CLEAN HARBORS YELLOW – PAYROLL PINK CUSTOMER COPY

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794 9276 (217) 782 6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form 1 PC 67 8/81 R 532 0610

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700 22 (Rev. 8 89) Form Approved OMB No 2050 0039 Expires 9 30 94

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No: I L D 0 0 5 0 9 4 1 2 4 — Manifest Document No: 94267

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, 2120 Wisconsin Avenue, Downers Grove, IL 60515 — Location if Different

A Illinois Manifest Document Number: IL 6794267 — FEE PAID IF APPLICABLE

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

4 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800 OIL TANK (645 8265)

5 Transporter 1 Company Name: Clean Harbors Env. Services, Inc — 6 US EPA ID Number: M A D 0 3 9 3 0 2 2 5 0

C Illinois Transporter's ID: 1 4 2 8

D 6784-1800 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: Clean Harbors Of Chicago Inc, 11800 South Stony Island Ave, Chicago, IL 60617 — 10 US EPA ID Number: I L D 0 0 0 6 0 8 4 7 1

G Illinois Facility's ID: D 3 1 6 0 0 0 0 5 1

H Facility's Phone: (312) 646-6202

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12 Containers No	Type	13 Total Quantity	14 Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III	012	DF	00660	G	EPA HW Number: X X D 0 0 8; Authorization Number: 0 0 0 2 8 1
b. HYDRAULIC OIL, NON D.O.T. REGULATED, N/A	003	DM	00165	G	EPA HW Number: X X CLASS A; Authorization Number: 0 0 0 2 7 5
c.					EPA HW Number: X X; Authorization Number
d.					EPA HW Number: X X; Authorization Number

J. Additional Description for Materials Listed Above
11a T33167 D018
11b T39501

K. Handling Codes for Wastes Listed Above in Item 14
G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

WO# D722114

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature — Date: Month 05 Day 17 Year 96

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Lacey Erickson — Signature — Date: Month 05 Day 17 Year 96

18 Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19 Discrepancy Indication Space

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

Printed/Typed Name — Signature

GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802

The Illinois Uniform Manifest must be used [illegible] of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in [illegible] All shipments originating in Illinois and destined for states that do not print and supply the form [illegible] Infectious Medical Waste) requires a different manifest. For shipments not originating in [illegible] state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

1. Enter generator's USEPA twelve digit identification [illegible] the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
2. Enter total number of pages comprising this [illegible]
3. Enter generator's name and mailing address. [illegible] different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.

B. Enter the generator's Illinois EPA ten digit identification [illegible]

5,6,C,D For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) permit [illegible] phone number where an authorized agent of the transporter may be reached in the event of an emergency.

7,8,E,F. If applicable, enter the information requested for the second transporter who will transport the waste.

9,10,G,H. For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.

11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not regulated by DOT."

12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM =	Metal boxes or roll-offs	DM =	Metal drums
CW =	Wooden boxes	DW =	Wooden drums
CF =	Fiberboard or plastic bags	DF =	Fiberboard or plastic drums
BA =	Burlap, cloth, paper or plastic bags	CY =	Cylinders
DT =	Dump trucks	FT =	Flat trucks
TC =	Tank cars	PT =	Portable portable

13. Enter the total quantity (gallons or cubic yards) of each waste.
14. Enter G if quantity is in gallons or Y if quantity is in cubic yards. No other unit is to be used. To track weight if desired, enter pounds, tons or kilograms in Section J.

I. Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).

J,K If needed, enter additional description or information [illegible] for the material listed in Item 11.

15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.

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. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17,18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. UPON DELIVERY OF WASTE TO FACILITY, retain copy 2 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.

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 by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM 223, U.S. Environmental Protection Agency, 401 M Street SW, Washington, DC 20460; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19278 SPRINGFIELD, ILLINOIS 62794-9278 (217) 782-6761

State Form 1 IPC 82 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-84

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law but is required by Illinois law.
3. Generator's Name and Mailing Address — Location if Different
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*
5. Transporter 1 Company Name — 6. US EPA ID Number
7. Transporter 2 Company Name — 8. US EPA ID Number
9. Designated Facility Name and Site Address — 10. US EPA ID Number

A. Illinois Manifest Document Number: IL6794267 — FEE PAID IF APPLICABLE
B. Illinois Generator's ID: 0 4 4 0 1 0 5 0 1 7
C. Illinois Transporter's ID
D. ( ) Transporter's Phone
E. Illinois Transporter's ID
F. ( ) Transporter's Phone
G. Illinois Facility's ID: D311-000051
H. Facility's Phone: 312 646 6200

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]	[illegible]		[illegible]		EPA HW Number: XX D008; Authorization Number: 000281
b. [illegible]	[illegible]		[illegible]		EPA HW Number: XX CLASS A; Authorization Number: [illegible]
c.					EPA HW Number: XX; Authorization Number:
d.					EPA HW Number: XX; Authorization Number:

J. Additional Description for Materials Listed Above
11a. T39167 D010
11b. T39901

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

15. Special Handling Instructions and Additional Information

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

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

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

GENERATOR

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

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

TRANSPORTER

19. Discrepancy Indication Space

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

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

1. Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
2. Enter total number of pages comprising this Manifest.
3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
4. Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.

B. Enter the generator's Illinois EPA ten digit identification number.

5,6,C,D. For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.

7,8,E,F. If applicable, enter the information requested for the second transporter who will transport the waste.

9,10,G,H. For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.

11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT."
12. Enter the number of containers for each waste and the corresponding abbreviations for the type of container:

CM =	Metal boxes or roll-offs	DM =	Metal drums
CW =	Wooden boxes	DW =	Wooden drums
CF =	Fiberboard or plastic bags	DF =	Fiberboard or plastic drums
BA =	Burlap, cloth, paper or plastic bags	CY =	Cylinders
DT =	Dump trucks	TT =	Tank trucks
TC =	Tank cars	TP =	Tank portable

13. Enter the total quantity (gallons or cubic yards) of each waste.
14. Enter G if quantity is in gallons or Y if quantity is in cubic yards, the other unit is to be used. To track weight if desired, enter pounds, tons or kilograms in Section J.
I. Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).

J,K. If needed, enter additional description or information/instructions for the material listed in item 11.

15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.
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. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17,18.

The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.
UPON DELIVERY OF WASTE TO FACILITY, retain copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
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 by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U. S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20460; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL6794267

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
CRS 11a	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [X] Non-WW	1 2 3 4 (5) 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[X] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

GENERATOR COPY
REVIEWED AND CORRECTED
BY TSDF, WHERE INITIALED

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: RICHARD SCHMITT Date: 5-17-96

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. [See 40 CFR 268.2(f)]

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No. _____

SECTION II. CHARACTERISTIC WASTES D012 THROUGH D043

[ ] Check here if the waste is a D012-17 wastewater. If so, the waste must be treated using one of the treatment technologies (e.g., INCIN) specified in the Treatment Standard Table in 40 CFR 268.40. Complete Columns 1 through 3 below, and circle Handling Code 5 in Column 4. UHC's are NOT required to be identified.

[ ] Check here if the waste is a D012-17 non-wastewater or a D018-43 that is intended to be treated in a CWA system, CWA-equivalent system, or Class I SDWA system. If so, the waste is EXEMPT from the LDR regulations, and no further information is required. DO NOT complete Columns 1 through 4 below.

[ ] Check here if the waste is a D012-17 non-wastewater or D018-43 that is intended to be treated in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system. If so, complete Columns 1 through 4 below.

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D026 m-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	2 3 4 6

SECTION III. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylene
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloroethane
_____ [ ] 29. 1,1,2-Trichloroethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroethane
_____ [ ] 32. Trichloromonofluoromethane
_____ [ ] 33. Xylene - mixed isomers (sum of o-, m-, and p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

( ) ALL CALIFORNIA LIST CONSTITUENTS
( ) Liquids with nickel greater than or equal to 134 mg/l
( ) Liquids with thallium greater than or equal to 130 mg/l
( ) Liquids with PCB's > or = 50 ppm
( ) Waste containing HOC's > or = 1,000 mg/kg

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

( ) CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
( ) CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CNI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. [See 40 CFR 268.2(f)]

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No IL6794267

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268 7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non wastewater: Check off "WW" for wastewater and "Non-WW" for non wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001 or D002 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and UHC's would be required to be identified for a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 treated/disposed in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003-II, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 268 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D011

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY		COLUMN 3: WASTEWATER/ NON WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
_____	[ ] D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D003			
		[ ] Reactive Sulfides	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Reactive Cyanides	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Explosives	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Water Reactives	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Other (per §261.23(a)(1))	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D006			
		[ ] Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
_____	[ ] D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	[X] D008			
		[X] Lead	[ ] WW [X] Non-WW	3 4 (5) 6
		[ ] Lead Acid Batteries	[ ] Non-WW only	3 5 6
_____	[ ] D009			
		[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
		[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
		[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	[X] D010	Selenium	[ ] WW [X] Non-WW	3 4 (5) 6
_____	[ ] D011	Silver	[ ] WW [ ] Non-WW	3 4 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No _____

SECTION II CHARACTERISTIC WASTES D012 THROUGH D043

[ ] Check here if the waste is a D012-17 wastewater. If so, the waste must be treated using one of the treatment technologies (e.g., INCINERATION) specified in the Treatment Standard Table in 40 CFR 268.40. Complete Columns 1 through 3 below, and circle Handling Code 5 in Column 4. UHC's are NOT required to be identified.

[ ] Check here if the waste is a D012-17 non wastewater or a D018-43 that is intended to be treated in a CWA system, CWA equivalent system, or Class I SDWA system. If so, the waste is EXEMPT from the LDR regulations, and no further information is required. DO NOT complete Columns 1 through 4 below.

[ ] *Check here if the waste is a D012-17 non wastewater or D018-43 that is intended to be treated in a non-CWA system, non CWA-equivalent system, or non-Class I SDWA system.* If so, complete Columns 1 through 4 below.

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	2 3 4 6

SECTION III. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylene
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloroethane
_____ [ ] 29. 1,1,2-Trichloroethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroethane
_____ [ ] 32. Trichloromonofluoromethane
_____ [ ] 33. Xylene - mixed isomers (sum of o-, m-, and p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR 1 Manifest No _____

SECTION IV CALIFORNIA LIST WASTES

COLUMN 1 LINE ITEM SEE MANIFEST	COLUMN 2 WASTE CODE / SUBCATEGORY	COLUMN 3 WASTEWATER/ NON WASTEWATER	COLUMN 4 HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituent#:	[ ] WW [ ] Non WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION V OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1 LINE ITEM SEE MANIFEST	COLUMN 2 WASTE CODE / SUBCATEGORY	COLUMN 3 WASTEWATER/ NON-WASTEWATER	COLUMN 4 HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CWI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI CONTACT NAME AND DATE

Print Name: RICHARD SCHMITT Date: 5-17-96

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. (See 40 CFR 268.2(f))

CleanHarbors

ENVIRONMENTAL SERVICES, INC
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-847-8926

DRIVER NAME Larry Erickson

PAGE ____ of ____

CWO # D 773114

TE ____

TRACTOR # 1132 TRAILER # 662 CAN # ____

TR # ____

ORDER DATE ____ LEAVE DATE ____ PICK UP DATE 5-17-96 TIME AM PM ____ DELIVERY DATE 5-17-96 TIME AM PM

GENERATOR/ORIGIN Tricon
[illegible]
Downers Grove, IL

TSDF CH. CHG.

SPECIAL INSTRUCTIONS ____

MANIFEST NOS IL-6794267

U.S. D.O.T. DESCRIPTION	NO. TYPE CONTAINERS	TOTAL QUANTITY/VOLUME
See Attached Manifest.		

[redacted]

LOADING

ARRIVED 12:15 pm DEPARTED 11 Spm TOTAL HRS 1

COMMENTS labeled, loaded drums

GENERATOR SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES ____ DATE 5-17-96

UNLOADING

ARRIVED ____ DEPARTED ____ TOTAL HRS ____

COMMENTS ____

TSDF SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES ____ DATE ____

TRACTOR STARTING MILEAGE 144325 ENDING MILEAGE ____ LOADED MILES ____ TOTAL MILES ____

TRAILER HUB READING ____

CHI 136 WHITE - CLEAN HARBORS YELLOW - PAYROLL PINK - CUSTOMER COPY

DRIVER TICKET

CleanHarbors

ENVIRONMENTAL SERVICES, INC.
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-848-2141

DRIVER NAME: Robert H. Schur

DATE: 9-19-96 TO#: CWO#: 173478

TRACTOR # 5110 TRAILER # CAN #

GENERATOR/TSDF Thicon Fnd
2325 Wisconsin Ave
Downers Grove Ill

MANIFEST NO'S: IA 7232748

LOADING / UNLOADING

ARRIVED 1100 DEPARTED 1145 TOTAL HRS. 3/4

COMMENTS

SIGNATURE VERIFIES
ARRIVAL & DEPARTURE TIMES

DATE 9-19-96

CHI 136 A

WHITE - CLEAN HARBORS PINK - CUSTOMER/TSDF YELLOW - DRIVER

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124 — Manifest Document No.: 32749

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, 2325 Wisconsin Avenue, Downers Grove, IL 60515 — Location If Different:

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800-OIL-TANK (645-8265)

A. Illinois Manifest Document Number: IL 7232748 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0430305017

5. Transporter 1 Company Name: Clean Harbors Env. Services Inc. — 6. US EPA ID Number: MAD039322250

C. Illinois Transporter's ID: 1478

D. (617) 849-1800 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: Clean Harbors Services Inc, 11800 South Stony Island Ave, Chicago, IL 60617 — 10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID: 0316000051

H. Facility's Phone: (312) 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III ERG#31	010	DF	00550	G	EPA HW Number: XXD008 Authorization Number:
b. HYDRAULIC OIL, NON D.O.T. REGULATED, N/A	006	DM	00330	G	EPA HW Number: XXCLASS A Authorization Number: 000275
c.					EPA HW Number: XX Authorization Number:
d.					EPA HW Number: XX Authorization Number:

J. Additional Description for Materials Listed Above

11a T33167 D010
11b T39901

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

wo# D734781

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: RICHARD SCHMITT — Signature: [signature] — Date: Month Day Year: 09 / 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schultz — Signature: Robert A. Schultz — Date: Month Day Year: 09 / 99

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.

GENERATOR

TRANSPORTER

FACILITY

232011-2

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL7232748

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.
Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001, D002, or D018-43 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. Or, the waste is a D003 Explosive, Water Reactive or Other Reactive subcategory (regardless of whether intended for CWA or non-CWA treatment). All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and a revised LDR notification would be required.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003 Reactive Sulfide, Reactive Cyanide, or Unexploded Ordnance subcategory, a characteristic waste D004-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 268 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D043

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D001 Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D001 High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
_____	[ ] D002 Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D003		
	[ ] Reactive Sulfide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Reactive Cyanide, per 261.23(a)(5)	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Explosive, per 261.23(a)(6), (7) & (8)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ] Water Reactive, per 261.23(a)(2), (3) & (4)	[ ] Non-WW only	2 3 4 6
	[ ] Other Reactive, per 261.23(a)(1)	[ ] WW [ ] Non-WW	2 3 4 6
	[ ] Unexploded Ordnance, Emergency Response	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D004 Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D005 Barium	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D006		
	[ ] Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
_____	[ ] D007 Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11A	[✓] D008		
	[✓] Lead	[✓] WW [ ] Non-WW	3 4 (5) 6
	[ ] Lead Acid Batteries	[✓] Non-WW only	3 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION I. CHARACTERISTIC WASTES D001-43 (CONTINUED)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
114	[✓] D010 Selenium	[✓] WW [ ] Non-WW	3 4 (5) 6
_____	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	1 2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	1 2 3 4 6

SECTION II. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylene
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloroethane
_____ [ ] 29. 1,1,2-Trichloroethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroethan
_____ [ ] 32. Trichlorofluoromethane
_____ [ ] 33. Xylene - mixed isom (sum of o-, m-, and p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION III: CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION IV: OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETIN SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION V: CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. F example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to t local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewat treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before la disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do n discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalen treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitati for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technol that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contai greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treat using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES u at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequ reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weig total suspended solids (TSS). [See 40 CFR 268.2(f)]

DRIVER TICKET

CleanHarbors

ENVIRONMENTAL SERVICES, INC.
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-848-2141

DRIVER NAME: Robert Schulz

DATE: 6-26-96 TO#: CWO#: D725

TRACTOR # 51110 TRAILER # CAN #

GENERATOR/TSDF Thicon Ind
2325 Wisconsin Ave
Downers Grove Ill

MANIFEST NO'S: IL 7212641 - IL 7212642

LOADING / UNLOADING

ARRIVED 745 DEPARTED 845 TOTAL HRS. 1

COMMENTS

SIGNATURE VERIFIES
ARRIVAL & DEPARTURE TIMES

Joseph R Ledva Jr DATE 6/26/96

CHI 136 A

WHITE - CLEAN HARBORS PINK - CUSTOMER/TSDF YELLOW - DRIVER

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039. Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 12641

2. Page 1 of 1

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

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

A. Illinois Manifest Document Number IL 7212641 FEE PAID IF APPLICABLE

B. Illinois Generator's ID 0430305017

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 800-OIL-TANK (645-8265)

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc
6. US EPA ID Number: MAD039322250

C. Illinois Transporter's ID 1478

D. (617) 849-1800 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
Clean Harbors Of Chicago Inc
11800 South Stony Island Ave
Chicago, IL 60617
10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID 0316000051

H. Facility's Phone (312) 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III ERG#31	011	DF	00605	G	EPA HW Number XXD008 / Authorization Number
b. HYDRAULIC OIL, NON D.O.T. REGULATED, N/A	004	DM	00220	G	EPA HW Number XX CLASS A / Authorization Number 000275
c.					EPA HW Number XX / Authorization Number
d					EPA HW Number XX / Authorization Number

J. Additional Description for Materials Listed Above
11a T33167 D010
11b T39901

K. Handling Codes for Wastes Listed Above in Item #14

15. Special Handling Instructions and Additional Information
vo# D725588

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Joe Ledwa — Signature: Joseph R Ledwa — Date (Month Day Year): 06 26 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulz — Signature: Robert A. Schulz — Date (Month Day Year): 06 26 89

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: DANIEL K. ANDERSON — Signature — Date (Month Day Year): 06 27 89

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 and imprisonment. Refer to the Illinois Manifest Instructions for Completing the Uniform Manifest.

Clean Harbors has appropriate permits for and will accept the waste the generator is shipping.

COPY 1. TSD MAIL TO GENERATOR

8933-148947

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL7212641

SECTION IV CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
1|2	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[X] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6
		[ ] WW [ ] Non-WW	3 4 5 6

GENERATOR COPY
REVIEWED AND CORRECTED
BY TSDF WHERE INITIALED

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLET SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: Joseph R Ledwa Date: 6/26/96

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastew treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equival treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipita for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment techno that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which cont greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be tre using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subseq reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by we total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixt that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed ir table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain than 4% by weight TOC and less than 1% by weight TSS. [See 40 CFR 268.2(f)]

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL7212641

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.
Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 - The waste is a characteristic hazardous waste D001 or D002 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A - The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 - The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-1 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-Addendum and attach completed Addendum to this form.

3 - The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and UHC's would be required to be identified for a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-4 treated/disposed in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system.

4 - The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-Addendum and attach completed Addendum to this form.

5 - The waste is a characteristic waste D003-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 - The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 26 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D011

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] D001 Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D001 High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
	[ ] D002 Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D003		
	[ ] Reactive Sulfides	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Reactive Cyanides	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Explosives	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Water Reactives	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Other (per §261.23(a)(1))	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D004 Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D005 Barium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D006		
	[ ] Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
	[ ] D007 Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	[X] D008		
	[X] Lead	[ ] WW [X] Non-WW	3 4 5 6
	[ ] Lead Acid Batteries	[ ] Non-WW only	3 5 6
	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	[X] D010 Selenium	[ ] WW [X] Non-WW	3 4 5 6
	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 1C7212641

SECTION II. CHARACTERISTIC WASTES D012 THROUGH D043

[ ] Check here if the waste is a D012-17 wastewater. If so, the waste must be treated using one of the treatment technologies (e.g., INCIN) specified in the Treatment Standard Table in 40 CFR 268.40. Complete Columns 1 through 3 below, and circle Handling Code 5 in Column 4. UHC's are NOT required to be identified.

[ ] Check here if the waste is a D012-17 non-wastewater or a D018-43 that is intended to be treated in a CWA system, CWA-equivalent system, or Class I SDWA system. If so, the waste is EXEMPT from the LDR regulations, and no further information is required. DO NOT complete Columns 1 through 4 below.

[ ] Check here if the waste is a D012-17 non-wastewater or D018-43 that is intended to be treated in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system. If so, complete Columns 1 through 4 below.

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER		COLUMN 4: HANDLING CODE
_____	[ ] D012 Endrin	[ ] WW	[ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW	[ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW	[ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW	[ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW	[ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW	[ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D026 Cresol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW	[ ] Non-WW	2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW	[ ] Non-WW	2 3 4 6

SECTION III. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER		COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW	[ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylen
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloroethane
_____ [ ] 29. 1,1,2-Trichloroethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroeth
_____ [ ] 32. Trichloromonofluo methane
_____ [ ] 33. Xylene - mixed is (sum of o-, m-, an p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL 7212641

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. [See 40 CFR 268.2(f)]

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039 Expires 9-30-94

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. 193783

2. Page 1 of 1

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

3. Generator's Name and Mailing Address / Location If Different
Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

A. Illinois Manifest Document Number IL6793783 FEE PAID IF APPLICABLE

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

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 800-OIL-TANK (645-8265)

5. Transporter 1 Company Name: Clean Harbors Env. Services, Inc

6. US EPA ID Number: M A D 0 3 9 3 2 2 2 5 0

C. Illinois Transporter's ID 1478

D. 617 899 1800 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
Clean Harbors Of Chicago Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: I L D 0 0 0 6 0 8 4 7 1

G. Illinois Facility's ID 0 3 1 6 0 0 0 0 5

H. Facility's Phone (312 646-6202

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 SODIUM HYDROXIDE SOLUTION , 8, UN1824, III	001	DM	00030	G	EPA HW Number XX D002 / Authorization Number 00281
b. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III	028	DF	015406	G	EPA HW Number XX D018 / Authorization Number 00381
c. HYDRAULIC OIL, NON D.O.T. REGULATED , N/A	004	DM	00220	G	EPA HW Number XX CLASS A / Authorization Number 00021715
d.					EPA HW Number XX / Authorization Number

J. Additional Description for Materials Listed Above
11a CH024069 D008, D011
11b T33167 D010
11c T39901

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

15. Special Handling Instructions and Additional Information

wo# D718781

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: + Joseph R Ledwa | Signature: + Joseph R Ledwa | Date Month Day Ye: 04 18 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ARC E PROSSER | Signature: [signature] | Date Month Day Ye: 04 18 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Ye

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: DANIEL K. ANDERSON | Signature: [signature] | Date Month Day Ye: 04 18 8

This Agency is authorized to require pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provi this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,0 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for & will accept the waste the generator is shipping.

COPY 1. TSD MAIL TO GENERATOR

75828 75860

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 1467937283

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.
Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 = The waste is a characteristic hazardous waste D001 or D002 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A = The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 = The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

3 = The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and UHC's would be required to be identified for a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 treated/disposed in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system.

4 = The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR-1 Addendum and attach completed Addendum to this form.

5 = The waste is a characteristic waste D003-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 = The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 268 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D011

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY			COLUMN 3: WASTEWATER/ NON-WASTEWATER		COLUMN 4: HANDLING CODE
	[ ]	D001	Ignitables, except High TOC subcategory	[ ] WW	[ ] Non-WW	1 2 3 4 6
	[ ]	D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only		1A 3 6
11a	[X]	D002	Corrosives	[ ] WW	[X] Non-WW	(1) 2 3 4 6
	[ ]	D003				
			[ ] Reactive Sulfides	[ ] WW	[ ] Non-WW	3 4 5 6
			[ ] Reactive Cyanides	[ ] WW	[ ] Non-WW	3 4 5 6
			[ ] Explosives	[ ] WW	[ ] Non-WW	3 4 5 6
			[ ] Water Reactives	[ ] WW	[ ] Non-WW	3 4 5 6
			[ ] Other (per §261.23(a)(1))	[ ] WW	[ ] Non-WW	3 4 5 6
	[ ]	D004	Arsenic	[ ] WW	[ ] Non-WW	3 4 5 6
	[ ]	D005	Barium	[ ] WW	[ ] Non-WW	3 4 5 6
	[ ]	D006				
			[ ] Cadmium	[ ] WW	[ ] Non-WW	3 4 5 6
			[ ] Cadmium Containing Batteries	[ ] Non-WW only		3 5 6
11a, 11b	[ ]	D007	Chromium	[ ] WW	[ ] Non-WW	3 4 5 6
	[X]	D008				
			[X] Lead	[ ] WW	[X] Non-WW	3 4 (5) 6
			[ ] Lead Acid Batteries	[ ] Non-WW only		3 5 6
	[ ]	D009				
			[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW	[ ] Non-WW	3 4 5
			[ ] High Mercury Organic Subcategory	[ ] Non-WW only		3 4 5
			[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only		3 4 5
11b	[X]	D010	Selenium	[ ] WW	[X] Non-WW	3 4 (5) 6
11a	[X]	D011	Silver	[ ] WW	[X] Non-WW	3 4 (5) 6

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I L D 0 0 5 0 8 4 1 2 4 — Manifest Document No.: 57767

2. Page 1 of 1

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

3. Generator's Name and Mailing Address — Location If Different
Tricon Industries
2325 Wisconsin Avenue
Downers Grove, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800-OIL-TANK (645-8265)

A. Illinois Manifest Document Number: IL 6757767 — FEE PAID IF APPLICABLE

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

5. Transporter 1 Company Name: CLEAN HARBORS ENV. SERVICES, INC.

6. US EPA ID Number: MAD 039322250

C. Illinois Transporter's ID: 1 4 7

D. (617) 849-1800 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
Clean Harbors Of Chicago Inc
11800 South Stony Island Ave
Chicago, IL 60617

10. US EPA ID Number: I L D 0 0 0 6 0 8 4 7 1

G. Illinois Facility's ID: 0 3 1 6 0 0 0 0 5

H. Facility's Phone: (312 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III	014	DF	00770	G	EPA HW Number: XX D 0 0 0 — Authorization Number: 0 0 0 2 8
b. HYDRAULIC OIL, NON D.O.T. REGULATED , N/A	005	DM	00275	G	EPA HW Number: XX CLASS — Authorization Number: 0 0 0 2 7
c.					EPA HW Number: XX — Authorization Number
d.					EPA HW Number: XX — Authorization Number

J. Additional Description for Materials Listed Above
11a T33167 D010
11b T39901

K. Handling Codes for Wastes Listed Above In Item #14
G = Gallons Y = Cubic Yard

15. Special Handling Instructions and Additional Information

wo# D712246

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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: Joseph R Ledwa — Signature: Joseph R Ledwa — Date: 02/18/96 (Month Day Year)

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: RONALD W. PROSSER — Signature: [signature] — Month Day Year: 02 19 96

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

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

10426 '44

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 10-93

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

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

FOR DNR USE ONLY

Fo... 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.: ILD 005084124
Manifest Document No.: 00004
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, INC. 2325 WISCONSIN AVE. DOWNERS GROVE, IL. 60515
Site Location If Different:
4. Generator's Phone (708) 964-2330

A. State Manifest Document Number: WI J551712
B. State Generator's ID: IL 0430305017

5. Transporter 1 Company Name: HYDRITE CHEMICAL Co.
6. US EPA ID Number: ILD 984918466
C. State Transporter's ID: 0096
D. Transporter's Phone: 708-534-9494

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: HYDRITE CHEMICAL Co. 114 NORTH MAIN ST. COTTAGE GROVE, WI 53527
10. US EPA ID Number: WID000808824
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. RQ, WASTE TETRACHLORETHYLENE 6.1 UN-1897 PG III ERG 74 F001	004	DM	00220	G	F00
b.					
c.					
d.					

. Additional Descriptions for Materials Listed Above: D039 D022

K. Handling Codes for Wastes Listed Ab

15. Special Handling Instructions and Additional Information: AUTHORIZATION #14232-H-78590 EMERGENCY # 708-964-2330

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prop shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to a plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural R sources. 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 th degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal current 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: RICHARD SCHMIDT MAINT SUPER
Signature: [signature]
Date: Month 04 Day 07

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: JOHN LORE DRIVER
Signature: [signature]
Date: Month 04 Day 02

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

19. Discrepancy Indication Space

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

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 Ger
6 — Transporter retain

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

COPY 2-
GENERATOR RETAIN

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

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

HYDRITE CHEMICAL C

I. GENERAL INFORMATION

GENERATOR: Teicon Industries, Inc. MANIFEST NO. WI J 551 7 2

HYDRITE AUTHORIZATION NO. 14232-H-78590

EPA WASTE CODE NOs: F001 D039 D022

Is this waste ☒ Non-wastewater or ☐ Wastewater? (See 40 CFR 268.2) Check ONE.

II. UNIVERSAL TREATMENT STANDARDS (40 CFR - 268.48)

Indicate all the Universal Treatment Standards and / or EPA Waste Codes as they apply to your waste by checking the appropriate boxes in sections A, B, or C. For those treatment standards not listed in sections A, B, or C, list their Waste Code, Regulated Constituent, and treatment level in section D.

A. SOLVENT WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / kg (*mg / l - TCLP)	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / kg (*mg - TCLP)
☐ Acetophenone	0.010	9.7	☐ Ethyl Benzene	0.057	10
☐ Acetone	0.28	160	☐ Ethyl ether	0.12	160
☐ Acenaphthylene	0.059	3.4	☐ Fluorene	0.059	N/A
☐ Anthracene	0.059	3.4	☐ Isobutyl alcohol	5.6	170
☐ Benzene	0.14	10	☐ Indene (1,2,3-cd) pyrene	0.0055	3.4
☐ Benzo (a) pyrene	0.061	3.4	☐ Methanol	5.6	0.75*
☐ Benz (a) anthracene	0.059	3.4	Methanol alternate	INCIN	CMBST
☐ bis (2-Ethylhexyl) phthalate	0.28	28	☐ Methylene chloride	0.089	30
☐ n-Butyl alcohol	5.6	2.6	☐ Methyl ethyl ketone	0.28	36
☐ Butylbenzyl phthalate	0.017	28	☐ Methyl isobutyl ketone	0.14	33
☐ Carbon disulfide	3.8	N/A	☐ Naphthalene	0.059	5.6
☐ Carbon tetrachloride	0.057	6.0	☐ Nitrobenzene	0.068	14
☐ Chlorobenzene	0.057	6.0	☐ Pentachloroethane	N/A	6.0
☒ Chloroform	0.046	6.0	☐ Phenanthrene	0.059	5.6
☐ Chrysene	0.059	3.4	☐ Phenol	0.039	6.2
☐ Cresols	0.11	5.6	☐ Phthalic anhydride	0.055	28
☐ & P Cresols	0.77	5.6	☐ Pyrene	0.067	8.2
☐ Cyanides (total)	1.2	590	☐ Pyridine	0.014	16
☐ Cyclohexanone	0.36	0.75*	☒ Tetrachloroethylene	0.056	6.0
☐ Diethyl phthalate	0.20	28	☐ Tetrahydrofuran	INCIN	CMBST
☐ Dimethyl phthalate	0.047	28	☐ Toluene	0.080	10
☐ Di-n-butyl phthalate	0.057	28	☐ 1,2,4-Trichlorobenzene	0.055	6.0
☐ Di-n-octyl phthalate	0.017	28	☐ 1,1,1-Trichloroethane	0.054	6.0
☐ m-Dichlorobenzene	0.036	6.0	☐ 1,1,2-Trichloroethane	0.054	6.0
☐ o-Dichlorobenzene	0.088	6.0	☐ 1,1,1,2-Trichloroethane	0.054	6.0
☐ 1,2 Dichloroethane	0.21	6.0	☐ 1,1,2,2-Trichloroethane	0.054	6.0
☐ 1,1 Dichloroethylene	0.025	6.0	☐ 1,1,2-Trichloro-1,2,2 trifluoroethane	0.057	3.0
☐ Diethyl phthalate	0.20	28	☐ Trichloroethylene	0.054	6.0
☐ 2,4 Dimethylphenol	0.036	N/A	☐ Trichloromonofluoromethane	0.020	30
☐ Diphenylamine	0.92	13	☐ Urethane (Ethyl carbamate)	INCIN	INCIN
☐ Diphenylnitrosamine	0.92	13	☐ Xylene	0.32	30
☐ Ethyl acetate	0.34	33	☐ Vinyl chloride	0.27	6.0

Waste Description and Treatment/Regulatory Subcategory	REGULATED HAZARDOUS CONSTITUENT: COMMON NAME	WASTEWATER: Concentration in mg/l or Technology Code	NON-WASTEWATER: Concentration in mg/kg unless noted as * mg/l TCLP* or Technology Code
☐ F005 solvent waste containing 2-Nitropropane as the only listed F001-5 solvent.	2-Nitropropane	(WETOX or CHOXD) fb CARBN, or INCIN	INCIN
☐ F-005 solvent waste containing 2-Ethoxyethanol as the only listed F001-5 solvent.	2-Ethoxyethanol	BIODG or INCIN	INCIN

Waste Code	Waste Description and Treatment/Regulatory Subcategory	WASTEWATER: Concentration in mg/l or Technology Code	NON-WASTEWATER: Concentration in mg/l unless noted as * mg/l TCLP* or Technology Code
☐ D001	Ignitable Characteristic Wastes, except for the §261.21(a)(1) High TOC Subcategory that are managed in non-CWA / non-CWA-equivalent/non-Class I SDWA systems	DEACT and meet §268.48 Standards or RORGS, or CMBST	DEACT and meet §268.48 standards or RORGS, or CMBST
☐ D001	High TOC Ignitable Characteristic Liquids Subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of non-wastewater only.)	N/A	RORGS, or CMBST

B. METAL WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP
☐ Antimony	1.9	2.1	☐ Mercury (Non-wastewater from Retorts)	N/A	0.20
☐ Arsenic (D004)	1.4	5.0	☐ Mercury - all others	0.15	0.025
☐ Barium (D005)	1.2	7.6	☐ Nickel	3.98	5.0
☐ Beryllium	0.82	0.014	☐ Selenium (D010)	0.82	0.16
☐ Cadmium (D006)	0.69	0.19	☐ Silver (D011)	0.43	0.30
☐ Chromium (total) (D007)	2.77	0.86	☐ Thallium	1.4	0.078

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
OFFICE: 608/257-5892
FACSIMILE: 608/839-4293

WASTE PROCESSING
CERTIFICATION OF DESTRUCTION

FOR: FINISHING EQ.(TRICON IND.)

WASTE MASTER #: 14232

AUTHORIZATION #: 78590

Manifest #: J551712

This document certifies that the material listed on the referenced/attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which can not be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Michael J. Byrne
Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

HYDRITE CHEMICAL CO.

114 N. MAIN STREET (53527-9702)
P.O. BOX 247
COTTAGE GROVE, WI 53527-0247
OFFICE 608/257-5892
FACSIMILE 608/839-4293

INCOMING SAMPLE ANALYSIS FORM

SHEET #:
LAB #: I604-101
DATE: 4/05/1996

LAB TYPE: QCA
BATCH #:
LOT #: I604-101
COMPANY: FINISHING EQ.(TRICON IND.)
WASTE MASTER: 14232
AUTH.#: 78590
BRANCH: H
MATERIAL: PERCHLOROETHYLENE RECYCLE
SALESPERSON: YARNELLE
PART # RWR040SP
CUSTOMER # FI1201

WET CHEMISTRY DATA
DENSITY: 1.57
pH: 7

TOTAL DIST: 47/50 % YIELD: 94 %

SOLIDS: 47

BTU/LB:

% CHLORIDES:

WATER BY KF:
COLOR
ACID ACC.
FLASH POINT (TCC DEG F):

PCB #: P604-058
PCB RESULTS:

COMMENTS:
4 DR.

ANALYZED BY BL/CN

ALCOHOLS:
N-BUTANOL
ETHANOL
ISOBUTANOL
METHANOL
WATER
ISOPROPANOL
N-PROPANOL

DILUENTS:
HEPTANE
HEXANE
MINERAL SPIRITS
100 FLASH NAPHTHA
STODDARD SOLVENT
TOLUENE
XYLENE
VM&P NAPHTHA

CHLORINATED:
METHYLENE CHLORIDE
99 % PERCHLOROETHYLENE
1,1,1 TRICHLOROETHANE
FLUOROCARBON
TRICHLOROETHYLENE

ACTIVES:
ACETONE
N-BUTYL ACETATE
ETHYL ACETATE
ISOBUTYL ACETATE
ISOPROPYL ACETATE
METHYL ETHYL KETONE
METHYL ISOBUTYL KETONE
N-PROPYL ACETATE
GLYCOL ETHER EB
GLYCOL ETHER EEAC
GLYCOL ETHER PM
GLYCOL ETHER PMA
CYCLOHEXANONE
TETRAHYDROFURAN
GLYCOL ETHER EE
GLYCOL ETHER EM
GLYCOL ETHER EEP
GLYCOL ETHER EP

OTHERS:
1 %OTHERS

TOTAL: 100 %

STATE OF WISCONSIN
Chapter 144, Wis. Stats.
Form 4400-66P Rev. 10-93

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

FOR DNR USE ONLY

ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

designed for use on elite (12-pitch) typewriter.

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible]
Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded a[illegible] is not required by Federal [illegible]

3. Generator's Name and Mailing Address
Site Location If Different
[illegible]
2325 Wisconsin Ave. [illegible]
4. Generator's Phone [illegible]

A. State Manifest Document Number WI J551712
B. State Generator's ID [illegible]
C. State Transporter's ID [illegible]
D. Transporter's Phone [illegible]
E. State Transporter's ID [illegible]
F. Transporter's Phone 708-534-[illegible]
G. State Facility's ID
H. Facility's Phone 608-257-1414

5. Transporter 1 Company Name
[illegible]
6. US EPA ID Number
[illegible]
7. Transporter 2 Company Name
Hydrite Chemical Co.
8. US EPA ID Number
ILD984918466
9. Designated Facility Name and Site Address
Hydrite Chemical Co.
[illegible] Main St
[illegible]
10. US EPA ID Number
WID00[illegible]24

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a. [illegible]	[illegible]	[illegible]	220	-	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
I 039 I 022

K. Handling Codes for Wastes Listed A[illegible]

15. Special Handling Instructions and Additional Information
[illegible] 14232 H-76590
[illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by pro[illegible] shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to [illegible]plicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural [illegible]sources. 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 [illegible] degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal curre[illegible] 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

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: John Lord Driver | Signature | Date Month Day 04 02

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials
Printed/Typed Name & Position Title: S. Alexander | Signature | Date Month Day 04 03

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 04 [illegible]

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 G[illegible]
6 — Transporter retai[illegible]

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

COPY 5-
FACILITY SEND TO GENERATOR

State Form LPC 62 & 81 ... 1532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires 9-...

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: ILD005084124 — Manifest Document No.: 59102 — 2. Page 1 of 1 — Information in the shaded areas is required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address: Tricon Industries, 2325 Wisconsin Avenue, Downers Grove, IL 60515 — Location If Different:

A. Illinois Manifest Document Number: IL6758102 — FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0430305 0

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800-OIL-TANK (645-8265)

5. Transporter 1 Company Name: CLEAN HARBORS ENV. SERVICES, INC. — 6. US EPA ID Number: MAD 039 322 250

C. Illinois Transporter's ID: 14

D. (617) 849-1800 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: Clean Harbors Of Chicago Inc, 11800 South Stony Island Ave, Chicago, IL 60617 — 10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID: 0316000 0

H. Facility's Phone: 312 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a. HAZARDOUS WASTE LIQUID, N.O.S. (LEAD, SELENIUM), 9, NA3082, III ERG #31	011	DF	00605	G	EPA HW Number: XX 1010 Authorization Number: 0002
b.					EPA HW Number: XX Authorization Number:
c.					EPA HW Number: XX Authorization Number:
d.					EPA HW Number: XX Authorization Number:

J. Additional Description for Materials Listed Above: 11a T33167 D010

K. Handling Codes for Wastes Listed Above In Item #14: G = Gallons Y = Cubic Yar

15. Special Handling Instructions and Additional Information

vo# D714284

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the prese 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 a select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Joe Ledwa — Signature: Joseph R Ledwa — Date: Month 03 Day 1 19

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert A. Schulz — Signature: Robert A Schulz — Date: Month 03 Day 1 19

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: BOB VILTOL — Signature: [signature] — Date: Month 03 Day 13

This Agency is authorized to require, pursuant to Illinois Revised Statute 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to ... this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $5 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for & will accept the waste the generator is shipping

COPY 1. TSD MAIL TO GENERATOR

35573-35883

CleanHarbors

ENVIRONMENTAL SERVICES INC
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-847-8926

DRIVER NAME Bob Schulz
DATE
TRACTOR # 5110 TRAILER # CAN #
ORDER DATE LEAVE DATE PICK UP DATE 3/16 TIME PM 1:30 DELIVERY DATE TIME AM PM
GENERATOR/ORIGIN Teigen
Downers Grove, IL

PAGE of
CWO # D714284
TR #
TSDF
Q H [illegible]

SPECIAL INSTRUCTIONS
MANIFEST NOS 1D 6758102

U.S. D.O.T. DESCRIPTION	NO. TYPE CONTAINERS	TOTAL QUANTITY/VOLUME
Hazardous waste liquid N.O.S. (Lead, Selenium) 9, NA 3082, PGIII	11 DF	605 G

[redacted]

LOADING

ARRIVED 1015 DEPARTED 1115 TOTAL HRS 1

COMMENTS

Joseph R. [illegible] 3/11/

GENERATOR SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DAT

UNLOADING

ARRIVED DEPARTED TOTAL HRS

COMMENTS

TSDF SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DAT

TRACTOR STARTING MILEAGE 128052 ENDING MILEAGE LOADED MILES TOTAL MILES
TRAILER HUB READING

CHI 136 WHITE — CLEAN HARBORS YELLOW — PAYROLL PINK — CUSTOMER COPY

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL6758102

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).
Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.
Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.
Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 = The waste is a characteristic hazardous waste D001 or D002 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A = The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 = The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CMI Form LDR-1 Addendum and attach completed Addendum to this form.

3 = The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and UHC's would be required to be identified for a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 treated/disposed in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system.

4 = The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CMI Form LDR-1 Addendum and attach completed Addendum to this form.

5 = The waste is a characteristic waste D003-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 = The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CMI Form LDR-LP. Note that in accordance with 40 CFR Part 264 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D011

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] D001 Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D001 High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
	[ ] D002 Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D003		
	[ ] Reactive Sulfides	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Reactive Cyanides	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Explosives	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Water Reactives	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Other (per §261.23(a)(1))	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D004 Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D005 Barium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D006		
	[ ] Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
	[ ] D007 Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	[X] D008		
	[X] Lead	[ ] WW [X] Non-WW	3 4 (5) 6
	[ ] Lead Acid Batteries	[ ] Non-WW only	3 5 6
	[ ] D009		
	[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
	[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
	[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	[X] D010 Selenium	[ ] WW [X] Non-WW	3 4 (5) 6
	[ ] D011 Silver	[ ] WW [ ] Non-WW	3 4 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION II. CHARACTERISTIC WASTES D012 THROUGH D043

[ ] Check here if the waste is a D012-17 wastewater. If so, the waste must be treated using one of the treatment technologies (e.g., IMCIN) specified in the Treatment Standard Table in 40 CFR 268.40. Complete Columns 1 through 3 below, and circle Handling Code 5 in Column 4. UHC's are NOT required to be identified.

[ ] Check here if the waste is a D012-17 non-wastewater or a D018-43 that is intended to be treated in a CWA system, CWA-equivalent system, or Class I SDWA system. If so, the waste is EXEMPT from the LDR regulations, and no further information is required. DO NOT complete Columns 1 through 4 below.

[ ] Check here if the waste is a D012-17 non-wastewater or D018-43 that is intended to be treated in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system. If so, complete Columns 1 through 4 below.

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	2 3 4 6

SECTION III. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)

_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)

_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethylene
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloroethane
_____ [ ] 29. 1,1,2-Trichloroethane
_____ [ ] 30. Trichloroethylene
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoroeth
_____ [ ] 32. Trichloromonofluo methane
_____ [ ] 33. Xylene - mixed is (sum of o-, m-, p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents:	[ ] WW [ ] Non-WW	1 2 3 4 5 6

[ ] ALL CALIFORNIA LIST CONSTITUENTS
[ ] Liquids with nickel greater than or equal to 134 mg/l
[ ] Liquids with thallium greater than or equal to 130 mg/l
[ ] Liquids with PCB's > or = 50 ppm
[ ] Waste containing HOC's > or = 1,000 mg/kg

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: _____ Date: _____

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. [See 40 CFR 268.2(f)]

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. IL 6758102

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
11a	Hazardous waste containing one or more of the following California List constituents:	( ) WW (X) Non-WW	1 2 3 4 5 6

(✓) ALL CALIFORNIA LIST CONSTITUENTS
(X) Liquids with nickel greater than or equal to 134 mg/l
( ) Liquids with thallium greater than or equal to 130 mg/l
( ) Liquids with PCB's > or = 50 ppm
( ) Waste containing HOC's > or = 1,000 mg/kg

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
		( ) WW ( ) Non-WW	3 4 5 6
		( ) WW ( ) Non-WW	3 4 5 6
		( ) WW ( ) Non-WW	3 4 5 6
		( ) WW ( ) Non-WW	3 4 5 6
		( ) WW ( ) Non-WW	3 4 5 6

GENERATOR COPY
REVIEWED AND CORRECTED BY TSDF WHERE INITIALED

( ) CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
( ) CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: Joseph R Ledwa Date: 3/11/96

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. [See 40 CFR 268.2(f)]

Larry Erickson

CleanHarbors

ENVIRONMENTAL SERVICES, INC
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-847-8926

DRIVER NAME _____ PAGE _____ of _____

DATE _____ CWO # _____

TRACTOR # 211 TRAILER # _____ CAN # _____ TR # _____

ORDER DATE _____ LEAVE DATE _____ PICK UP DATE 2-1996 TIME AM PM _____ DELIVERY DATE _____ TIME AM PM

GENERATOR/ORIGIN _____ TSDF _____

SPECIAL INSTRUCTIONS _____

MANIFEST NOS _____

U.S. D.O.T DESCRIPTION	NO TYPE CONTAINERS	TOTAL QUANTITY/VOLUME
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

LOADING

ARRIVED _____ DEPARTED _____ TOTAL HRS _____

COMMENTS _____

GENERATOR SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DA

UNLOADING

ARRIVED _____ DEPARTED _____ TOTAL HRS _____

COMMENTS _____

TSDF SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DA

TRACTOR STARTING MILEAGE _____ ENDING MILEAGE _____ LOADED MILES _____ TOTAL MILES _____

TRAILER HUB READING _____

CHI 138 WHITE – CLEAN HARBORS YELLOW – PAYROLL PINK – CUSTOMER COPY

State Form LPC 62 8/81 IL532 0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires 9-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is required by Federal law but is required by Illinois law

3. Generator's Name and Mailing Address | Location If Different

A. Illinois Manifest Document Number: IL6757767 FEE PAID IF APPLICA

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

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

5. Transporter 1 Company Name | 6. US EPA ID Number: MID059322250

C. Illinois Transporter's ID

D. Transporter's Phone

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

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

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

G. Illinois Facility's ID

H. Facility's Phone: 312 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					EPA HW Number: XX 0 0 0 Authorization No.: 0 0 0 2
b.				G	EPA HW Number: XX CLAS Authorization No.: 0 0 0 2
c.					EPA HW Number: XX Authorization No.
d.					EPA HW Number: XX Authorization No.

J. Additional Description for Materials Listed Above

11a T31167 0010
11b T39301

K. Handling Codes for Wastes Listed Above in Item #14

G = Gallons Y = Cubic Ya

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 determine be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the pre 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 select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | Signature | Date Month Day

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day

The Agency is authorized to require, pursuant to Illinois Revised Statute 1989, Chapter 111 1/2, Section 1004 and 1021 that this information be submitted to the Agency. Failure to this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. 1L6757767

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WASTE CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER THE LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EPA WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- *COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.*

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).

Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also check applicable subcategory; for F001 through F005, check applicable constituents.

Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.

Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 = The waste is a characteristic hazardous waste D001 or D002 which is intended for treatment/disposal in a CWA system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NOT required to be identified.

1A = The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater than or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) or combustion (CMBST) technology. UHC's are NOT required to be identified.

2 = The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system located in the United States. All UHC's which are reasonably expected to be present must be identified, except for D001 waste that is intended to be treated using organic recovery (RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CBI Form LDR-1 Addendum and attach completed Addendum to this form.

3 = The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which is intended for export and treatment/disposal at a facility located outside the United States. LDR treatment standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, the identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exported. Note however that if the exported waste is subsequently returned for treatment/disposal in the United States, all applicable LDR regulations would apply and UHC's would be required to be identified for a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018-43 treated/disposed in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system.

4 = The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatment/disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance with the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must be identified as part of this notification. Identify CSTT's by completing Sections III and IV of CBI Form LDR-1 Addendum and attach completed Addendum to this form.

5 = The waste is a characteristic waste D003-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F-, K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 = The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standard under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete and attach the lab pack certification statement on CBI Form LDR-LP. Note that in accordance with 40 CFR Part 268 Appendix IV, lab packs which contain waste codes D009, F0 9, K003, K004, K005, K006, K062, K071, K100, K106, P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D011

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY		COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
	[ ] D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
	[ ] D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4 6
	[ ] D003			
		[ ] Reactive Sulfides	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Reactive Cyanides	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Explosives	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Water Reactives	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Other (per §261.23(a)(1))	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
	[ ] D006			
		[ ] Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
	[X] D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	[X] D008			
		[X] Lead	[ ] WW [X] Non-WW	3 4 (5) 6
		[ ] Lead Acid Batteries	[ ] Non-WW only	3 5 6
	[ ] D009			
		[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
		[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
		[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	[X] D010	Selenium	[ ] WW [X] Non-WW	3 4 (5) 6
	[ ] D011	Silver	[ ] WW [ ] Non-WW	3 4 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND-DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION II. CHARACTERISTIC WASTES D012 THROUGH D043

[ ] Check here if the waste is a D012-17 wastewater. If so, the waste must be treated using one of the treatment technologies (e.g., IMCIB) specified in the Treatment Standard Table in 40 CFR 268.40. Complete Columns 1 through 3 below, and circle Handling Code 5 in Column 4. UHC's are NOT required to be identified.

[ ] Check here if the waste is a D012-17 non-wastewater or a D018-43 that is intended to be treated in a CWA system, CWA-equivalent system, or Class I SDWA system. If so, the waste is EXEMPT from the LDR regulations, and no further information is required. DO NOT complete Columns 1 through 6 below.

[ ] Check here if the waste is a D012-17 non-wastewater or D018-43 that is intended to be treated in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system. If so, complete Columns 1 through 6 below.

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	2 3 4 6

SECTION III. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002 [ ] F003 [ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6

_____ [ ] 1. ALL F001-F005
_____ [ ] 2. Acetone
_____ [ ] 3. Benzene
_____ [ ] 4. n-Butyl alcohol
_____ [ ] 5. Carbon disulfide
_____ [ ] 6. Carbon tetrachloride
_____ [ ] 7. Chlorobenzene
_____ [ ] 8. o-Cresol
_____ [ ] 9. m-Cresol (difficult to distinguish from p-cresol)
_____ [ ] 10. p-Cresol (difficult to distinguish from m-cresol)
_____ [ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)
_____ [ ] 12. Cyclohexanone
_____ [ ] 13. o-Dichlorobenzene
_____ [ ] 14. 2-Ethoxyethanol (F005 only)
_____ [ ] 15. Ethyl acetate
_____ [ ] 16. Ethyl benzene
_____ [ ] 17. Ethyl ether
_____ [ ] 18. Isobutyl alcohol
_____ [ ] 19. Methanol
_____ [ ] 20. Methylene chloride
_____ [ ] 21. Methyl ethyl ketone
_____ [ ] 22. Methyl isobutyl ketone
_____ [ ] 23. Nitrobenzene
_____ [ ] 24. 2-Nitropropane (F005 only)
_____ [ ] 25. Pyridine
_____ [ ] 26. Tetrachloroethyl
_____ [ ] 27. Toluene
_____ [ ] 28. 1,1,1-Trichloro-ethane
_____ [ ] 29. 1,1,2-Trichloro-ethane
_____ [ ] 30. Trichloroethylen
_____ [ ] 31. 1,1,2-Trichloro-1,2,2-trifluoro
_____ [ ] 32. Trichloromonofl methane
_____ [ ] 33. Xylene - mixed (sum of o-, m-, p-xylene)

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents: [ ] ALL CALIFORNIA LIST CONSTITUENTS [ ] Liquids with nickel greater than or equal to 134 mg/l [ ] Liquids with thallium greater than or equal to 130 mg/l [ ] Liquids with PCB's > or = 50 ppm [ ] Waste containing HOC's > or = 1,000 mg/kg	[ ] WW [ ] Non-WW	1 2 3 4 5 6

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: Joseph R. Ledwa Date: 2/19/96

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F005 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. (See [illegible])

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter) 5-034-01 EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD 005084124 — Manifest Document No.: 40081

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

3. Generator's Name and Mailing Address — Location if Different

TRICON IND
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 630-964-2330

A. Illinois Manifest Document Number: IL 9105444 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0430305017

C. Transporter's ID Number: UPW151288IL

D. ( ) Transporter's Phone: 847-468-6560

E. Transporter's ID Number: UPW2039540H

F. 8152392914 Transporter's Phone

G. Facility's IL ID Number: 2018000002

H. Facility's Phone: 815 239-2377

5. Transporter 1 Company Name: SAFETY KLEEN SYSTEMS INC — 6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC. — 8. US EPA ID Number: SCR 000074591

9. Designated Facility Name and Site Address: 000701 SAFETY-KLEEN (PECATONICA), 6125 N PECATONICA ROAD PECATONICA IL 61063 — 10. US EPA ID Number: ILD 980502744

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, SOLID, N.O.S. (CHROMIUM) 9 NA3077 PG III (ERG#171)	001	DM	00055	G	EPA HW Number D007
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above: 11a) DRUM WAS Placed INTO A 85 gallon STeeL ~~[illegible]~~ Salvage DRUM, (MO)

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information: PP#1940081 MFST R/T# 98563277 0001-9008-65
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 22256 B: C: D:

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

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: RICHARD SCHMITT — Signature: [signature] — Date: Month Day Year 02250

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: LEROY KIECHACK — Signature: [signature] — Date: Month Day Year 02250

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: JEFFREY BLUM — Signature: [signature] — Date: Month Day Year 03030

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: Kim Klein — Signature: Kim Klein — Date: Month Day Year 0306

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

SAFETY-KLEEN CORP.
LDR NOTIFICATION FORM

GENERATOR NAME: TRICON IND

MANIFEST NO. 11910544
MANIFEST PAGE/LINE# 1/9

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY)
D006

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

CONSTITUENT NUMBER	CONSTITUENT
[illegible]	CADMIUM
[illegible]	NICKEL
[illegible]	SILVER

GENERATOR'S AUTHORIZED SIGNATURE

NAME & TITLE (PRINTED OR TYPED)

02/25/00
DATE

S-K PROFILE REFERENCE NUMBER: 2191824 CONTROL NUMBER: 1949013-8

[redacted]

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. [illegible]

2. Page 1 of 1

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

4. Generator's Phone (630) 954-2330

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I. N. D. 9. 8. 5. 0. 9. 2. 6. 0. 0

A. Transporter's Phone: (219) 977-2922

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine Street
Gary, IN 46406

10. US EPA ID Number: I. N. D. 9. 8. 5. 0. 9. 2. 6. 0. 0

C. Facility's Phone: (800) 437-7468

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	006	O. F.	00330	[illegible]
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gallons

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste

Printed/Typed Name	Signature	Month	Day	Year
X [illegible]	X [signature]	02	18	[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
[signature]	[signature]	02	18	[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

Printed by [illegible]
Neenah, WI 54957-0768

GENERATOR'S COPY

[redacted]

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

5-034-01

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 Manifest Document No. 02926

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 IND, 2325 WISCONSIN DOWNERS GROVE IL. 60515

Location if Different

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

A. Illinois Manifest Document Number: IL 9106426 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 043030501

C. Transporter's ID Number: UPW151288IL

Transporter's Phone: 847 468-6510

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number: ILD 984908202

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address: 503401 SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN IL 60120

10. US EPA ID Number: ILD 000805911

G. Facility's IL ID Number: 0314380001

H. Facility's Phone: 847 468-6560

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	001	TT	250 G		EPA HW Number NONE
b. ~~USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)~~		TT	G		EPA HW Number NONE
c. USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)		TT	G		EPA HW Number NONE
d. P.O.# - 12064					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information

MFST R/T# ~~00000000~~ 98-04760 0-000-00

EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.

SKDOT# A: ~~850~~ 1001 B: ~~927~~ C: ~~1176~~ D:

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

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: Joe Ledwa Signature: Joe Ledwa Date (Month Day Year): 02 17

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: ERIC J GATZA Signature: Eric J GATZA Date (Month Day Year): 02 17

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space: Sect 15 changed DOT from 850 to 1001

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

Printed/Typed Name: JANICE WEST Signature: Janice West Date (Month Day Year): 02 17

This Agency is authorized to require pursuant to Illinois Revised Statute 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation, imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

STATE OF ILLINOIS

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

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.: 41976

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 — Location If Different: PHONE # (630) 964-2330

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (248) 799-3820

A. Illinois Manifest Document Number: IL 8741976 FEE PAID IF APPLICABLE

B. Generator's IL ID Number: 0 4 3 0 3 0 5 0 1

C. Transporter's ID Number: 0 2 9 7

D. Transporter's Phone (708/345-3806

E. Transporter's ID Number:

F. Transporter's Phone ( )

G. Facility's IL ID Number: 0 3 1 1 8 6 0 0 0

H. Facility's Phone (708/345-3806

5. Transporter 1 Company Name: Detrex Corporation — 6. US EPA ID Number: I L D 0 7 4 4 2 4 9 3 8

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

9. Designated Facility Name and Site Address: Detrex Corporation 2537 LeMOyne Avenue Melrose PArk, IL 60160 — 10. US EPA ID Number: I L D 0 7 4 4 2 4 9 3 8

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Tetrachloroethylene, 6.1, UN1897, PG III	004	DM	00220	G	EPA HW Number F001 00024
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above: Approval # 33283025 - L

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information: ERG #160

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

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

Printed/Typed Name: FRANK MROCZKA — Signature: [signature] — Date: Month Day Year 02 14 0

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RICHARD FUENTES — Signature: Richard Fuentes — Date: Month Day Year 02 14 0

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: JULIE DERENGOWSKI — Signature: Julie Derengowski — Date: Month Day Year 02 14 0

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 - TSD MAIL TO GENERATOR

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator's Name: Tricon Industries, Inc. EPA ID #: ILD 005 084 124

Manifest number: IL 8741976

LISTED HAZARDOUS WASTES
ALL K, F, D, U, & P codes

Define as either a waste water (WW) or non-waste water (NWW) for each line number on manifest.

(NOTES: 1. Specify constituents of concern for waste codes F001 - F005, F039, and all underlying constituents. 2. Characteristic Waste Codes & F039 and UTS codes can be found on supplemental pages.)

Manifest Line #	WW NWW	LIST ALL EPA HAZARDOUS WASTE CODE(S) (AND CONSTITUENTS) FOR THE WASTE STREAM	WASTE STREAM APPROVAL NUMBER
A	NWW	F 0 0 1 (tetrachloroethylene)	
B			
C			
D			

40 CFR PART 268.32
"CALIFORNIA LISTED" WASTES
PROHIBITIONS

☐ Liquid Hazardous Waste having a pH ≤ (less than or equal to) 2.

☐ Liquid Hazardous Waste containing PCB's at a concentration (greater than or equal to) ≥ 50 ppm.

☐ Liquid Hazardous Waste that is primarily water and contains halogenated organic compounds (HOC's) in total concentration ≥ 1,000 ppm and < 10,000 ppm.

☐ Non-RCRA corrective action, non-CERCLA response action soil and debris.

☐ Liquid Hazardous Waste, including free liquids associated with any solid or sludge, containing the following metals or compounds of these metals at concentrations ≥ to those specified below:

__ Nickel (Ni) 134 ppm
__ Thallium (Tl) 130 ppm

☐ Liquid Hazardous Waste, including free liquids associated with any solid or sludge, containing free Cyanides at concentrations ≥ 1,000 ppm.

BURDEN DISCLOSURE STATEMENT
[SIGNATURE REQUIRED]

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities (TSDF). This includes time for reviewing instructions, gathering data and completing and reviewing the form.

Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM 223, US Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Management and Budget, Washington, DC 20503.

Generator's Representative:

Signature date 2/14/00

BENZENE WASTE OPERATIONS NESHAP
CERTIFICATION
[Must check one box]

Check the box below which indicates the status of your waste stream with regard to the reporting requirements as outlined in 40 CFR Part 61 Subpart FF.

☐ This waste stream does not contain benzene which is required to be controlled and treated in accordance with the provisions of 40 CFR 61.342(f)(2).

☐ This waste stream contains Benzene which is required to be controlled and treated in accordance with the provisions of 40 CFR 61.342(f)(2).

Generator's Representative:

GENERATOR CERTIFICATION STATEMENTS:
[CHOOSE APPLICABLE CERTIFICATION- SIGNATURE REQUIRED]

☑ I, the undersigned, hereby certify in accordance with the Generator Notification Requirements as set forth in 40 CFR 268.7 (revised August 11, 1997); that I have determined by (please check):
☑ through knowledge of the waste stream(s), or
☐ through the attached TCLP analysis;
that the above waste is restricted and must be disposed of in the approved manner.

Generator's Representative:

Signature date 2/14/00

☐ I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatments standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004 (d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Generator's Representative:

Signature date

PHASE II: GENERATOR NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS [illegible]
LDR NOTICE: WILL MONITOR FOR ALL UNDERLYING CONSTITUENTS BEFORE LAND DISPOSAL

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. [illegible] (DESIGNATED FACILITY) [illegible]
[illegible] MAN DOC: XXXXX

ADDRESS: 150 [illegible] STREET ELGIN IL 60120

Under manifest/sales service number 643745 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal.
A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE ✓ THE APPROPRIATE BOXES

WASTE NAME (FOR NON WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
☑ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory)	COMBUSTION (CMBST)
		Halogenated Organic Compounds (HOC's)≥1000 mg/l	or recovery (RORGS)(40 CFR 268.42)(non-waste wa
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
☐ Cyclonic 150 Premium Solvent OR AQUEOUS BRAKE CLEANER	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
	D008	Lead	5.0 (non-waste water) MG/L
	D018	Benzene	10 (non-waste water) MG/L
	D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
	D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
	D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	D040	Trichloroethylene	6.0 (non-waste water) MG/KG
☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
	D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE INFO

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATE NOTICED ADDED
[illegible]						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) [illegible] NO SIGNATURE REQUIRED [illegible]

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).
***These treatment standards do not preclude reclamation prior to final disposition.**

Generator Company [illegible] EPA ID NO.: [illegible]

Safety-Kleen Corp. manages the above waste through its recycling and fuel programs in accordance with all applicable elements of the land disposal restriction.

PHASE II GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER
LDR NOTICE: WILL MONITOR FOR ALL 216 REGULATED CONSTITUENTS PRIOR TO DISPOSAL

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY) EPA ID NO. ILD000005911 (DESIGNATED FACILITY)

5-034-01-4473 27 496753 96
MAN DOC: XXXXX

ADDRESS: 1500 VILLA STREET ELGIN, IL 60120

Under manifest/sales service number 496753 the generator noted below is shipping to you a waste determined be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

	WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD OR METHOD
PLEASE	☐ Waste Petroleum Naphtha 105	D001	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's)≥1000 mg/l	COMBUSTION (CMBST) or recovery (RORGS)(40 CFR 268.42)(non-waste wa
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D035	Methyl Ethyl Ketone	36 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
✓ THE APPROPRIATE BOXES	☐ Waste Petroleum Naphtha 140	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	☐ Actrel Solvent (If customer specific TCLP is not available)	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
	☐ Aqueous Parts Washer	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
	☑ 150 Premium Solvent	D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
	☐ AQUEOUS BRAKE CLEANER	D006	Cadmium	1.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
	☐ Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
	☐ Photo Imaging	D011	Silver	5.0 (non-waste water) MG/KG
	☐ Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006	Cadmium	1.0 (non-waste water) MG/L
		D008	Lead	5.0 (non-waste water) MG/L
		D018	Benzene	10 (non-waste water) MG/L
		D027	1, 4-Dichlorobenzene	6.0 (non-waste water) MG/KG
		D039	Tetrachloroethylene	6.0 (non-waste water) MG/KG
		D040	Trichloroethylene	6.0 (non-waste water) MG/KG
	☐ Waste Gasoline Filters	D001	Ignitable Liquid (High TOC Subcategory)	CMBST, or RORGS (40 CFR 268.42)(non-waste water)
		D018	Benzene	10 (non-waste water) MG/KG

OPTIONAL STATE

MACHINE NUMBER	SPECIFIC GRAVITY	EXCESS FLUID IN DRUM? (MS>2/3)(C>1/3)(Y/N)	OFF-COLOR? (Y/N)	MORE THAN 30% SOLIDS? (Y/N)	UNUSUAL ODOR? (Y/N)	UNUSUAL MATER INCLUDED/ADDED?
34012956						

SPECIFIC GRAVITY ACCEPTANCE GUIDELINES 1-19-90

SALES REPRESENTATIVE SIGNATURE (FOR OPTIONAL STATE INFORMATION) ** NO SIGNATURE REQUIRED **

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste)
*These treatment standards do not preclude reclamation prior to final disposition.

Generator Company TRICON EPA ID NO.: ILD005084124

CleanHarbors

ENVIRONMENTAL SERVICES INC
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-847-8926

DRIVER NAME _____ PAGE _____ of _____

DATE _____ CWO # [illegible]

TRACTOR # _____ TRAILER # _____ CAN # _____ TR # _____

ORDER DATE _____ LEAVE DATE _____ PICK UP DATE [illegible] TIME AM PM _____ DELIVERY DATE [illegible] TIME AM PM _____

GENERATOR/ORIGIN [illegible] INDUSTRIES
[illegible]
[illegible]

TSDF _____
[illegible]

SPECIAL INSTRUCTIONS _____

MANIFEST NOS IT 6740334

U.S. D.O.T. DESCRIPTION	NO. TYPE CONTAINERS	TOTAL QUANTITY/VOLUME
Hazardous waste Liquid N.O.S (Lead, Selenium) 9, NA3082, PG III	14 DF	770 C

[redacted]

LOADING

ARRIVED [illegible] DEPARTED [illegible] TOTAL HRS. 1

COMMENTS _____

Gary Kaunzie 01-10-[illegible]

GENERATOR/SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DATE

UNLOADING

ARRIVED _____ DEPARTED _____ TOTAL HRS _____

COMMENTS _____

TSDF SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DAT

TRACTOR STARTING MILEAGE _____ ENDING MILEAGE _____ LOADED MILES _____ TOTAL MILES _____

TRAILER HUB READING _____

CHI 138 WHITE – CLEAN HARBORS YELLOW – PAYROLL PINK – CUSTOMER COPY

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0810

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires 9-30

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ILD005084124 — Manifest Document No. 40334 — 2. Page 1 of 1 — Information in the shaded areas is required by Federal law, but is required by Illinois law

3. Generator's Name and Mailing Address — Location if Different
TRICON INDUSTRIES
2325 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

A. Illinois Manifest Document Number: IL6740334 — FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0430305017

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 1800-OIL-TANK (645-8265)

5. Transporter 1 Company Name: CLEAN HARBORS ENV. SERVICES, INC. — 6. US EPA ID Number: MAD039322250

C. Illinois Transporter's ID: 1 47

D. ( ) 6178491800 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: CLEAN HARBORS OF CHICAGO, 11800 S. STONY ISLAND AVE, CHICAGO, IL 60617 — 10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID: 0316,00,00 S

H. Facility's Phone: 3126466202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S., (LEAD, SELENIUM), 9 NA3082, PGIII ERG#31	014	DF	00770	G	EPA HW Number: XX D0 Authorization Number: 000281
b.					EPA HW Number: XX Authorization Number
c.					EPA HW Number: XX Authorization Number
d.					EPA HW Number: XX Authorization Number

J. Additional Description for Materials Listed Above
11a T33167 D010
11b
11c
11d

K. Handling Codes for Wastes Listed Above In Item #14
G = Gallons Y = Cubic Yar

15. Special Handling Instructions and Additional Information
WO#: D72263

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Day Y 01 10 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert A Schulz — Signature: Robert A Schulz — Date: Month Day Y 01 10 9

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

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: Bob Victor — Signature — Date: Month Day Y 01 10

The Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to rep

61 772-785

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1 Manifest No. _____

THE HAZARDOUS WASTES IDENTIFIED ON THE HAZARDOUS WASTE MANIFEST IDENTIFIED ABOVE AND BEARING THE EPA HAZARDOUS WAST CODES LISTED BELOW ARE RESTRICTED WASTES WHICH ARE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT UNDER TH LAND DISPOSAL RESTRICTIONS, 40 CFR PART 268 AND RCRA SECTION 3004(D). IN ACCORDANCE WITH 40 CFR 268.7(A)(1), THE EP WASTE CODE, WASTE SUBCATEGORY, AND TREATABILITY GROUPS, AS APPLICABLE, ARE INCLUDED BELOW.

INSTRUCTIONS -- COMPLETE ALL SECTIONS. REFER TO PAGE 3 OF THIS FORM FOR KEY TERMS/DEFINITIONS.

Column 1 - Line Item: Enter the manifest line item number (e.g., 11a) that corresponds to the waste code(s).

Column 2 - Waste Codes/Subcategory: Check off all applicable waste codes. For D001 through D043, also chec applicable subcategory; for F001 through F005, check applicable constituents.

Column 3 - Wastewater/Non-wastewater: Check off "WW" for wastewater and "Non-WW" for non-wastewaters.

Column 4 - LDR Handling Code: Circle the appropriate handling code, as follows:

1 = The waste is a characteristic hazardous waste D001 or D002 which is intended for treatment/disposal in a CW system, CWA-equivalent system, or Class I SDWA system. Underlying Hazardous Constituents (UHC's) are NO required to be identified.

1A = The waste is a characteristic hazardous waste D001 High TOC Ignitable Liquids Subcategory (i.e., greater the or equal to 10% TOC). Pursuant to 40 CFR 268.40, the waste must be treated using organic recovery (RORGS) c combustion (CMBST) technology. UHC's are NOT required to be identified.

2 = The waste is a characteristic hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-1 non-wastewater, or D018-43 which is intended for treatment/disposal in a non-CWA system, non-CWA-equivalen system, or non-Class I SDWA system located in the United States. All UHC's which are reasonably expected t be present must be identified, except for D001 waste that is intended to be treated using organic recover *(RORGS) or combustion (CMBST) technologies. Identify UHC's by completing Sections I and IV of CHI Form LDR-* Addendum and attach completed Addendum to this form.

3 = The waste is a characteristic (i.e., D-code) or listed (i.e., F-, K-, U-, or P-code) hazardous waste which i intended for export and treatment/disposal at a facility located outside the United States. LDR treatmen standards do not apply to hazardous waste treated/disposed in a foreign country, and per USEPA guidance, t identification of UHC's (if applicable) is not required for hazardous waste that is intended to be exporte Note however that if the exported waste is subsequently returned for treatment/disposal in the United State all applicable LDR regulations would apply and UHC's would be required to be identified for a characterist hazardous waste D001 (other than High TOC Ignitable Liquids), D002, D012-17 non-wastewater, or D018- treated/disposed in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system.

4 = The waste meets the definition of hazardous debris pursuant to 40 CFR 268.2(h) and is intended for treatmen disposal in compliance with the alternate debris treatment technologies of 40 CFR 268.45. In accordance wi the requirements of 40 CFR 268.7(a)(1)(iv)(A): (1) "This hazardous debris is subject to the alternati treatment standards of 40 CFR 268.45"; and (2) the contaminants subject to treatment (CSTT's) must identified as part of this notification. Identify CSTT's by completing Sections III and IV of CHI Form LDR Addendum and attach completed Addendum to this form.

5 = The waste is *a characteristic waste D003-11, a characteristic waste D012-17 wastewater, or a listed (i.e., F* K-, U-, or P-code) hazardous waste. UHC's are NOT required to be identified.

6 = The waste is a lab pack that is intended for incineration using the alternative lab pack treatment standa under 40 CFR 268.42(c). UHC's are NOT required to be identified; however, the generator must complete a attach the lab pack certification statement on CHI Form LDR-LP. Note that in accordance with 40 CFR Part 2 Appendix IV, lab packs which contain waste codes D009, F019, K003, K004, K005, K006, K062, K071, K100, K10 P010, P011, P012, P076, P078, U134, and U151 are not eligible for alternative lab pack treatment standard.

SECTION I. CHARACTERISTIC WASTES D001 THROUGH D011

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY		COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING COD
_____	[ ] D001	Ignitables, except High TOC subcategory	[ ] WW [ ] Non-WW	1 2 3 4
_____	[ ] D001	High TOC Ignitable Liquids Subcategory (Greater than or equal to 10% TOC)	[ ] Non-WW only	1A 3 6
_____	[ ] D002	Corrosives	[ ] WW [ ] Non-WW	1 2 3 4
_____	[ ] D003			
		[ ] Reactive Sulfides	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Reactive Cyanides	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Explosives	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Water Reactives	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Other (per §261.23(a)(1))	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D004	Arsenic	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D005	Barium	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] D006			
		[ ] Cadmium	[ ] WW [ ] Non-WW	3 4 5 6
		[ ] Cadmium Containing Batteries	[ ] Non-WW only	3 5 6
_____	[ ] D007	Chromium	[ ] WW [ ] Non-WW	3 4 5 6
11a	~~[ ]~~ D008			
		~~[ ]~~ Lead	[ ] WW ~~[ ]~~ Non-WW	3 4 5 6
		[ ] Lead Acid Batteries	[ ] Non-WW only	3 5 6
_____	[ ] D009			
		[ ] Low Mercury, less than 260 mg/kg Mercury	[ ] WW [ ] Non-WW	3 4 5
		[ ] High Mercury Organic Subcategory	[ ] Non-WW only	3 4 5
		[ ] High Mercury Inorganic Subcategory	[ ] Non-WW only	3 4 5
11a	~~[ ]~~ D010	Selenium	[ ] WW ~~[ ]~~ Non-WW	3 4 5 6
_____	[ ] D011	Silver	[ ] WW [ ] Non-WW	3 4 5 6

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION II. CHARACTERISTIC WASTES D012 THROUGH D043

[ ] Check here if the waste is a D012-17 wastewater. If so, the waste must be treated using one of the treatment technologies (e.g., INCIN) specified in the Treatment Standard Table in 40 CFR 268.40. Complete Columns 1 through 3 below, and circle Handling Code 5 in Column 4. UHC's are NOT required to be identified.

[ ] Check here if the waste is a D012-17 non-wastewater or a D018-43 that is intended to be treated in a CWA system, CWA-equivalent system, or Class I SDWA system. If so, the waste is EXEMPT from the LDR regulations, and no further information is required. DO NOT complete Columns 1 through 4 below.

[ ] Check here if the waste is a D012-17 non-wastewater or D018-43 that is intended to be treated in a non-CWA system, non-CWA-equivalent system, or non-Class I SDWA system. If so, complete Columns 1 through 4 below.

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / NAME	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] D012 Endrin	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D013 Lindane	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D014 Methoxychlor	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D015 Toxaphene	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D016 2,4-D	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D017 2,4,5-TP (Silvex)	[ ] WW [ ] Non-WW	2 3 4 5 6
_____	[ ] D018 Benzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D019 Carbon tetrachloride	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D020 Chlordane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D021 Chlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D022 Chloroform	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D023 o-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D024 m-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D025 p-Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D026 Cresol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D027 1,4-Dichlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D028 1,2-Dichloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D029 1,1-Dichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D030 2,4-Dinitrotoluene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D031 Heptachlor (and its epoxide)	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D032 Hexachlorobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D033 Hexachlorobutadiene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D034 Hexachloroethane	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D035 Methyl ethyl ketone	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D036 Nitrobenzene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D037 Pentachlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D038 Pyridine	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D039 Tetrachloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D040 Trichloroethylene	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D041 2,4,5-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D042 2,4,6-Trichlorophenol	[ ] WW [ ] Non-WW	2 3 4 6
_____	[ ] D043 Vinyl Chloride	[ ] WW [ ] Non-WW	2 3 4 6

SECTION III. SPENT SOLVENT WASTES F001 THROUGH F005

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / CONSTITUENTS			COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	[ ] F001 [ ] F002	[ ] F003	[ ] F004 [ ] F005	[ ] WW [ ] Non-WW	3 4 5 6
_____	[ ] 1. ALL F001-F005	_____	[ ] 12. Cyclohexanone	_____	[ ] 25. Pyridine
_____	[ ] 2. Acetone	_____	[ ] 13. o-Dichlorobenzene	_____	[ ] 26. Tetrachloroethy
_____	[ ] 3. Benzene	_____	[ ] 14. 2-Ethoxyethanol (F005 only)	_____	[ ] 27. Toluene
_____	[ ] 4. n-Butyl alcohol	_____	[ ] 15. Ethyl acetate	_____	[ ] 28. 1,1,1-Trichloro ethane
_____	[ ] 5. Carbon disulfide	_____	[ ] 16. Ethyl benzene	_____	[ ] 29. 1,1,2-Trichloro ethane
_____	[ ] 6. Carbon tetrachloride	_____	[ ] 17. Ethyl ether	_____	[ ] 30. Trichloroethylen
_____	[ ] 7. Chlorobenzene	_____	[ ] 18. Isobutyl alcohol	_____	[ ] 31. 1,1,2-Trichloro 1,2,2-trifluoro
_____	[ ] 8. o-Cresol	_____	[ ] 19. Methanol	_____	[ ] 32. Trichloromonofl methane
_____	[ ] 9. m-Cresol (difficult to distinguish from p-cresol)	_____	[ ] 20. Methylene chloride	_____	[ ] 33. Xylene - mixed (sum of o-, m-, p-xylene)
_____	[ ] 10. p-Cresol (difficult to distinguish from m-cresol)	_____	[ ] 21. Methyl ethyl ketone		
_____	[ ] 11. Cresol - mixed isomers (sum of o-, m- and p-cresol)	_____	[ ] 22. Methyl isobutyl ketone		
		_____	[ ] 23. Nitrobenzene		
		_____	[ ] 24. 2-Nitropropane (F005 only)		

CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
LAND DISPOSAL RESTRICTION NOTIFICATION FORM LDR-1

Manifest No. _____

SECTION IV. CALIFORNIA LIST WASTES

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	Hazardous waste containing one or more of the following California List constituents: [ ] ALL CALIFORNIA LIST CONSTITUENTS [ ] Liquids with nickel greater than or equal to 134 mg/l [ ] Liquids with thallium greater than or equal to 130 mg/l [ ] Liquids with PCB's > or = 50 ppm [ ] Waste containing HOC's > or = 1,000 mg/kg	[ ] WW [ ] Non-WW	1 2 3 4 5 6

SECTION V. OTHER LISTED WASTES (F006-12, F019-F028, F037-38, F039, K-, U-, AND P-CODES)

COLUMN 1: LINE ITEM SEE MANIFEST	COLUMN 2: WASTE CODE / SUBCATEGORY	COLUMN 3: WASTEWATER/ NON-WASTEWATER	COLUMN 4: HANDLING CODE
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6
_____	_____	[ ] WW [ ] Non-WW	3 4 5 6

[ ] CHECK HERE IF ADDITIONAL LISTED WASTE CODES ARE PRESENT. COMPLETE AND ATTACH LDR-1 CONTINUATION SHEET.
[ ] CHECK HERE IF WASTE CODE F039 (MULTISOURCE LEACHATE) IS PRESENT. IDENTIFY F039 CONSTITUENTS BY COMPLETING SECTIONS II AND IV OF CHI FORM LDR-1 ADDENDUM AND ATTACH COMPLETED ADDENDUM TO THIS FORM.

SECTION VI. CONTACT NAME AND DATE

Print Name: Gary Kaupie Date: 01 - 10 - 96

KEY TERMS/DEFINITIONS

CLASS I SDWA SYSTEM means a Class I deep well facility regulated under the Safe Drinking Water Act (SDWA).

CWA SYSTEM means a centralized wastewater treatment facility discharging under a Clean Water Act (CWA) permit. For example, a CWA facility would treat organic or inorganic aqueous wastes and discharge the treated effluent to the local sewer system. Examples of CWA treatment systems owned and operated by Clean Harbors include the wastewater treatment operations at Baltimore (including the CES system), Bristol, Chicago, Cincinnati and Cleveland.

CWA-EQUIVALENT SYSTEM means a "zero discharge system" that engages in "CWA-equivalent" treatment before land disposal. Zero-discharge facilities treat hazardous wastes using "CWA-equivalent" treatment methods, but do not discharge the treatment effluent to a sewer or water body (e.g., spray irrigation land farm). "CWA-equivalent" treatment methods means biological treatment for organics, alkaline chlorination, or ferrous sulfate precipitation for cyanide, precipitation/ sedimentation for metals, reduction of hexavalent chromium, or other treatment technology that can be demonstrated to perform equally or greater than these technologies.

HIGH TOC IGNITABLE LIQUIDS SUBCATEGORY means an ignitable liquid hazardous waste (waste code D001) which contains greater than or equal to 10% total organic carbon (TOC). Pursuant to 40 CFR 268.40, such wastes must be treated using organic recovery (RORGS) or combustion (CMBST) technology. Examples of RORGS technologies include the CES unit at Clean Harbors of Baltimore. Examples of CMBST technologies include hazardous waste fuel blending and subsequent reuse at a cement kiln, or destruction at a RCRA incinerator.

WASTEWATERS are wastes that contain less than 1% by weight total organic carbon (TOC) and less than 1% by weight total suspended solids (TSS), with the following exceptions: (1) F001-F005 wastewaters are solvent-water mixtures that contain less than 1% by weight TOC or less than 1% by weight total F001-F001 solvent constituents listed in the table "Treatment Standards for Hazardous Wastes" in Section 268.40; (2) K011, K013, and K014 wastewaters contain less than 5% by weight TOC and less than 1% by weight TSS, as generated; and (3) K103 and K104 wastewaters contain less than 4% by weight TOC and less than 1% by weight TSS. (See 40 CFR 268.2(f))

2472

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

NA0216- 2470

3. Generator's Name and Mailing Address

Tricon Industries
2325 Wisconsin Ave Downers Grove, IL 60515

4. Generator's Phone (708-964-2330

0430305017

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: IN0905092600

A. Transporter's Phone: 708-460-9500

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

CES Recovery Systems
400 Blaine Street
Gary IN 46406

10. US EPA ID Number: IN0905092600

C. Facility's Phone: 708-460-9500

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	005	DF	00275
b.			
c.			
d.			

D. Additional Descriptions for Materials Listed Above

2055
2470
[illegible]

E. Handling Codes for Wastes Listed Above

Gallons

2473 15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous [illegible]

Printed/Typed Name	Signature	Month	Day
X	X J Menolapcina	12	29

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day
Jerry Van Kuiken	Jerry Van Kuiken	12	29

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day
L. SCHREIBER	L. Schreiber	12	29

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

Certificate of Thermal Destruction

Generator: Tricon Industries
Address: 2325 Wisconsin Ave.
Downers Grove, IL 60515

CES Recovery Systems has processed waste from Tricon Industries as indicated on the NonHazardous Manifest dated 12/29/95.

CES Recovery Systems hereby certifies that this waste was thermally destroyed at:

Indianapolis Resource Recovery Facility
FFP No. 49-13
Ogden Martin Systems,Inc.
Indianapolis, Indiana

Date received: 1/12/96
Date destroyed: 1/15/96

Steve Huizenga

Steve Huizenga, President

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1 [illegible] 2470

3. Generator's Name and Mailing Address

Tricon Industries
2325 Wisconsin Ave Downers Grove, IL 60515

4. Generator's Phone (708/[illegible] 2330

0430305017

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: IND985092600

A. Transporter's Phone: 708-460-9500

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

CES Recovery Systems
400 Blaine Street
Gary IL 46406

10. US EPA ID Number: IND985092600

C. Facility's Phone: 708 460-9500

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	005	DF	00275	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

2055
2470
[illegible]

E. Handling Codes for Wastes Listed Above

Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wa

Printed/Typed Name	Signature	Month	Day	Year
X	X [signature]	12	29	[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Jerry Van Kuiken	[signature]	12	29	[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

2500 Broening Highway Baltimore, MD 21224

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 Expires 9/30/94

UNIFORM HAZARDOUS WASTE MANIFEST

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

3. Generator's Name and Mailing Address
ERICXI INDUSTRIES
2325 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

4. Generator's Phone (708 964-2300

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

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

9. Designated Facility Name and Site Address
CLEAN HARBORS OF BALTIMORE, INC.
1910 RUSSELL STREET
BALTIMORE, MD 21230

10. US EPA ID Number

A. State Manifest Document Number MDC 040481

B. State Generator's ID Number 0433305017

C. State Transporter's ID | HWH | Vehicle Sticker Number | DC

D. Transporter's Phone 412 849-1800

E. State Transporter's ID | HWH | Vehicle Sticker Number | DC

F. Transporter's Phone

G. State Facility ID A-151

H. Facility's Phone 410-354-0221

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
a. WASTE ISOPROPANOL, 3, UN1219, PGII	001	DM	0055	G	X
b.					
c.					
d.					

J. Additional Description for Materials Listed Above

	HAZ CODE	Physical State	Specific Gravity	Percentage		HAZ CODE	Physical State	Specific Gravity	Percentage	
a.					%	c.				%
b.					%	d.				%

K. Handling Codes for Wastes Listed Above: a. T1 c. b. d.

15. Special Handling Instructions and Additional Information
EMERGENCY CONTACT: 1-800-OIL_MOR (645-3265)
11a. T3990J 11c.
11b. 11d.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 Maryland Statutes or 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: J. Leiner | Signature: Joe Ledwa | Date: 11 1 93

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Jon Porter | Signature | Date: 11 1 93

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name | Signature | Date

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 974-7561

EPA Form 8700-22 (10-81)
Previous editions are obsolete.

COPY 3 — FACILITY: DETACH & RETURN THIS COPY TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. | Manifest Document No. | 22. Page | Information in the shaded areas is not required by Federal law

23. Generator's Name | L. State Manifest Document Number | M. State Generator's ID

24. Transporter _____ Company Name | 25. US EPA ID Number | N. State Transporter's ID | O. Transporter's Phone

26. Transporter _____ Company Name | 27. US EPA ID Number | P. State Transporter's ID | Q. Transporter's Phone

GENERATOR

	28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM		29. Containers No	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							

S. Additional Descriptions for Materials Listed Above | T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

TRANSPORT

33. Transporter _____ Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month | Day

34. Transporter _____ Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month | Day

FACILITY

35. Discrepancy Indication Space

GENERATOR'S COPY

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

Form Approved

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator's US EPA ID No.	Manifest Document No.	22. Page	Information in the shaded areas is not required by Federal law
	ILD005084124	11165	3/3	

23. Generator's Name: TRICON INDUSTRIES	L. State Manifest Document Number: MDC040481 2
	M. State Generator's ID
24. Transporter 5 Company Name: CLEAN HARBORS ENV. SERVICE, INC	25. US EPA ID Number: MAD039322250
	N. State Transporter's ID
	O. Transporter's Phone: 6178491800
26. Transporter ___ Company Name	27. US EPA ID Number
	P. State Transporter's ID
	Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	29. Containers No	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						

GENERATOR

S. Additional Descriptions for Materials Listed Above	T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

TRANSP. 5 - MDHWH 160, 95A2653

TRANSPORTER

33. Transporter 5 Acknowledgement of Receipt of Materials		Date
Printed/Typed Name: KEITH JOHNSTON	Signature: Keith Johnston	Month Day 12 04
34. Transporter ___ Acknowledgement of Receipt of Materials		Date
Printed/Typed Name	Signature	Month Day

FACILITY

35. Discrepancy Indication Space

Style F18 REV-6 LABELMASTER An AMERICAN LABELMARK CO CHICAGO IL 60646 800-621-5808

EPA Form 8700-22A (Rev 9-88) Previous editions are ob

ORIGINAL-RETURN TO GENERAT

2500 Broening Highway Baltimore, MD 21224

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 Expires 9/30/92

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID NO.

Manifest Document No. 2. Page 1 of

Information in the s areas is not require Federal law.

A. State Manifest Document Number MDC 04048

B. State Generator's ID Number

C. State Transporter's ID HWH

Vehicle Sticker Number A DC

D. Transporter's Phone

E. State Transporter's ID HWH

Vehicle Sticker Number A DC

F. Transporter's Phone

G. State Facility ID

H. Facility's Phone

3. Generator's Name and Mailing Address

4. Generator's Phone

5. Transporter 1 (Company Name) 6. US EPA ID Number

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

9. Designated Facility Name and Site Address

10. US EPA ID Number

GENERATOR

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

J. Additional Description for Materials Listed Above

	HAZ CODE	Physical State	Specific Gravity	Percentage	HAZ CODE	Physical State	Specific Gravity	Percentage	K. Handling Cod Waste Listed
a.				%	c.			%	a. c.
b.				%	d.			%	b. d.

15. Special Handling Instructions and Additional Information

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

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Printed/Typed Name Signature Date

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature Date

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature Date

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name Signature Date

In case of an emergency or spill, immediately call the National Response Center at (800) 424-8802 and the MDE at (410) 631-3400. Nights and Holidays at (410) 97 :51

EPA Form 8700-22 (10-81)
Previous editions are obsolete

COPY 8 — GENERATOR: DETACH & RETAIN THIS COPY

CleanHarbors

ENVIRONMENTAL SERVICES, INC
CENTRAL DISPATCH
24 HOUR SERVICE
1-800-635-2767
FAX 1-617-847-8926

DRIVER NAME [illegible]
DATE
TRACTOR # [illegible] TRAILER # 689 CAN #
ORDER DATE LEAVE DATE PICK UP DATE 11-11-95 TIME AM PM [illegible] DELIVERY DATE 11-6-95 TIME AM PM
GENERATOR/ORIGIN [illegible]
2325 Wisconsin Ave
[illegible] Grove IL

PAGE of
CWO # D7571
TR #
TSDF [illegible]

SPECIAL INSTRUCTIONS
MANIFEST NOS [illegible]

U.S. D.O.T. DESCRIPTION	NO. TYPE CONTAINERS	TOTAL QUANTITY/VOLUME
IL 6690920	11 [illegible]	[illegible]
	3 [illegible]	[illegible]
MDC 040482	1 [illegible]	[illegible]

[redacted]

LOADING

ARRIVED [illegible] DEPARTED [illegible] TOTAL HRS [illegible]

COMMENTS [illegible]

GENERATOR SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DAT

Joe Ledure

UNLOADING

ARRIVED DEPARTED TOTAL HRS

COMMENTS

TSDF SIGNATURE VERIFIES ARRIVAL & DEPARTURE TIMES DA

TRACTOR STARTING MILEAGE [illegible] ENDING MILEAGE LOADED MILES TOTAL MILES
TRAILER HUB READING

CHI 138 WHITE — CLEAN HARBORS YELLOW — PAYROLL PINK — CUSTOMER COPY

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2060-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ILD005084124 — Manifest Document No.: 1116 S

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

3. Generator's Name and Mailing Address — Location If Different:
TRICON INDUSTRIES
2325 WISCONSIN AVENUE
DOWNERS GROVE, IL 60515

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 800-OIL-TANK (645-8265)

A. Illinois Manifest Document Number: IL6690920 — FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0430305017

5. Transporter 1 Company Name: CLEAN HARBORS ENV. SERVICES INC. — 6. US EPA ID Number: MAD033322250

C. Illinois Transporter's ID: 147

D. (6 7 8 4 9 7 8 2) 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:
CLEAN HARBORS OF CHICAGO
11800 S. STONY ISLAND AVE
CHICAGO, IL 60617

10. US EPA ID Number: ILD000608471

G. Illinois Facility's ID: 031660005

H. Facility's Phone: (312) 6466202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S., (LEAD, SELENIUM), 9 NA3082, PGIII	11	DF	605	G	EPA HW Number: XX D0 — Authorization Number: 000281
b. HYDRAULIC OIL, NON D.O.T. REGULATED, NONE, N/A	3	DM	165	G	EPA HW Number: XX CL — Authorization Number: 000275
c.					EPA HW Number: XX — Authorization Number:
d.					EPA HW Number: XX — Authorization Number:

J. Additional Description for Materials Listed Above:
11a T33167 D010
11b T39901
11c
11d

K. Handling Codes for Wastes Listed Above In Item #14: G = Gallons Y = Cubic Yar

15. Special Handling Instructions and Additional Information:
WO#: D71871

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, 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 be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the prese 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 a select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Joe Ledwa — Signature: Joe Ledwa — Date: Month 11 Day 16

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Tom Porta — Signature: [signature] — Date: Month 11 Day 16

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. — Printed/Typed Name: Bill Victor — Signature: [signature] — Date: Month 11 Day 16

This Agency is authorized to require, pursuant to Illinois Revised Statute 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to p this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $ per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Clean Harbors has appropriate permits for and will accept the waste the generator is shi

COPY 1. TSD MAIL TO GENERATOR

C 9624-37

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 217-782-6761

State Form LPC 82.8/81 IL532-0810

AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039 Expires

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. [illegible] Manifest Document No. [illegible]

2. Page 1 of 1 Information in the shaded areas is required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address Location if Different

[illegible]

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS [illegible]

A. Illinois Manifest Document Number: IL6690920 FEE PAID IF APPLICABLE

B. Illinois Generator's ID: 0430305017

5. Transporter 1 Company Name [illegible] 6. US EPA ID Number [illegible]

C. Illinois Transporter's ID [illegible]

D. [illegible] 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 [illegible] 10. US EPA ID Number [illegible]

G. Illinois Facility's ID: 0316000[illegible]

H. Facility's Phone: 312646620[illegible]

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]	11	DF	[illegible]	G	EPA HW Number XX Authorization Number [illegible]
b. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	EPA HW Number XX Authorization Number [illegible]
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number

J. Additional Description for Materials Listed Above

11a T23167 D010
11b T39901
11c
11d

K. Handling Codes for Wastes Listed Above in Item #14

G = Gallons Y = Cubic Yards

15. Special Handling Instructions and Additional Information

[illegible]

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

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Printed/Typed Name	Signature	Date Month Day
Joe Ledwin	Joe Ledwin	[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day
Son Porta	[illegible]	[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day

This Agency is authorized to require pursuant to Illinois Revised Statute 1989 Chapter 111 1/2 Section 1004 and 1021, that this information be submitted to the Agency. Failure to [illegible] this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to [illegible] per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR'S COPY

Certificate of Destruction

To: Tricon Industries

From: CES Recovery Systems
10446 W. 163rd Place
Orland Park, Il. 60462

Attn:

This document certifies that wastes removed by CES Recovery Systems on October 6, 1995 were delivered to the destruction facility listed below.

The TSD facility certifies that these wastes were incinerated on the date below in accordance with Amendment No. 2 of Air Emission Facility Permit No. 2305-89-OT-1 for the facility operated at Cannon Falls, Minnesota, and that such disposal method complies with all applicable Federal and state laws and regulation.

Facility name: Environmental Solutions/Medical Safety Systems, Inc.
Cannon Falls, Minnesota

Delivery date: 11-16-95

Destruction date: 10-6-95

Certified by: Patricia Jones

Bob Engelking, President
Patricia Jones, Manager

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 0 0 0 0 2

2. Page 1 of 1

10/2/95

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

4. Generator's Phone: 708 964-2330

5. Transporter 1 Company Name: CES Recovery Systems

6. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

A. Transporter's Phone: 3486 ( ) -

7. Transporter 2 Company Name:

8. US EPA ID Number:

B. Transporter's Phone:

9. Designated Facility Name and Site Address
CES Recovery Systems
400 Blaine St.
Gary, IN 46406

10. US EPA ID Number: I N D 9 8 5 0 9 2 6 0 0

C. Facility's Phone: 9180898740 (708)460-9500

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. U-Wt
a. Oil contaminated absorbent, not regulated by DOT	006	DF	00330	
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above: Gallons

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous W

Printed/Typed Name	Signature	Month	Day
X L Sterna	X [signature]	10	06

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day
Joey Van Luiken	[signature]	10	06

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day

GENERATOR'S COPY

Certificate of Destruction

To: Tricon Industries
2325 Wisconsin Ave
Downers Grove, IL 60515
Attn: Larry McDaniel

From: CES Recovery Systems
10446 W. 163rd Place
Orland Park, Il. 60462

This document certifies that wastes removed by CES Recovery Systems on May 30, 1995 were delivered to the destruction facility listed below.

The TSD facility certifies that these wastes were incinerated on the date below in accordance with Amendment No. 2 of Air Emission Facility Permit No. 2305-89-OT-1 for the facility operated at Cannon Falls, Minnesota, and that such disposal method complies with all applicable Federal and state laws and regulation.

Facility name: Environmental Solutions/Medical Safety Systems, Inc.
Cannon Falls, Minnesota

Delivery date: 6-6-95

Destruction date: 6-9-95

Certified by: Patricia Jones
Bob Engelking, President
Patricia Jones, Manager

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No

2. Page 1 of 1

HA0216-2004

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

4. Generator's Phone ( ) 708-964-2330

0430305017

5. Transporter 1 Company Name
CBS Recovery Systems

6. US EPA ID Number
IND085092600

A. Transporter's Phone
708-460-9500

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
CBS Recovery Systems
400 Blaine Street
Gary IN 46406

10. US EPA ID Number
IND085092600

C. Facility's Phone
708-460-9500

11. Waste Shipping Name and Description	12. Containers No	Type	13. Total Quantity	14. Unit Wt
a. Nonhazardous oil contaminated absorbent Not regulated by DOT	001	NF	00330	[illegible]
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above

2055
2004

E. Handling Codes for Wastes Listed Above

Gallons

15. Special Handling Instructions and Additional Information

49374

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wa

Printed/Typed Name	Signature	Month	Day
[illegible]	X [signature]	07	05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day
[illegible]	[signature]	07	05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day
L. Schreiber	L. Schreiber	07	05

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

HYDRITE CHEMICAL CO.

116 N. MAIN STREET
P.O. BOX 247
COTTAGE GROVE, WI 53527
608/257-5892
FACSIMILE 608/839-4475

WASTE PROCESSING
CERTIFICATION OF DESTRUCTION

FOR: FINISHING EQU(TRICON INDUSTRIES)

WASTE MASTER #: 14232

AUTHORIZATION #: 71538

Manifest #: J492621

This document certifies that the material listed on the referenced/attached manifest, will be beneficially recycled or reused by Hydrite Chemical Co., located in Cottage Grove, WI (EPA# WID000808824). The waste residue from our operations will be utilized in a secondary fuel stream and thermally destroyed in a RCRA permitted cement kiln.

Any material which can not be treated as indicated above will be thermally destroyed at a licensed incinerator or aggregate kiln.

Containers used to transfer material to Hydrite Chemical Co., will be recycled for further use at an approved drum reconditoner.

Michael J. Byrne

Authorized Signature
Hydrite Chemical Company
Cottage Grove, WI 53527

HYDRITE CHEMICAL CO.

INCOMING SAMPLE ANALYSIS FORM

114 N. MAIN STREET
P.O. BOX 247
COTTAGE GROVE, WI 53527
608/257-5892
FACSIMILE 608/839-4475

SHEET #: AO102405
LAB #: I507-345
DATE: 7/22/1995

LAB TYPE: QCA
BATCH #:
LOT #: I507-345
COMPANY: FINISHING EQU(TRICON INDUSTRIES)
WASTE MASTER: 14232
AUTH.#: 71538
BRANCH: H
MATERIAL: PERCHLOROETHYLENE RECYCLE
SALESPERSON: ALLEN
PART # RWR040SP
CUSTOMER # FI1201

WET CHEMISTRY DATA
DENSITY: 1.59
pH: 7.5

TOTAL DIST: 62/64 % YIELD: 97 %

SOLIDS: F

BTU/LB:

% CHLORIDES:

WATER BY KF:
COLOR
ACID ACC.
FLASH POINT (TCC DEG F):

PCB #: P507-153
PCB RESULTS:

COMMENTS:
3 DRUMS

ANALYZED BY RM/KR

ALCOHOLS:
N-BUTANOL
ETHANOL
ISOBUTANOL
METHANOL
WATER
ISOPROPANOL
N-PROPANOL

DILUENTS:
HEPTANE
HEXANE
MINERAL SPIRITS
100 FLASH NAPHTHA
STODDDARD SOLVENT
TOLUENE
XYLENE
VM&P NAPHTHA

CHLORINATED:
METHYLENE CHLORIDE
99.5 % PERCHLOROETHYLENE
1,1,1 TRICHLOROETHANE
FLUOROCARBON
TRICHLOROETHYLENE

ACTIVES:
ACETONE
N-BUTYL ACETATE
ETHYL ACETATE
ISOBUTYL ACETATE
ISOPROPYL ACETATE
METHYL ETHYL KETONE
METHYL ISOBUTYL KETONE
N-PROPYL ACETATE
GLYCOL ETHER EB
GLYCOL ETHER EEAC
GLYCOL ETHER PM
GLYCOL ETHER PMA
CYCLOHEXANONE
TETRAHYDROFURAN
GLYCOL ETHER EE
GLYCLOL ETHER EM
GLYCOL ETHER EEP
GLYCOL ETHER EP

OTHERS:
0.5 %NOS

TOTAL: 100 %

' AND DISPOSAL NOTIFICATION AND CERTIFICATION FORM

HYDRITE CHEMICAL CO

I. GENERAL INFORMATION

GENERATOR: Tricod Industries, Inc. MANIFEST NO. 411 492621

HYDRITE AUTHORIZATION NO. 14232-H-71538

EPA WASTE CODE NOs: F001 D039 D022

Is this waste ☒ Non-wastewater or ☐ Wastewater? (See 40 CFR 268.2) Check ONE.

II. UNIVERSAL TREATMENT STANDARDS (40 CFR - 268.48)

Indicate all the Universal Treatment Standards and / or EPA Waste Codes as they apply to your waste by checking the appropriate boxes in sections A, B, or C. For those treatment standards not listed in sections A, B, or C, list their Waste Code, Regulated Constituent, and treatment level in section D.

A. SOLVENT WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / Kg (*mg / l - TCLP)	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / Kg (*mg / l - TCLP)
☐ Acetone	0.28	160	☐ Methanol	5.6	.75*
☐ Benzene (D018)	0.14	10	☐ Methylene chloride	0.089	30
☐ N-Butyl alcohol	5.6	2.6	☐ Methyl ethyl ketone (D035)	0.28	36
☐ Carbon tetrachloride (D019)	0.057	6.0	☐ Methyl isobutyl keytone	0.14	33
☐ Chlorobenzene (D021)	0.057	6.0	☐ Nitrobenzene (D036)	0.068	14
☒ Chloroform (D022)	0.046	6.0	☐ Pyridine (D038)	0.014	16
☐ O-Cresols (D023)	0.11	5.6	☒ Tetrachloroethylene (D039)	0.056	6.0
☐ M and P Cresols (D024 & D025)	0.77	5.6	☐ Toluene	0.08	10
☐ Cyclohexanone	0.36	0.75*	☐ 1,1,1-Trichloroethane	0.054	6.0
☐ 1,2 Dichloroethane (D028)	0.21	6.0	☐ 1,1,2-Trichloroethane	0.054	6.0
☐ 1,1 Dichloroethylene (D029)	0.025	6.0	☐ 1,1,2-Trichloro-1,2,2 trifluoroethane	0.057	3.0
☐ Diethyl phthalate	0.20	28	☐ Trichloroethylene (D040)	0.054	6.0
☐ Ethyl acetate	0.34	33	☐ Xylene	0.32	30
☐ Isobutyl alcohol	5.6	170	☐ Vinyl chloride (D043)	0.27	6.0

Waste Code	Waste Description and Treatment/Regulatory Subcategory	WASTEWATER Concentration in mg/l or Technology Code	NON-WASTEWATER Concentration in mg/l unless noted as * mg/l TCLP* or Technology Code
☐ D001	Ignitable Characteristic Wastes, except for the §261.21(a)(1) High TOC Subcategory, that are managed in non-CWA / non-CWA-equivalent/non-Class I SDWA systems.	DEACT and meet §268.48 Standards; or RORGS; or CMBST	DEACT and meet §268.48 standards or RORGS; or CMBST
☐ D001	High TOC Ignitable Characteristic Liquids Subcategory based on 40 CFR 261.21(a)(1) - Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of non-wastewater only.)	N/A	RORGS; or CMBST

B. METAL WASTE TREATMENT STANDARDS

REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP	REGULATED CONSTITUENT	WASTEWATER mg / l	NON-WASTEWATER mg / l - TCLP
☐ Antimony	1.9	2.1	☐ Mercury (non-wastewater from Retort)	NA	0.20
☐ Arsenic (D004)	1.4	5.0	☐ Mercury - all others	0.15	0.025
Barium (D005)	1.2	7.6	☐ Nickel	3.98	5.0
☐ Berylium	0.82	0.014	☐ Selenium (D010)	0.82	0.16
☐ Cadmium (D006)	0.69	0.19	☐ Silver (D011)	0.43	0.30
☐ Chromium (total) (D007)	2.77	0.86	☐ Thallium	1.4	0.078
☐ Lead (D008)	0.69	0.37	☐ Vanadium	4.3	0.23
			☐ Zinc	2.61	5.3

HAZARDOUS WASTE MANIFEST

ORIGINAL – NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

TRICON INC

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	ILD005084134	2325 Wisconsin TRICON INC. 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	IND006360265	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

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

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

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

FREIGHT PREPAID except when box at right is checked ☐

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 3/10/83 DATE

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

To 118R T-63 3-10-83 GRH

ORIGINAL – RETURN TO GENERATOR

004338

HAZARDOUS WASTE MANIFEST

1
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER (SCAC) CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	ILD000808121	Tricon Brazing 2211 Curtis Downers Grove Il 60515 964 2330	
TRANSPORTER # 1	ILD045695715	H Roskin 4710 W Roosevelt Chgo Il 60650 261 7236	
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	Ind016360265	American Chemical Griffith In 46319 768 3400	10/23/8
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	CHARG (For Car Use On
2dr		F001	Perchlor	1897		none	55g	100g		

SPECIAL HANDLING INSTRUCTIONS

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

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

STYLE F-50 © LABELMASTER CHICAGO, IL 60626

TSDF COPY

To 117E T-63 6RM 7-26-80

004335

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 7236	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DIS—POSAL FACILITY	IND016360265	Amer ChemS Serv Griffith In 46319 312 768 3400	11/17/8
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	CHARG (For Ca Use O
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 incider must be promptly reported to the Federal government at 1-800-424-8802 (to free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharge creating a serious situation, call shipper's telephone number or Chemtre 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 TENDER: 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 c a

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

1- TO 1 ART-63 GRM 11.30.83

TSDF COPY

To 120 RT-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/
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	CHARGE (For Carrier Use Only)
3dr		F001	Perchlor	1897		~~55C~~ 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 TENDER 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 ☐

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 Consignee)

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

STYLE F-50 © LABELMASTER CHICAGO, IL 60646

TSDF COPY

To 120 RT-63 GKM 1-23-8

004337

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

Authorization Number

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

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

WASTE HAULER(S)

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

312 261-7236 — I L D 0 4 5 6 9 5 7
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
(Facility Name) Address Site Number

Griffith Indiana 46319 312 768-3400 IND 0 1 6 3 6 0
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

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

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: / /

(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: 4/25/8

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. 8 4

SITE COPY - PART 3

To 119K T-63 GPU

006803

IL 532-610
UPC 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 1 7
(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 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 6 0 2
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:	HAZARD CLASS:	UN or NA Number	EPA HW Number
III Trichloroethane	ORM-A	2 8 3 1	F 0 0 1

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 (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: / /

(2) (Authorized Signature) DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ____ NO ✓

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

(Authorized Signature) DATE: 4/25/8

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

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

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

REV. # 4

SITE COPY - PART 3

IAR T-63

006804

R 532-610
UPC 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
(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
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 0 2
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 — 1 8 9 7 (UN or NA Number) — F 0 0 1 (EPA HW Number)

WEIGHT FOR D.O.T. USE: 1500 XXXXX LBS TONS (circle one) — WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. — QUANTITY OF WASTE DELIVERED: 150 XXXXX — 1 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) H Roskin (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 / 426-2

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-67 ✓

006805

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLU

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-

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 L 112034

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

5. Transporter 1 Company Name
H. Roskin Motor Service

6. US EPA ID Number
I L D 0 4 5 6 9 5 7 1 5

C. Illinois Tranporter's ID 1400

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

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address
American Chemical Service
Griffith, 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 91-80-8900

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 ORM-A UN 1897	3	DM	194	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 02 Day 06 Year 8

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 Rusher | Signature | Date: Month 2 Day 28

IN ILLINOIS: 217 / 782-3637 *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2

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

REV # 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 R 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

UPC 62 8/81

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

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

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	I. Waste No.
a.	Perchlorethylene ORM-A UN 1897	X	3	DM	138	1	EPA HW Number F 0 0
b.							EPA HW Number
c.							EPA HW Number
d.							EPA HW 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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name — Signature — Date Month Day

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name: R Roskin — Signature — Date Month R Day 26

"24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

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

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

FACILITY COPY - PART 3

122 TC T-63 ✓

009247

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY. DIVISION OF LAND POLLUTION CONTROL

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

IL532-0610
UPC 62 8/81

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

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 n required by Federal law, but is require 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 Phon

7. Transporter 2 Company Name
8. US EPA ID Number
E. Illinois Transporter's ID
F. ( ) Transporter's Phon

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	Waste No.
a.	Perchlorethylene ORM-A UN 1897	X	3	DM	165		F 0 0 1
b.							EPA HW Number / Authorization Num
c.							EPA HW Number / Authorization Num
d.							EPA HW Number / Authorization Num

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 Day 5 2 2

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CHUCK VALENTINE — Signature — Date Month Day 5 2

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: F DUNFEE — Signature — Date Month Day 6 3

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

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA 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 owne 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 Managemen Center

FACILITY COPY - PART 3

120 E T-63

009249

1301 Gervais Street - Suite 300
Columbi ith Carolina 29201
C MER NO.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928

CUSTOMER

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULE TERRITO	REFERENCE NUMBER

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.

GENERATOR

BILL TO

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
6 23 a	3124								

SERVICE/ PRODUCT	SERIAL NUMBER	DESCRIPTION	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIALS)	CHANGE SCH DATE (Y WW)	INV CODE	PROMO NO		MSI GIVI
TOTAL-SERVICE/PRODUCTS																				

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
WASTE COMBUSTIBLE LIQUID, N.O.S. (CONTAINS [illegible]) PG III (D001,F003,F005) 5.71 GS/GAL	1		28					1	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 1500 E VILLA ST, ELGIN, IL

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. AMEX VISA EXP. DATE

MANIFEST NO.

LDR MESSAGE

MANIFEST CODE	SEQ #

IN THE EVENT OF AN

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Print Customer Name

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	19261

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT

1301 Gervais Street - Suite 300
Columbi uth Carolina 29201
C OMER NO.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928

CUSTOMER

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
312 468-6 30	50 GUGLIELMI	07/03/00	05-19	32	00826214

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
C	276.96	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC P/C	PROD P/C
09	NO	NO	691	027

LOCATION	TAX EXEMPTION NO.
503401	

GENERATOR

0	0	0	0	-	2	P	8	4	-	7	8

INTCON
2325 WISCONSIN
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

BILL TO

0000-4213-40
TRI CON INDUSTRIES
3670 EISENHOWER LN
LISLE IL 60532

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-11-00	0165	12062	63 -964-2235	14-222-2062		PW				.0625

RPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH. DATE (YY WW)	INV CODE	PROMO NO	RELEASE NO.	MS GA
E	34150	00012966		1	271.75	0.00	271.75	0.00			2	717		9		00-27				
U	100000		2.9000											0	(8 WKS)					

TOTAL-SERVICE/PRODUCTS		271.75	0.00	271.75	0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
IL0984508202		IL0005214128	0330305 17

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PG III (ERG#128) 6.7LBS/GAL (D039)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
	DR		G	717	9	16	30	55

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH
INITIALS

220 LBS. TO 2,200 LBS./MONTH
INITIALS

GREATER THAN 2,200 LBS./MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. ILD000605311
STATE ID NO. 0334380001

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO. →

CREDIT CARD NO. AMEX VISA MC EXP. DATE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	900

IN THE EVENT OF AN

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Tom Belsan
Print Customer Name

By: Tom Belsan

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

00826214
0000-2332-28 -4

SERVICE AND SALES ACKNOWLEDGMENT

1301 Gervais Street - Suite 300
Columbia, South Carolina 29201
CUSTOMER NO.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928

FOR SERVICE C	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITOR	REFERENCE NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
[illegible]	[illegible]	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO.
[illegible]	

GENERATOR

[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]-[illegible]

TRICOM INDUSTRIES
5402 JAMES AVE
DOWNERS GROVE IL 6[illegible]

BILL TO

[illegible]
TRICOM INC
[illegible]
[illegible] IL [illegible]

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
2/26/00	OLES	[illegible]	[illegible]	[illegible]		PA				[illegible]

DPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV CODE	PROMO NO.	[illegible]	MS GN
[illegible]	[illegible]	[illegible]		1	[illegible]	[illegible]	[illegible]	[illegible]			2	[illegible]		A							
[illegible]	300091		[illegible]											C							

TOTAL-SERVICE/PRODUCTS		[illegible]	[illegible]	[illegible]	[illegible]

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984973262			

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) (ALKYL [illegible]) (ERG#128) 6.7LBS/GAL (0039)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER				
1	DM	26	G	722			7	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS [illegible]

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC, 2500 E VILLA ST, ELGIN IL [illegible]

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. [illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO →

CREDIT CARD NO. | AMEX VISA | EXP. DATE

MANIFEST NO.
XXXXX

LDR MESSAGE
LDR NOT REQ'D

MANIFEST CODE	SEQ #
[illegible]	[illegible]

IN THE EVENT OF AN

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Patrick E. Bowes
Print Customer Name

TOTAL CHARGE (FROM ABOVE)	[illegible]
WASTE MIN. (FROM ABOVE)	[illegible]
TOTAL DUE	[illegible]

DO NOT WRITE IN THE AREA BELOW

[illegible]

SERVICE AND SALES ACKNOWLEDGMENT

1301 Gervais Street - Suite 300
Columbia, S Carolina 29201
CUS ER NO.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75 2178928

CUSTOMER

FOR SERVICE CA	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
847 468-6612	ED GUGLIELMI	05/01/00	00-00	22	00019130611

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
C	254.90	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC P/C	PROD. P/C
[illegible]	NO	NO	391	001

LOCATION	TAX EXEMPTION NO.
509471	

0000-4268-62
TRI COM INDUSTRIES
2600 EISENHOWER LN
LISLE IL 60532

BILL TO

0 0 0 0 - 2 0 5 8 - 7 8

TRICOM
2325 WISCONSIN
2325 WISCONSIN AVE
DOWNERS GROVE IL 60515

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
5-10-00		52662	630-964-2331	69-21-[illegible]		PM				.0675

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
19250	00062966		1	254.90	0.00	254.90	0.00				717		3							☐
																				☐
																				☐
	613	Rushdate	1	11.20	.76	12.06														☐
																				☐
																				☐
																				☐
																				☐
																				☐
																				☐
						276.96														☐
TOTAL-SERVICE/PRODUCTS				264.90	0.00	264.90	0.00													

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984900202		ILD005084124	0430305017

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993
III (ERG#128) 6.7LBS/GAL (0039)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5	1	6	3	0	5	5
1	DM	76	G	717				1			

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES
0 TO 220 LBS./MONTH
INITIALS
220 LBS. TO 2,200 LBS./MONTH
T.B.
INITIALS
GREATER THAN 2,200 LBS./MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY KLEEN SYSTEMS INC
500 E VILLA ST ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000805916
STATE ID NO. 0314380001

RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT → ID NO.

CREDIT CARD NO. AMEX VISA EXP. DATE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR REQ'D

MANIFEST CODE	SEQ #
PP	873

IN THE EVENT OF AN

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

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

Tom Belson
Print Customer Name

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	276.96

DO NOT WRITE IN THE AREA BELOW

00019130611

SERVICE AND SALES ACKNOWLEDGMENT
PART 1356 (Rev. 12/99)

1301 Gervais Street - Suite 300
Columb uth Carolina 29201
C OMER NO.

WE CARE

DUNS NO. 05-397-6551 FED. ID NO. 75-2178928

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDUL TERRITC	REFERENCE NUMBER
[illegible]	[illegible]	04/23/00	[illegible]	27	[illegible]

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
S	134.95	

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC P/C	PROD P
[illegible]	NO	[illegible]	[illegible]	[illegible]

LOCATION	TAX EXEMPTION NO
[illegible]	

GENERATOR

0 0 0 0 - 2 9 0 4 - 3 2

TRICON INDUSTRIES
5402 JANES AVE
DOWNERS GROVE IL 60515

BILL TO

[illegible]-4225-33
TRICON IND
[illegible] EISENHOWER LN
LISLE IL 60532

P.O 12062

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
[illegible]		12062	630-964-2370	14-210-2052		PW				[illegible]

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH DATE (YY WW)	INV CODE	PROMO NO	RELEASE NO.
[illegible]	S3150	[illegible]		1	134.95	0.00	134.95	0.00			2	723		6						

TOTAL-SERVICE/PRODUCTS 134.95 0.00 134.95 0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR		YES	NO		YES	NO
MACHINE CONDITION & CLEANLINESS	☐	☐	DECALS IN PLACE AND LEGIBLE	☐	☐	MACHINE PROPERLY GROUNDED	☐	☐
			FUSIBLE LINK INSTALLED	☐	☐	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐	EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
ILD984908203			

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
1	DR	30	G	723

WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (ERG#128) 6.7LBS/GAL (0039)

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS: [illegible]

220 LBS. TO 2,200 LBS./MONTH — INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY KLEEN SYSTEMS INC
1500 E VILLA ST ELGIN IL [illegible]

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO. ILD000[illegible]
STATE ID NO. [illegible]

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. AMEX VISA EXP. DATE

MANIFEST NO.
XXXXX
LDR MESSAGE
LDR NOT REQ'D

MANIFEST CODE	SEQ #
OP	039

IN THE EVENT OF AN

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Print Customer Name

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	134.95

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGMENT