16754

CLOSURE REPORT

SAAD Superfund Site - Nashville, Tennessee

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Prepared for:

Aluminum Company of America

* * *

Prepared by

CCC Group, Inc.
San Antonio, Texas
January 1995

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PURPOSE AND SCOPE

This report presents observations, notes, and analytical laboratory results for soil samples obtained during excavation and disposal of contaminated soil at the Saad Site located at 3655 Trousdale Road in Nashville, Tennessee. A copy of the invoice for this work from CCC Group, Inc. (CCCG) to ALCOA is included as an attachment to this report.

A site location map is presented as Figure 1. CCCG mobilized to the site on 10 December 1994. CCCG completed the site work and demobilized from the site on 15 December 1994. An estimated 1028 in-place cubic yards (1,102 estimated truck cubic yards) of 1,1,1-Trichloroethylene contaminated soil was excavated and disposed of at Chemical Waste Management's Adam Center hazardous waste landfill in Fort Wayne, Indiana. The work was conducted in a safe and controlled manner in order to avoid any release of hazardous material during the site remediation activities.

Real-time air monitoring as well as laboratory analyses were performed in order to document the effect of the activities as well as insure worker safety. No spills were observed during the site activities. Equipment leaving the site was decontaminated prior to leaving the site. All activities, including initial and post work activities were photographically documented. These photographs are attached as Appendix A. Visitors to the Saad Site included: Mr. Fred Stroud with the Environmental Protection Agency (EPA), Mr. Greg Powell with the EPA, Mr. Robert Kowalczyk with Ecology and environment (the EPA's contractor supervisor), and Mr. Tim Stewart with the State of Tennessee Division of Superfund.

SITE CONDITIONS

The Saad Site is approximately 1/4 acre, consisting of one building that occupies approximately 10% of the property. The subject site is bounded to the north and south by occupied buildings. The subject site is bounded to the west by CSX's railroad berm. According to information obtained from Mr. Stroud, this site was a waste oil/solvent/fuel disposal facility. Analytical results released by Signal Environmental and the Steering Committee indicated the subject site soil was contaminated with 1,1,1-Trichloroethylene. Disposal of this soil was therefore classified as a hazardous waste.

ALCOA and the EPA entered into an order that required ALCOA to remove 1000 cubic yards of contaminated soil. Therefore, CCCG developed a Work Plan to excavate and dispose of 1,000 cubic yards of soil from a designated area. This plan and CCCG's Health and Safety Plan was submitted to ALCOA and approved. CCCG's Work Plan/Health and Safety Plan is presented as Appendix B.

CCCG mobilized to the site on 10 December 1994. At which time another remediation contractor, Signal Environmental, was demobilizing from the site. Signal Environmental was contracted with the Steering Committee to excavate and dispose of 800 cubic yards of soil from the Saad Site. At the time CCCG assumed the site, Signal Environmental appeared to have excavated and removed the hazardous waste soil from the site. However, the EPA did not allow Signal Environmental to backfill their excavation.

CCCG noted several items that were not completed by the previous contractor. These items included:

- The previous excavation was not backfilled
- The previous excavation contained approximately 20,000 gallons of water
- The Franklin Brick railroad spur was not replaced
- The fence between Franklin Brick and the Saad Site was not replaced

The 800 cubic yard excavation performed by Signal Environmental was in between the CSX railroad berm and the Franklin Brick building. The proximity of their excavation to the Franklin Brick building created considerable concern to the building with regard to slope stability. It was CCCG's intent to backfill this excavation as soon as possible.

Due to the time constraint involved with this project, CCCG arrange a subcontract with Signal Environmental to rent some equipment, including their toilet facilities, decon pad, and office trailer with appurtenances. Upon CCCG's demobilization, Signal Environmental requested that this equipment remain on-site and Signal Environmental would assume the responsibility for this equipment left on-site.

The soil at the Saad Site was characterized as a hazardous waste due to elevated levels of 1,1,1-Trichloroethylene. ALCOA and CCCG profiled the waste as a D040 waste based on previous analytical and site work provided by the EPA and Signal Environmental. The Chemical Waste Management profile number was AF1399.

EXCAVATION AND DISPOSAL

CCCG mobilized to the site on 10 December 1994. During the mobilization phase, CCCG obtained building materials, including plastic and small tools, laid out the work zones, arrange necessary subcontracts, and mobilized equipment. Water collected in the previous excavation was pumped into a 20,000 gallon frac tank to facilitate further excavation.

CCCG spoke with Mr. Stroud on 12 December 1994 prior to excavation activities. Mr. Stroud stated that he was having car trouble and would be late arriving to the site. Mr. Stroud also indicated that we could begin excavating the contaminated material. Per this discussion, CCCG began the excavation and removal activities. Mr. Kowalczyk photographed, videotaped, and recorded all of CCCG's excavation activities.

CCCG mobilized one 70,000 lb track excavator with a 54 inch bucket. This track excavator was placed inside the exclusion zone and began excavating from the southern limit of CCCG's excavation boundary. Specifically, CCCG began digging the northern wall of the previous excavation. CCCG used a Photoionization Detector (PID) to field screen the contaminated material. CCCG disposed of material that contained greater than 250 parts per million (ppm) volatile organics based on the PID readings.

CCCG placed the excavated material directly into enddump trailers provided by Chemical Waste Management. Polyethylene plastic was placed on the ground and on the sides of each truck entering the loading area to contain any spilled soil. Each truck was physically decontaminated

with a brush to remove visible contamination. Tires were kept clean and no mud or soil was tracked off the site.

CCCG loaded 17 enddump trailers on 12 December 94 and 35 enddump trailers on 13 December 94. Each load was estimated to contain approximately 20 to 22 loose cubic yards of contaminated soil. A total of 52 enddump trailer loads were loaded and hauled to Chemical Waste Management's Adam Center Landfill. A manifest for each load was completed and given to each driver. Three copies of each manifest were retained, the generator's copy, Indiana Department of Environmental Management (IDEM) copy, and the State of Tennessee's copy. CCCG immediately mailed the IDEM and Tennessee copies to their respective locations. The generator's copy is included as Appendix C.

CCCG subcontracted with Frozen Foods to use their driveway for staging the enddump trailer trucks. CCCG also subcontracted with Purina to use their truck scales. CCCG allowed each truck to weigh at least once prior to leaving the area. By weighing the trucks, CCCG assured a full load without being overweight.

At least two times during the excavation activities, CCCG encountered large volumes of groundwater. The first episode occurred on 12 December 1994. While overexcavating the previous excavation, CCCG noticed several thousand gallons discharging into the excavation from CSX's railroad berm. According to Mr. Stroud, the Saad Site consists primarily of imported fill material in which the interstitial spaces of the material are filled with groundwater. CCCG formed a dike and contained this water in the excavation. The groundwater continued to flow for approximately four hours. Approximately 100,000 gallons of water appeared to be in this excavation on 13 December 1994.

CCCG continued excavating on the north side of the dike. Groundwater was not encountered until the excavation was nearly completed. By 14 December 1994, approximately 100,000 gallons of water appeared to be contained in CCCG's second excavation. Although a considerable quantity of groundwater was encountered, it did not greatly affect CCCG's excavation efforts.

After an estimated 1102 loose cubic yards were excavated and removed, CCCG measured the excavation and calculated the in-place quantity of soil removed. CCCG calculated 1028 in-place cubic yards of soil removed and disposed of at Chemical Waste Management. A drawing of the excavation is provided as Figure 2. CCCG's calculated quantity removed from the Saad site was verified by Mr. Stroud with his signature to CCCG's Daily Progress Report and Diary. These Daily Progress Reports and Diary are included as Appendix D.

SITE RESTORATION

After the excavation activities were complete, CCCG began importing fill material and backfilling the excavation. CCCG purchased Surge Rock from Vulcan Materials as backfill. This Surge Rock is a well graded, non-compressible, crushed limestone rock fill material that requires no compaction. The backfill was placed using the track excavator.

The fill material was placed in Signal Environmental's excavation to protect the Franklin Brick

building's integrity. This excavation was not backfilled to grade. As directed by ALCOA and Mr. Stroud, CCCG placed enough backfill in the excavation to brace the sidewall adjacent to the Franklin Brick building and prevent additional sloughing of that sidewall. The groundwater contained in the first excavation had a significant oily layer. CCCG used absorbent booms to pull the oily layer to the side of the excavation which Mr. Stroud requested to stay open. The contained oily layer area was not backfilled.

After the first excavation was backfilled to protect the Franklin Brick building, CCCG began the backfilling operation of the second excavation. This required pumping several thousand gallons of groundwater from the second excavation over the dike into the first excavation. As this excavation began to fill with water, CCCG was required to pump groundwater into vacuum trucks. Approximately 40,000 gallons of water was pumped out of the excavation by CCCG and disposed of at Laidlaw Environmental in Antioch, Tennessee. This water was previously analyzed and classified as non-hazardous. The water was hauled off-site by MC Tank Company. Non-hazardous waste manifests for this water are included as Appendix C.

The second excavation was backfilled to grade and topped off with 3/4 inch crushed rock to provide a uniform finished grade. CCCG decontaminated all of the equipment including the 20,000 gallon frac tank. A sample of the rinseate was analyzed and discussed below. All of CCCG's equipment including the frac tank was demobilized from the site by 16 December 1994. Signal Environmental stated that they would leave their equipment on-site in anticipation of performing additional work after 1 January 1995. As of 16 December 1994, their equipment left on-site included an office trailer, toilet facility, decon pad, and miscellaneous materials.

SAMPLE ANALYSES

The site was continuously monitored with the PID to identify contaminated areas and to monitor the organic vapors in the breathing zone of the site workers. Contaminated material was monitored to have 250 to 2000 ppm organic vapors. The breathing zone was monitored and found to have between non-detect to 30 ppm organic vapors. Subsequently, CCCG upgraded the Personal Protective Equipment requirement to include half-face respirators with HEPA filters and Organic Vapor cartridges while in the Exclusion Zone.

The site perimeter was monitored with the PID and with charcoal tubes. The PID results with a site location is included in Table 1. The charcoal tubes were attached to a calibrated pump that ran during the excavation activities and during backfilling activities. The time-weighted average was calculated and presented below. The charcoal tube test results, location, and other laboratory testing are included on Table 2. The laboratory results are included as Appendix E.

AIR MONITORING RESULTS
TABLE 1

Date	Time	Detector Type[1]	Location	Concentration (ppm)
12 Dec 95	10:15	PID	Breathing Zone near Excavation	0.00 - 2.8
12 Dec 95	11:30	PID	Breathing Zone near Excavation/Loading Area	0.00 - 6.5
12 Dec 95	12:30	PID	Breathing Zone near Excavation/Loading Area	0.00 - 9.2
12 Dec 95	12:32	PID	Breathing Zone, center of the Site	0.00 - 0.00
12 Dec 95	13:20	PID	Breathing Zone near Excavation/Loading Area	0.00 - 7.8
12 Dec 95	14:00	PID	Breathing Zone near Excavation/Loading Area	0.00 - 4.6
12 Dec 95	14:05	PID	Breathing Zone, center of the Site	0.00 - 2.8
12 Dec 95	14:30	PID	Breathing Zone near Excavation/Loading Area	0.00 - 16.5
12 Dec 95	15:00	PID	Breathing Zone near Excavation West Side	68.5[2]
12 Dec 95	15:00	PID	Breathing Zone near Excavation/Loading Area	0.00 - 10.0
13 Dec 95	07:35	PID	Breathing Zone near Excavation/Loading Area	0.00 - 0.00
13 Dec 95	08:00-15:00	PID	Continuous Monitoring in Breathing Zone	0.00 - 12.0
13 Dec 95	12:00	Draeger Tube	Breathing Zone near Excavation (Trichlorethane)	Non-detect
13 Dec 95	12:00	Draeger Tube	Breathing Zone near Excavation (Vinyl Chloride)	2.5
13 Dec 95	12:00	Draeger Tube	Breathing Zone near Excavation (Benzene)	Non-detect
13 Dec 95	15:20	Draeger Tube	Breathing Zone near Excavation (Trichloroethane)	Non-detect
13 Dec 95	15:20	Draeger Tube	Breathing Zone near Excavation (Vinyl Chloride)	Non-detect
13 Dec 95	15:20	Draeger Tube	Breathing Zone near Excavation (Benzene)	Non-detect
14 Dec 95	08:15	PID	Breathing Zone in Work Area	0.00 - 0.00
14 Dec 95	08:45	Draeger Tube	Breathing Zone in Work Area (Vinyl Chloride)	Non-detect
14 Dec 95	08:45	Draeger Tube	Breathing Zone in work Area (Benzene)	Non-detect
14 Dec 95	08:45	Draeger	Breathing Zone in work area (Trichloroethane)	Non-detect

(1) CCCG used a Photoionization detector to quantify the organic vapors present at the site. Draeger Tubes were used to qualitatively determine vapor constituents.

(2) CCCG upgraded to Level C PPE after this PID reading.

LABORATORY RESULTS
TABLE 2

AIR

Sample Name	Sample Description	Location	Analyses	Lab Results[1]
C-1 Front & Back	Charcoal Tube	Breathing Zone of Southwest Boundary (fence)	Volatile Organic Compounds	Non-detect for all VOCs
C-2 Front	Charcoal Tube	Breathing Zone on Northwest Boundary (fence)	Volatile Organic Compounds	1,1-Dichloroethane 0.002 mg/m^3 cis-1,2-Dichloroethene 0.028 mg/m^3 Tetrachloroethene 0.0004 mg/m^3 Toluene 0.002 mg/m^3 1,1,1-Trichloroethane 0.003 mg/m^3 Trichloroethene 0.0154 mg/m^3 Vinyl Chloride 0.0007 mg/m^3 m,p-Xylene 0.0003 mg/m^3
C-2 Back[2]	Charcoal Tube	Breathing Zone on Northewst Boundary (fence)	Volatile Organic Compounds	Vinyl Chloride 0.0007 mg/m^3
R-1	Final Rinseate	Rinse Water from Bucket of Backhoe after Decontamination Procedures	1,1,1-Trichloroethylene	Non-detect

(1) The Charcoal Tube analyses are reported as a time-weighted average. The time-weighted averages appear to be below acceptable NIOSH standards.

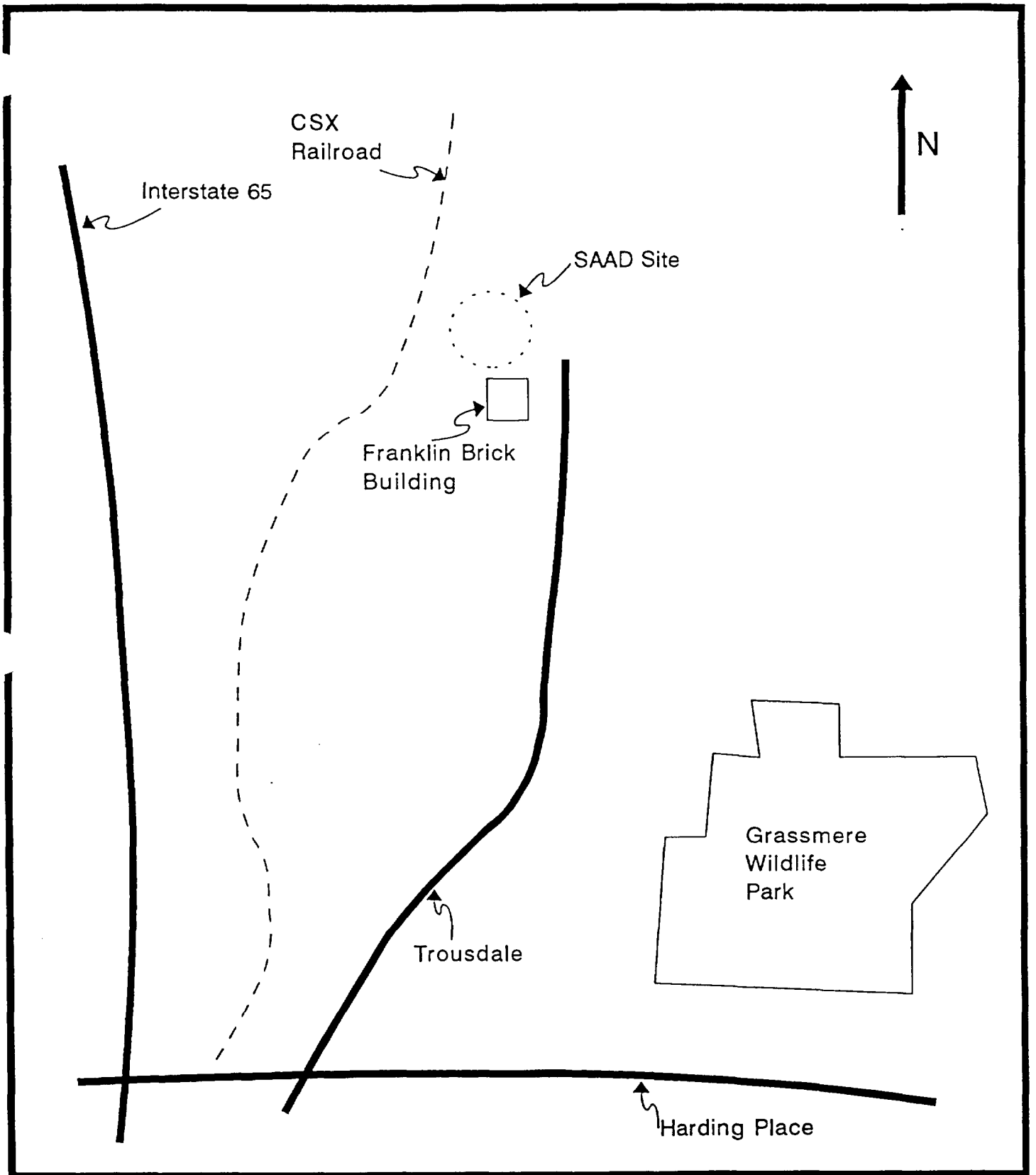
(2) The Charcoal Tubes were divided into two halves (front and back). Each half was analyzed separately.

Before releasing the equipment off-site, CCCG decontaminated all the equipment. After deconning the equipment a sample was collected from the final rinse water off of the equipment. Based on the sample result, the equipment appeared to be "clean" prior to releasing it off-site.

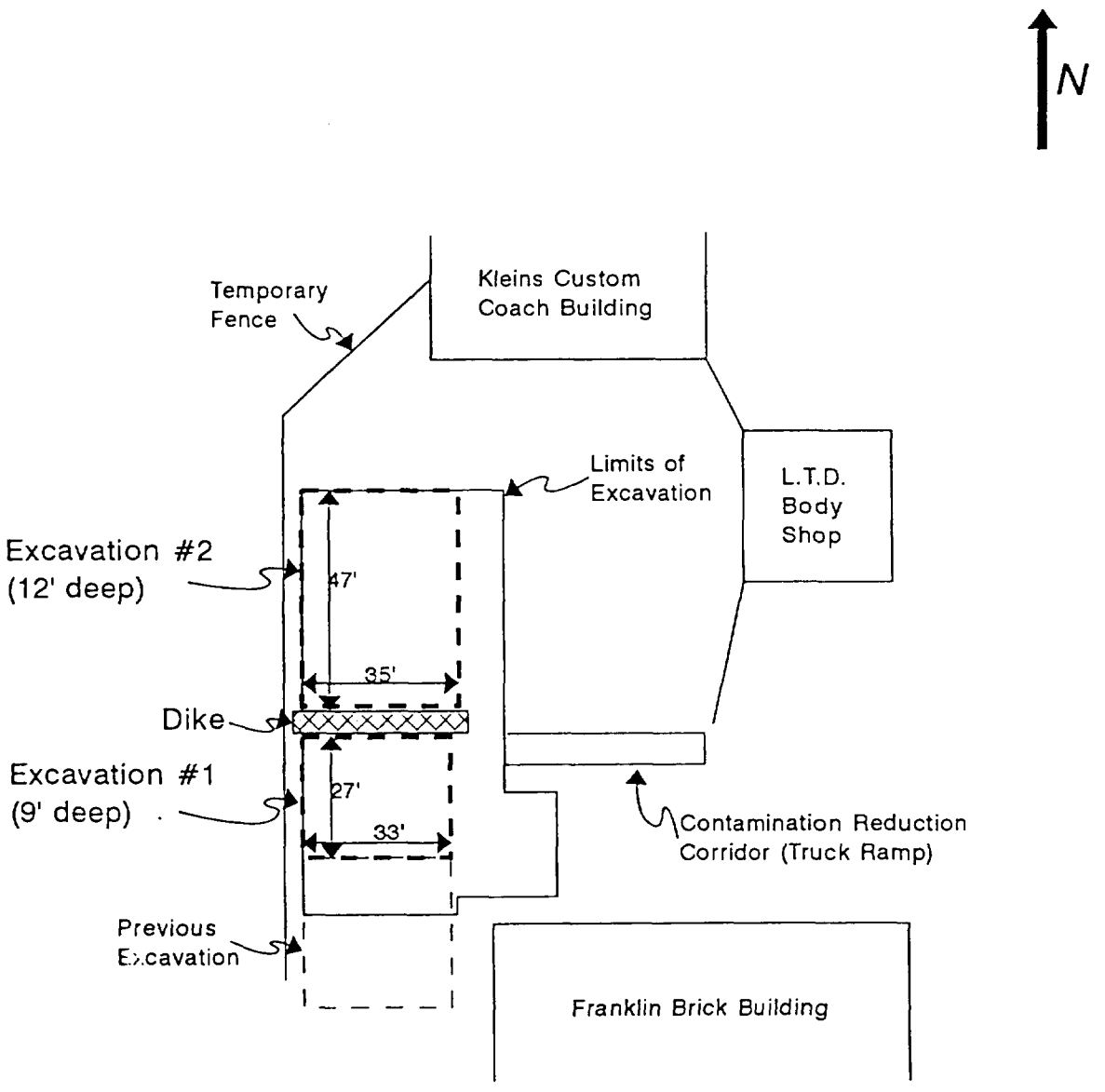
CLOSURE

As directed by ALCOA, CCCG removed and disposed of approximately 1028 in-place cubic yards of soil. CCCG removed and disposed of approximately 40,000 gallons of groundwater. Although additional soil contamination may exist at the Saad Site, Mr. Stroud with the EPA acknowledge that CCCG excavated and disposed of 1028 cubic yards of contaminated soil and approved the backfill of the affected areas.

FIGURES



CCC Group, Inc. *Environmental*	SITE LOCATION MAP	FIGURE 1

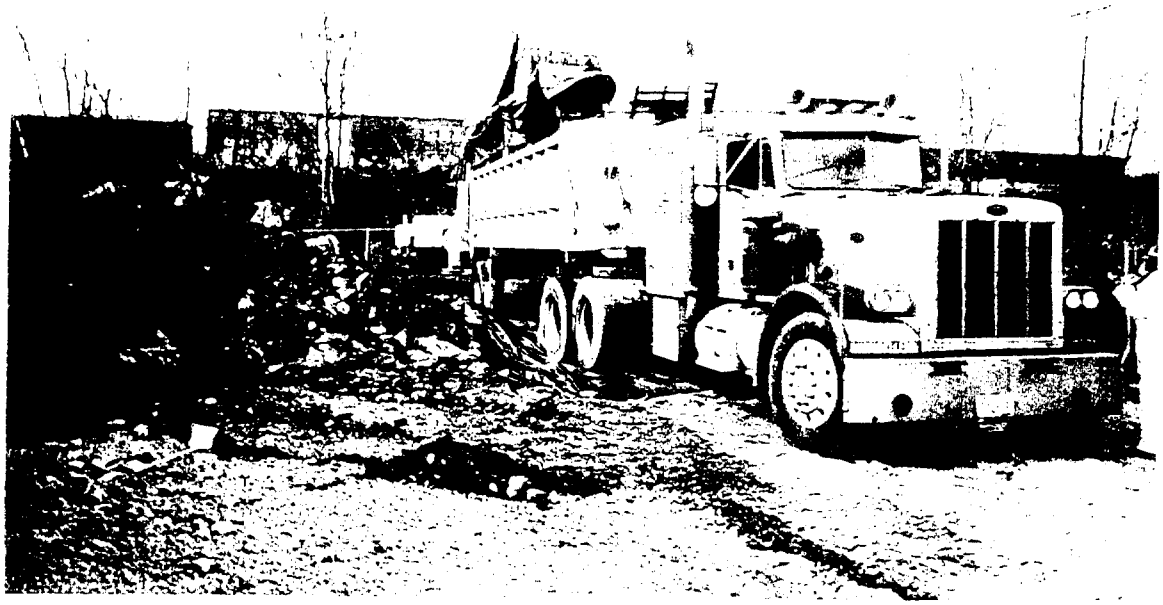


CCC Group, Inc. *Environmental*	EXCAVATION DRAWING	FIGURE 2

APPENDIX A

CONTAMINATED SOIL, 1200 PPM BY PID

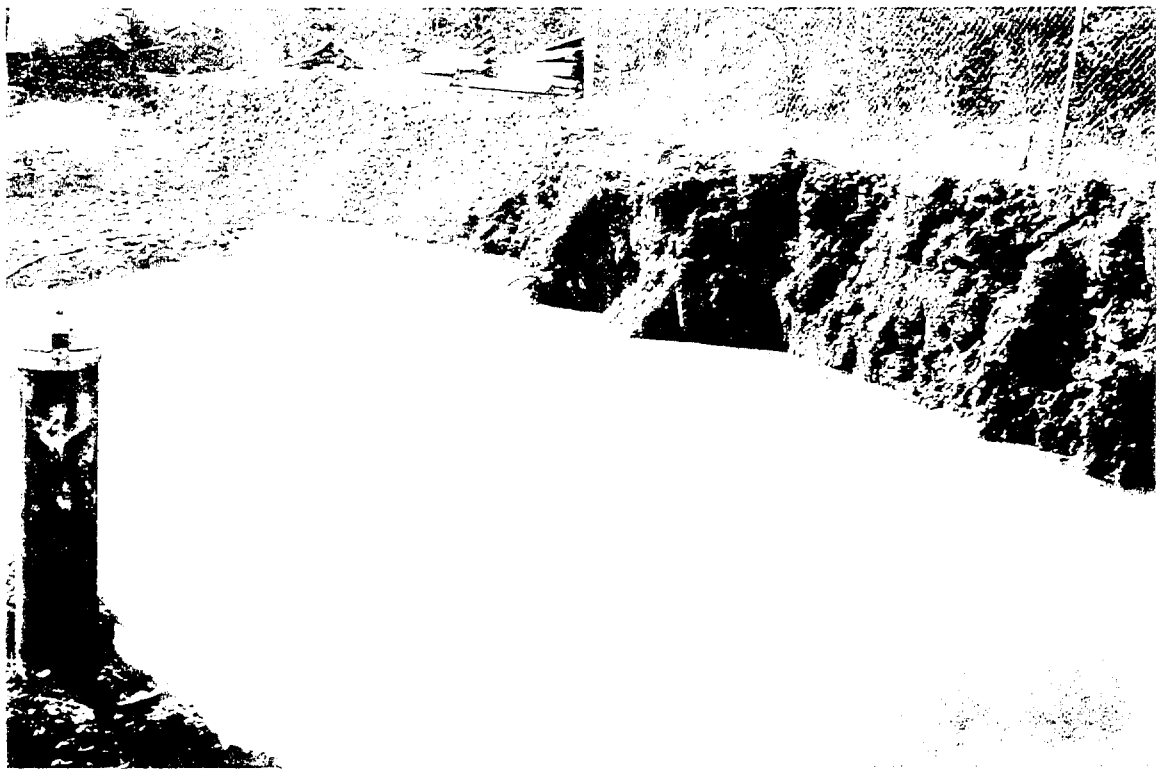
REMEDIATION OPERATIONS



LOADING ENDDUMP WITH EXCAVATOR

LOADING AREA ON PLASTIC

WIND SOCK INDICATING NO WIND



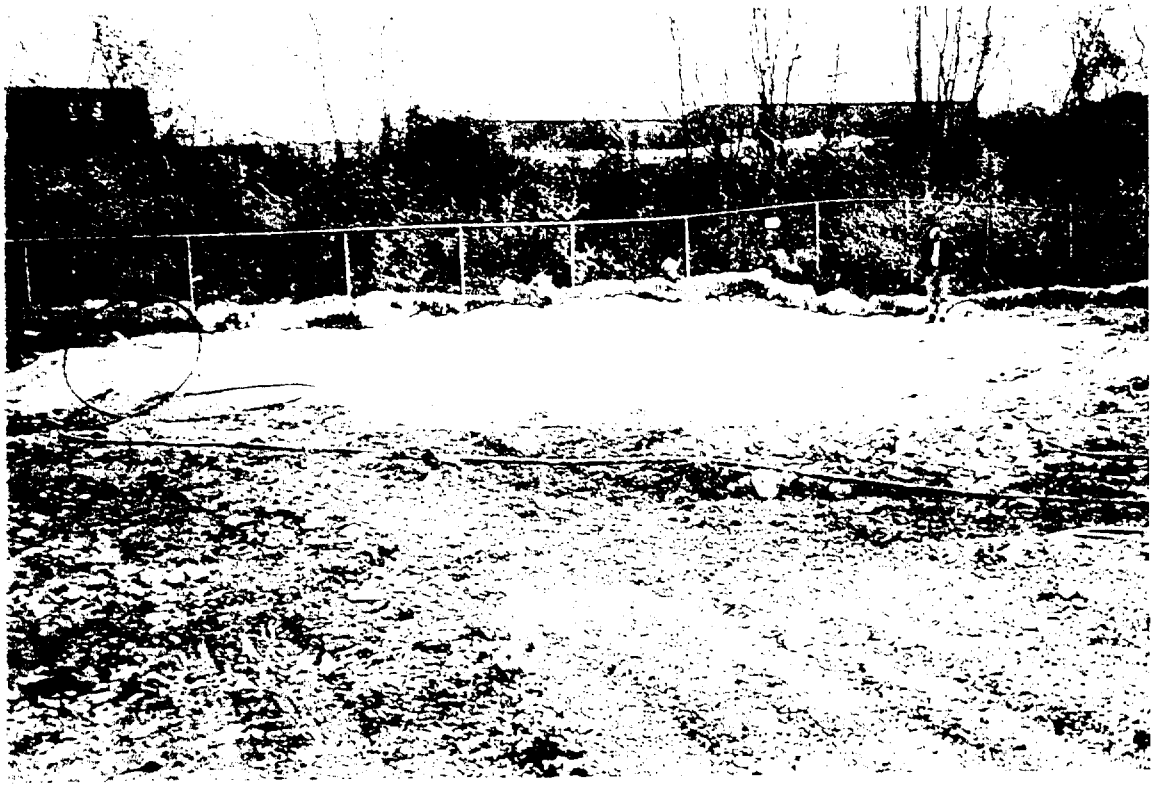
GROUNDWATER SEEPAGE INTO EXCAVATION

GROUNDWATER SEEPAGE INTO EXCAVATION

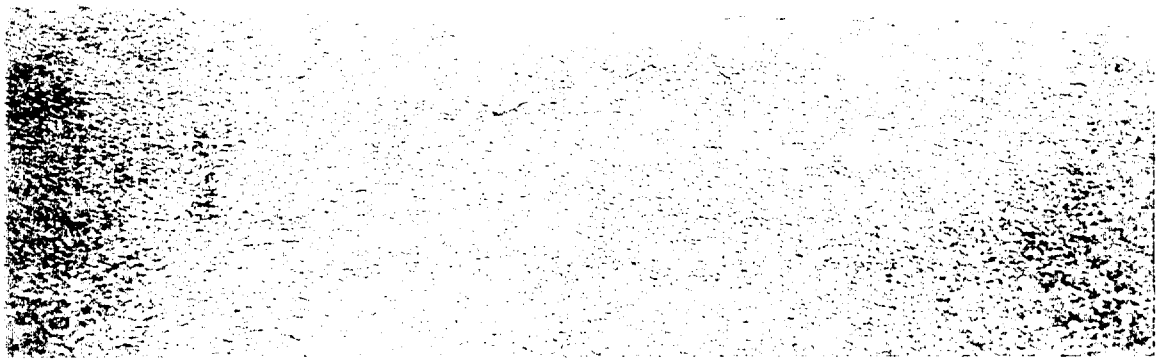
ABSORBENT BOOMS USED TO SOAK UP AND CONTAIN OILY FILM

FRANKLIN BRICK BUILDING SUPPORTED WITH FILL ROCK AFTER COMPLETION OF EXCAVATIONS

FRANKLIN BRICK BUILDING UNAFFECTED BY OPERATIONS



BACKFILLED EXCAVATION WITH NON-COMPRESSABLE, CLEAN ROCK



SAAD SITE EXIT ONTO ROAD WAS KEPT CLEAN AND UNCONTAMINATED

APPENDIX B

SOIL REMOVAL PLAN AT SAAD SITE

1.0 HEALTH & SAFETY

1.1 Safety Plans

All work performed at this site will be performed in strict accordance with CCC Group, Inc. (CCCG's) approved SITE HEALTH AND SAFETY PLAN (SHSP) and all standards, regulations and documents referenced by the SHSP. Please refer to the SHSP for details.

1.2 Hazard Analysis

For this site, a specific Task Hazard Description has been performed in accordance with the SHSP and appropriate Precautionary Actions will be implemented. Additionally, no employee of the contractor or its subcontractors or associates will be allowed to work on this site prior to receiving Site Specific instruction.

1.3 Zone Delineation

Site access points and work zones will be determined based on actual conditions at the site and in accordance with SHSP. A local area site plan is attached which delineates these zones for the site. Following approval of the site plan and prior to commencement of site work, these zones will be physically established at the site utilizing safety barricades and markers.

1.4 Personal Protective Equipment

Selection of Personal Protective Equipment (PPE) will be in accordance the SHSP. As a minimum, level D protection is required. All personnel at the site during excavation and tank removal operations will be respirator fit tested and have respirators immediately available for upgrade to level C, if required. No confined space entries are expected at this site. Refer to SHSP for details.

1.5 Air Monitoring

Air monitoring for airborne contaminants, combustible gases and oxygen levels will be conducted as required per the SHSP.

1.6 Decontamination

The key to a successful decontamination operation is to minimize the amount of contamination spread and localize the area. When equipment decontamination becomes necessary, it will be performed dry when possible or with high pressure steam, if necessary, to minimize the volume of rinseate to be handled.

CCCG will use the decontamination facilities constructed by the previous contractor for personal decontamination. It is anticipated that equipment will remain in the Exclusion Zone (EZ) from beginning to end of its use period on the site, thereby necessitating less frequent decontamination and generating less waste for disposal. At the completion of the project, the excavation equipment will be moved to the decon pad and be thoroughly decontaminated with steam.

1.6.1 Decontamination of Transports

A corridor will be constructed of High Density Polyethylene (HDPE) protected by plywood through the Contamination Reduction Zone (CRZ) to allow the trucks to back into the loading area without subjecting the undercarriage to contaminated materials, thereby eliminating or greatly reducing the need to decon these vehicles. Any contaminated material that is spilled during the loading operation of each truck will be immediately swept up. If necessary the wheels of the truck will be brushed off. This procedure will allow the trucks to be loaded directly from the excavation without the potential contamination of another staging area. The lined corridor is shown on the attached Site Layout Plan.

2.0 SUBMITTALS

Submittals will be made as applicable for work to be performed at the site and in accordance with Project Specifications. Daily project notes, copies of all documentation, photographs, and copies of manifests will be kept onsite and submitted at the completion of the project.

3.0 PROGRESS SCHEDULE

CCCG is planning to mobilize on the site 10 Dec. 94. Excavation activities will begin 12 Dec. 94, and are expected to continue for one week. Backfill and decontamination activities will commence on 9 Dec. 94 and be complete 12 Dec. 94. Final site cleanup and restoration is expected to be completed in two days. CCCG is expecting to demobilize on or before 19 Dec. 94.

4.0 CONTRACTOR QUALITY CONTROL

This Project requires a full-time Superintendent to manage the on-site activities. The Superintendent will be assisted by a Project Manager who will be onsite during the transportation and disposal stage. Additionally, Mr. Fred Stroud with the EPA is expected to be on-site during all excavation activities. Quality Control will be coordinated between these individuals to ensure a successful project.

5.0 CONSTRUCTION FACILITIES AND TEMPORARY CONTROLS

5.1 Staging

CCCG intends to excavate contaminated soil and load directly into transport vehicles. Any overburden excavated but not designated for disposal is assumed to be suitable for backfill and will therefore be staged adjacent to the excavation for later use as fill.

5.2 Communications

Contractor's communications will consist of cellular and fixed base telephones. No further communication accommodations will be required.

5.3 Power Requirements

Contractor will utilize a existing 110/220 volt, single phase electrical power.

5.4 Excavation Plan

CCCG will excavate, load, transport, and dispose of up to 1000 truck yards of contaminated material. The approximate dimensions of the excavation, as shown on the attached Site Layout Plan, are 90 ft by 70 ft. The edge of the excavation will be kept at least 2 ft from the toe of the railroad berm and at least 10 ft from any buildings. The excavation will have straight walls for the distance from these endangered structures, then be sloped a minimum of 1:1. (Refer to Excavation Detail on Site Layout Plan.)

CCCG will use a 70,000-lb tracked excavator at the site. It will be placed in the southwest corner of the excavation boundary. The excavator will load the soil directly into transport vehicles. Approximate depth of the excavation will be 9 to 15-ft below existing grade. The material removal will begin from the existing excavation and continue eastward around the Franklin Brick Building, maintaining the sloping requirements, then northward. (Refer to Site Layout Plan.)

Excavated soil will be loaded directly onto trucks provided by Chemical Waste Management. A proper manifest will be prepared for each load. All transport vehicles will be covered and lined in accordance with federal regulation. These trucks will transport the soil to the Chemical Waste Management Adam Center landfill in Indiana for direct landfill before midnight 18 Dec. 94. In order to assure adequate transportation time, no soil will be loaded after 12 noon 18 Dec. 94.

All manifests will be signed by a designated ALCOA representative.

5.5 Barricades

CCCG will use the existing fencing to prevent accidental entry onto the site, supplemented by temporary safety fencing and barricades as required. If traffic becomes congested or hazardous CCCG may place a signal man at the entrance Trousdale Drive to assist the driver merge into traffic.

6.0 DEMOLITION

CCCG will use a 70,000-lb tracked excavator to excavate the material. This machine should be able to dig through the dense soils with rock and debris expected to be encountered. No further demolition is anticipated.

7.0 Disposal of Water

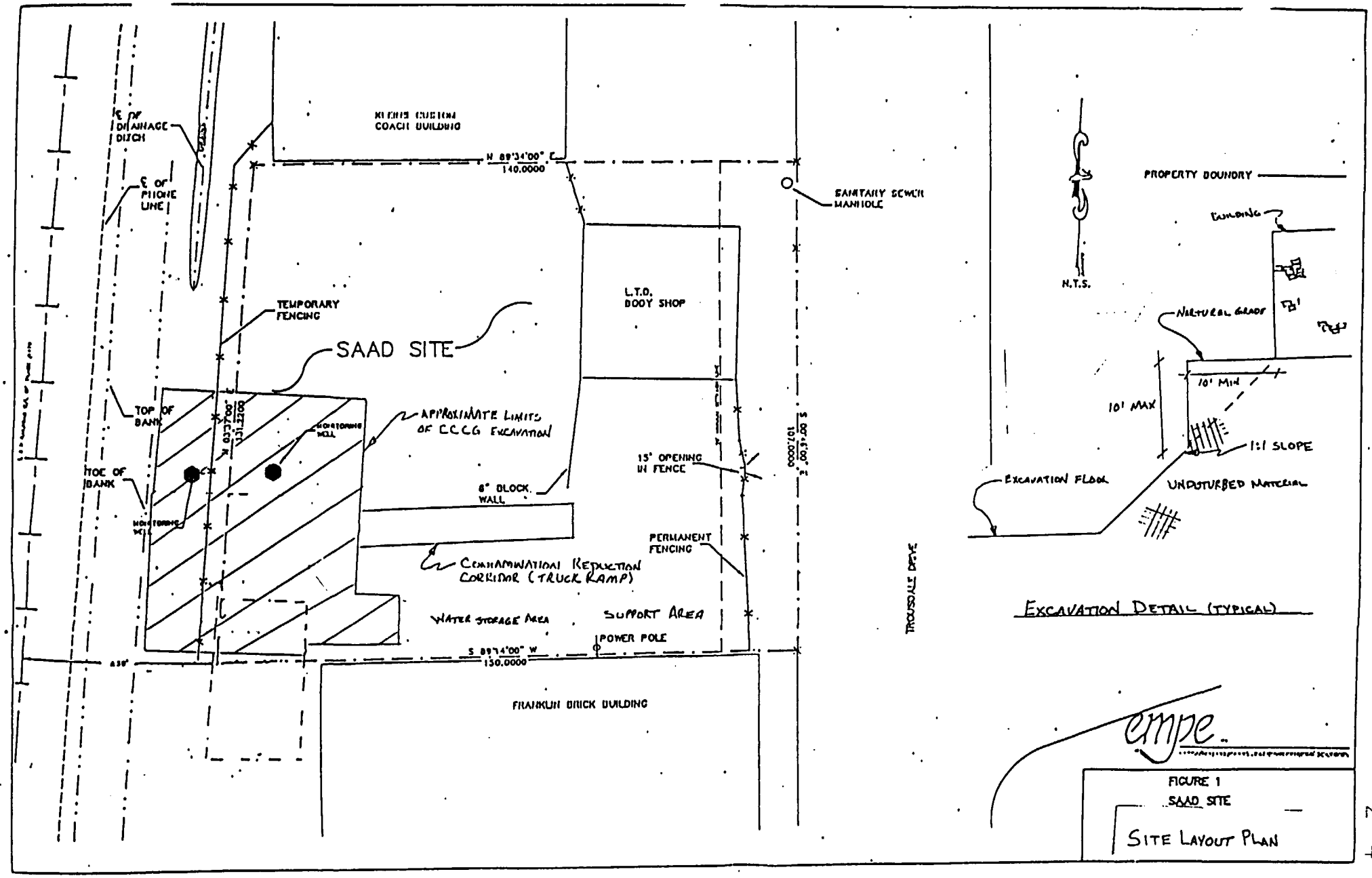
Generation of water will be kept to a minimum. Water will be handled only as necessary to facilitate excavation activities. There appears to be approximately 20,000 gallons of water in the excavation. The first item of work will be to pump this water into a frac tank. An additional frac tank will be mobilized to the site if necessary for the initial water or any rainfall encountered. The water will be held for testing, characterization, possible treatment and release, and/or disposal in accordance with all applicable regulations and as directed by ALCOA.

8.0 Inclement Weather

The safety and success of this project depends partly on suitable evaluation of the weather at the site and at the landfill. It is solely the responsibility of the CCCG Project Superintendent to stop work if necessary due to inclement weather. If the site becomes wet and slippery, work must be stopped due to personnel safety and contamination spreading considerations. If the landfill becomes to wet to allow trucks to enter and unload safely then they will not be loaded at the project site. The CCCG Superintendent will keep himself abreast of the current and forecast weather at both locations throughout the project.

9.0 Turfing & Site Restoration

Suitable fill material will be imported to the site and placed into the excavation as required to restore site to its approximate condition prior to our excavation. CCCG will compact compressible fill to approximately 90% compaction using the equipment roll method.


℄ OF DRAINAGE DITCH
℄ OF PHONE LINE
COACH BUILDING
N 89°34'00" E
140.0000
SANITARY SEWER MANHOLE
L.T.D. BODY SHOP
TEMPORARY FENCING
SAAD SITE
TOP OF BANK
TOE OF BANK
MONITORING WELL
APPROXIMATE LIMITS OF CCCG EXCAVATION
15' OPENING IN FENCE
8" BLOCK WALL
PERMANENT FENCING
CONTAMINATION REDUCTION CORRIDOR (TRUCK RAMP)
WATER STORAGE AREA
SUPPORT AREA
POWER POLE
S 89°34'00" W
150.0000
FRANKLIN BRICK BUILDING
TROUSDALE DRIVE
N.T.S.
PROPERTY BOUNDRY
BUILDING
NATURAL GRADE
10' MIN
10' MAX
1:1 SLOPE
EXCAVATION FLOOR
UNDISTURBED MATERIAL
EXCAVATION DETAIL (TYPICAL)
empe
FIGURE 1
SAAD SITE
SITE LAYOUT PLAN

CCC GROUP, INC.

December 9, 1994

Aluminum Company of America
1920 Alcoa Building
Pittsburgh, PA 15219
Via FAX (412) 553-4822

Attention: Mr. Ralph Waechter

Dear Mr. Waechter,

CCC Group has reviewed the Health and Safety Plan and Contingency Plan for the SAAD - Trousdale Drive Site in Nashville, Tennessee that was prepared by Signal Environmental Services, Inc. CCC Group is adopting this plan with the following amendments as our health and safety plan for the Saad site project. CCC Group's Work Plan is also attached and considered a part of this plan.

Pg 2, Sec 2.1	Replace Signal Environmental Services, inc. with CCC Group, Inc. as the Remediation Contractor on the job. Replace de maximus, Inc. with ALCOA as the contract administrator
Pg 4, Sec 3.2	A weight scale will not be installed at the site. Railroad tracks will not be removed by CCC Group. Shoring will not be performed. However, the excavation will be sloped per the attached Work Plan. Trucks will be loaded directly with the excavated soil. No PCBs are expected at the site. The soil to be excavated is expected to be hazardous waste with Trichloroethane.
Pg 5, Sec. 3.2	Railroad tracks will not be removed.
Pg 6, Sec. 3.3.3	Shoring will not be performed.
Pg 9, Sec. 3.3.8	Cutting Torches will not be used.
Pg 10, Sec. 3.4.1	Replace this section with the following: Although the Saad site was a waste oil recycling facility and oily sludge appears to be present, The soil to be remove is considered hazardous waste because of elevated levels of Trichloroethane. Table 3.2 contains some characteristics of this compound.

P.O. BOX 200350, 5797 DIETRICH RD., SAN ANTONIO, TX 78220-0350
210/661-4251 FAX: 210/661-6060

Table 3.2
Chemical Characteristics

Compound	Odor	Flashpoint	PEL	IDLH	Comments
Trichloroethane	Solvent	N/A	10 ppm inhaled 45 mg/m^3 skin	500 ppm	Prolonged exposure may cause damage to the Central Nervous System, eyes, nose, liver, and kidneys

Pg 11, Sec. 3.4.3 Replace this section with, "Trichloroethane is a flammable liquid. Smoking will not be permitted inside the Exclusion Zone or the Contaminate Reduction Zone. Fire hazards associated with this soil appear to be moderate.

Pg 15 Sec 5.3 CCC Group does not expect to use Level B PPE.

Pg 15 Sec 5.4 Due to use of respirators, two-way radios will not be used.

Pg 15 Sec 5.5 Level D PPE will include gloves, steel-toe boots, safety glasses, and hardhat. Level D Modified will include the same PPE as Level D with the addition of latex surgical type gloves and Tyvek™ coveralls.

Pg 18, Sec 5.8.6 Outer gloves will be cotton or leather

Pg 25 Sec 7.2 CCC Group will use a Photoionization Detector (PID) to detect volatile organic compounds in the air. CCC Group will perform this monitoring throughout intrusive activities at the site. The monitoring will be performed at the breathing level near the excavation, employees, and along the perimeter. CCC Group will also use carbon canisters for perimeter monitoring. No one will enter the excavation, therefore no oxygen deficient atmospheres are anticipated. Dust will be monitored visually. If elevated levels of dust are generated specific engineering controls will be implemented. Action levels beginning on page 27 are accepted.

Pg 34 Sec. 10.5 Replace Signal Environmental Services, Inc. with CCC Group, Inc. telephone number (210) 661-4251.

Figure 2 Replace Figure 2 with CCC Group's site plan drawing.

If you have any questions or require further information, please don't hesitate to call us at (210) 661-4251.

Sincerely,

David Newman
CCC Group, Inc.

AMENDMENT TO HEALTH AND SAFETY PLAN AND CONTINGENCY PLAN
SAAD-Trousdale Drive Site
Nashville, Tennessee

Revision 1

Pg 1, Sec 1.1 — Add to this section the following sources which have been consulted:

- OSHA 29 CFR 1926 Subpart P-Excavations (specifically, 1926.651 Section f "Warning system for mobile equipment" and 1926.651 Section i "Stability of adjacent Structures")
- Alcoa's internal safety document regarding Excavation, Trenching and Shoring. A copy of this document is attached to this HASP

Pg 2, Sec 2.1 — Replace Signal Environmental Services, inc. with CCC Group, Inc. as the Remediation Contractor on the job.

Replace de maximus, Inc. with ALCOA as the contract administrator

Pg 2, Sec 2.2 — Add to this section the following:

Excavation activities shall be supervised by a certified excavation safety "Competent Person" (CP). The CP shall be responsible for monitoring the integrity of the excavation in addition to activities of personnel near the excavation. The CP shall work closely with the HSO and advise him of changing field conditions which may effect the excavation. The CP for this project shall be Mr. Rudy Kramer.

Pg 4, Sec 3.2 — A weight scale will not be installed at the site. Railroad tracks will not be removed by CCC Group. Shoring will not be performed. However, the excavation will be sloped per the attached Work Plan. Trucks will be loaded directly with the excavated soil. No PCBs are expected at the site. The soil to be excavated is expected to be hazardous waste with Trichloroethane.

Pg 5, Sec. 3.2 — Railroad tracks will not be removed.

Pg 6, Sec. 3.3.3 — Shoring will not be performed.

Pg 9, Sec. 3.3.8 — Cutting Torches will not be used.

Pg 10, Sec. 3.4.1 Replace this section with the following:

Although the Saad site was a waste oil recycling facility and oily sludge appears to be present, the soil to be removed is considered hazardous waste because of elevated levels of Trichloroethane. In addition to trichlorocthane, other chemical hazards may be present. These possible chemical hazards include Benzene, Polychlorinated Biphenols (specifically Arochlor 1242 and Arochlor 1260), Trichloroethene and Vinyl chloride. Table 3.2 contains some characteristics of these compounds.

Pg 11, Sec. 3.4.3 Replace this section with, "Trichloroethane is a flammable liquid. Smoking will not be permitted inside the Exclusion Zone or the Contaminate Reduction Zone. Fire hazards associated with this soil appear to be moderate.

Pg 15, Sec 5.3 CCC Group does not expect to use Level B PPE.

Pg 15, Sec 5.4 Due to use of respirators, two-way radios will not be used.

Pg 15, Sec 5.5 Level D PPE will include gloves, steel-toe boots, safety glasses, and hardhat. Level D Modified will include the same PPE as Level D with the addition of latex surgical type gloves and Tyvek™ coveralls.

Pg 18, Sec 5.8.6 Outer gloves will be cotton or leather

Pg 25, Sec 7.2 CCC Group will use a Photoionization Detector (PID) to detect volatile organic compounds in the air. CCC Group will perform this monitoring throughout intrusive activities at the site. The monitoring will be performed at the breathing level near the excavation, employees, and along the perimeter. CCC Group will also use carbon canisters for perimeter monitoring. No one will enter the excavation, therefore no oxygen deficient atmospheres are anticipated. Dust will be monitored visually. If elevated levels of dust are generated specific engineering controls will be implemented. Action levels beginning on page 27 are accepted.

When significant concentrations of contaminants are detected, attempts shall be made to characterize the hazard. Draeger tubes designed for the chemicals outlined in Table 3.2 shall be used to characterize the contaminant of concern.

Pg 34, Sec. 10.5 Add to this section the following:

So that local emergency units may be better prepared to respond to potential emergencies, police and fire personnel shall be notified when construction activities are to commence and the nature of the expected hazards.

so that local emergency units may be better prepared to respond to potential emergencies, police and fire personnel shall be notified when construction activities are to commence and the nature of the expected hazards.

Table 3.2
Chemical Characteristics

Compound	Odor	Flashpoint	PEL	IDLH	Comments
Arochlor 1242	Mild Oil Odor	N/A	1 ppm	10 ppm	Prolonged exposure may irritate eyes, chloroacne and cause liver damage
Arochlor 1260	Mild Oil Odor	N/A	0.5 ppm	5 ppm	Prolonged exposure may irritate eyes, chloracne and cause liver damage
Benzene	Aromatic	12° F	1 ppm	3000 ppm	Prolonged exposure may cause irritation to the eyes, nose and respiratory tract
Trichloroethane	Solvent	N/A	10 ppm inhaled 45 mg/m^3 skin	500 ppm	Prolonged exposure may cause damage to the Central Nervous System, eyes, nose, liver, and kidneys
Trichloroethene	Solvent	90° F	50 ppm inhaled 270 mg/m^3 skin	1000 ppm	Prolonged exposure may cause headaches, vertigo, visual disturbance, tremors, somnolence and nausea
Vinyl Chloride	Solvent	N/A	1 ppm	Potential Carcinogen	Prolonged exposure may cause weakness, abdominal pain, gastrointestinal bleeding, hepatomegaly or cyanosis of the

Pg 34, Sec. 10.5	In addition, CCC Group, Inc. shall utilize the Buried Cable Location Service to locate underground utilities. The telephone number for this service is (800) 351-1111. Replace Signal Environmental Services, Inc. with CCC Group, Inc., telephone number (210) 661-4251.
Figure 2	Replace Figure 2 with CCC Group's site plan drawing.

2 4 0910

HEALTH AND SAFETY PLAN
AND CONTINGENCY PLAN
SAAD - TROUSDALE DRIVE SITE
NASHVILLE, TENNESSEE

Prepared by:
Signal Environmental Services, Inc.
900 Manufacturers Road, Second Floor
Chattanooga, Tennessee 37405

October 1994

de maximis, inc.

RECEIVED

The following employees have been briefed on the Health and Safety Plan and given copies.

Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
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Saad - Trousdale Site
Site Remediation Program
Health and Safety Plan

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1.0 Introduction

This section of the Site Health and Safety Plan (HASP) document defines general applicability and general responsibilities with respect to compliance with Health and Safety programs.

1.1 Scope and Applicability of the Site Health and Safety Plan

The purpose of this Site Health and Safety Plan is to define the requirements and designate protocols to be followed at the Site during remediation activities. Applicability extends to all Governmental employees, contractors, subcontractors, and visitors.

All personnel on site, including contractors and subcontractors, shall be informed of the site emergency response procedures and any potential fire, explosion, health, or safety hazards of the operation. This HASP summarizes those hazards in Table 3.1 and defines protective measures planned for the site.

This plan must be reviewed and an agreement to comply with the requirements must be signed by all personnel prior to entering the exclusion zone or the contamination reduction zone. Any changes to this plan must be documented and justified per Site Safety log (Appendix A).

During development of this plan, consideration was given to current safety standards as defined by EPA/OSHA/NIOSH, health effects and standards for known contaminants, and procedures designed to account for the potential for exposure to unknown substances. Specifically, the following reference sources have been consulted:

- OSHA 29 CFR 1910.120 and EPA 40 CFR 311
- U.S. EPA, OERR ERT Standard Operating Guides
- NIOSH/OSHA/USCG/EPA Occupational Health and Safety Guidance Document for Hazardous Waste Site Activities
- (ACGIH) Threshold Limit Values for Chemical Substances
- OSHA 29 CFR 1926
- OSHA 29 CFR 1910.1000 Air Contaminants - Permissible Exposure Limits
- NIOSH Pocket Guide to Chemical Hazards, June 1990
- Proctor, N.H., et al, Chemical Hazards of the Workplace, Lippincott, Philadelphia, 1988
- OSHA 29 CFR 1910.1200 Hazard Communication Standard

- Signal Environmental Services, Inc., Health and Safety Policy and Procedures Manual

1.2 Visitors

All visitors entering the contamination reduction zone and/or the exclusion zone at the site will be required to read and verify compliance with he provisions of this HASP. In addition, visitors will be expected to comply with relevant OSHA requirements such as medical monitoring (Sec. 6.0), Training (Sec. 4.0), and respiratory protection (if applicable). Visitors will also be expected to provide their own protective equipment. Visitors will be properly decontaminated prior to exiting the worksite.

In the event that a visitor does not adhere to the provision of the HASP, he/she will be requested to leave the work area. All non-conformance incidences will be recorded in the site log.

2.0 Key Personnel/Identification of the Health and Safety

2.1 Key Personnel

The following personnel and organizations are critical to the planned activities at the Site. The organizational structure will be reviewed and updated periodically by the site supervisor.

Signal Environmental Services, Inc.
Signal Environmental Services, Inc. is the Remediation Contractor on the job.

de maximis
demaximis, Inc. is contract administration.

2.2 Site Specific Health and Safety Personnel

The Site Health and Safety Officer (HSO) has total responsibility for ensuring that the following provisions of this HASP are adequate and implemented in the field. Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, it is vital that personnel assigned as HSO be experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120 (See Section 4.0 of this HASP). The HSO is also responsible for

onducting site inspections on a regular basis in order to ensure the effectiveness of this plan. A morning briefing will be held at the beginning of each work day to reiterate safety practices, to designate the necessary safety equipment, and to review the day's work.

2.3 Organizational Responsibility

Signal Environmental Services, Inc., is the Remediation Contractor for the Saad - Trousdale Project. Signal is responsible for all Physical operations on site, including the health and safety of its workers.

3.0 Task/Operation Safety and Health Risk Analysis

3.1 Historical Overview of the Site

This HASP defines the hazards and methods to protect personnel from those hazards as identified in the background information. A thorough overview of historical information concerning the Site is available from de maximis, Inc. Remediation of property north of the site encountered numerous chemicals that are not suspected to be present but will be the reason for the continued air sampling. These chemicals are presented in Appendix B.

3.2 Task by Task Risk Analysis

The evaluation of hazards is based upon the knowledge of site background.

The following subsections describe each task/ operation in terms of the specific hazards associated with it. In addition, the protective measures to be implemented during completion of those operations are also identified.

The on-site work consists of the following tasks:

I. Mobilization of construction facilities, materials, equipment, plant and personnel necessary to perform Works.

II. Site preparation including:
   - provision of utilities;

- locating and maintaining all underground and above ground facilities which may be affected by the Works;
- Supply and installation of temporary fencing, barricades and warning signs to delineate and separate work areas;
- Construction of equipment and personnel decontamination facilities;
- Installation of weigh scale; and
- Removal of railroad tracks.

III. Installation of shoring next to access road.

IV. Excavation contaminated field tiles, granular bedding and associated soils.

V. Backfilling excavations.

VI. Loading of haul vehicles with on-site soils from the waste staging pad for off-site transportation.

VII. Site restoration.

VIII. Project closeout including decontamination and demobilization.

Table 3.1
Task Analysis
Chemical Hazards of Concern

Task	Chemical Hazard	Media	Concentration (ppm)	Route of Exposure
Mobilization	None	N/A	N/A	N/A
Site Preparation	None	N/A	N/A	N/A
Installation of Shoring	Polychlorinated Biphenyls (PCBs)	Soil	ND* - >500 ppm	Ingestion Inhalation
Excavation	PCBs	Soil	ND - >500 ppm	Ingestion Inhalation
Backfilling	None	N/A	N/A	N/A
Loading of Haul Vehicles	PCBs	Soil	ND - >500 ppm	Ingestion Inhalation
Site Restoration	None	N/A	N/A	N/A

Project Closeout	None	N/A	N/A	N/A
Track Removal	None	N/A	N/A	N/A

*ND- None Detected
N/A - Not Applicable

3.3 Task Hazard Descriptions

3.3.1 Mobilization

General hazards associated with mobilization are:

- Back strain from lifting
- Vehicle accidents

Hazard Prevention

- Prevent back strain by using proper lifting techniques
- Seatbelts will be mandatory
- Operators are required to drive defensively

3.3.2 Site Preparation

General hazards encountered during site preparation include the following:

- Back strain from clearing vegetation.
- Driving vehicles, placing trailers, and collecting rubbish on uneven surfaces creates the possibility of the vehicle rolling, getting stuck in mud or ditches.
- Accidents due to vehicles getting flat tires or striking other objects.
- Crushing or pinching hazard due to trailer placement.
- Several types of hazards can be associated with utility hook-up depending on the particular work activity. Construction of temporary poles for electrical and/or telephone lines can disturb potentially contaminated soils.
- Rhus dermatitis (poison ivy, white sumac, etc.).

- Cold stress and heat stress

Hazard Prevention

- Back strain can be prevented by frequent breaks in routine. Use slow, even movements and proper lifting techniques (i.e., with the legs). Work gloves will reduce the incidence of hand blistering and injury associated with clearing vegetation.
- Proper vehicle maintenance will prevent avoidable vehicle breakdown in the field. In order to minimize accidents from uneven terrain, a site surveillance should be performed on foot to choose a clear driving path.
- Seatbelts should be worn at all times.
- At a minimum, all heavy equipment shall have the safety features outlined in OSHA 29 CFR 1910/1926 Subpart O.
- Heavy equipment operators should have proper training and experience, and documentation of both. The general provisions of 1910/1926 would apply.
- Hazards associated with the particular utility should be anticipated and proper measures should be undertaken by the subcontractor employer. General provisions of 29 CFR 1910/1926 Subpart K, should be implemented in order to prevent electrical hazards.
- Rhus dermatitis can be prevented by training employees to recognize poisonous plants, protective clothing, and convenient wash facilities.
- Cold stress and heat stress are prevented by training employees to recognize symptoms, to observe preventive measures such as wearing proper clothing; by providing acclimatization periods for unacclimatized employees; by providing adequate rest areas (Sections 5.7.1 and 5.7.2), and by medical surveillance (Section 6).

3.3.3 Installation of Shoring

This section is not currently applicable to this health and safety plan. If necessary, it will be covered in the shoring plan.

3.3.4 Excavation

General hazards encountered during excavation include the following:

- Cave-ins

- Falls
- Confined space potential
- Heavy machinery accidents

Hazard Prevention

- The excavation will be 2:1 sloped to the bottom where practical. In other areas the excavation will be shored.
- This opening generally does not have confined space potential due to the opening of the excavation and the shallow excavation. The confined areas will be monitored for LEL, O_2 and CO as well as volatile organics with portable survey instruments. Trenching will be conducted in a trench box. The requirements of 29 CFR 1910.146 will be followed for all identified permit required confined spaces.
- All heavy equipment will be equipped with back-up warning devices. Operators will be reminded of safety procedures daily.
- Proper vehicle maintenance will prevent avoidable vehicle breakdown in the field. In order to minimize accidents from uneven terrain, a site surveillance should be performed on foot to choose a clear driving path.
- Seatbelts should be worn at all times.
- At a minimum, all heavy equipment shall have the safety features outlined in OSHA 29 CFR 1910/1926 Subpart O.
- Heavy equipment operators should have proper training and experience, and documentation of both. The general provisions of 1910/1926 would apply.

3.3.5 Backfilling

General hazards associated with backfilling include the following:

- Heavy equipment accidents
- Vehicle accidents

Hazard Prevention

- All heavy equipment will be equipped with back-up warning devices. Operators will be reminded of safety procedures daily.

- Proper vehicle maintenance will prevent avoidable vehicle breakdown in the field. In order to minimize accidents from uneven terrain, a site surveillance should be performed on foot to choose a clear driving path.
- Seatbelts should be worn at all times.
- At a minimum, all heavy equipment shall have the features outlined in OSHA 29 CFR 1910/1926 Subpart O.
- Heavy equipment operators should have proper training and experience, and documentation of both. The general provisions of 1910/1926 would apply.

3.3.6 Loading of Haul Vehicles

General hazards associated with loading of haul vehicles are:

- Heavy equipment accidents

Hazard Prevention

- Proper vehicle maintenance will prevent avoidable vehicle breakdown in the field. In order to minimize accidents from uneven terrain, a site surveillance should be performed on foot to choose a clear driving path.
- Seatbelts should be worn at all times.
- At a minimum, all heavy equipment shall have the safety features outlined in OSHA 29 CFR 1910/1926 Subpart O.
- Heavy equipment operators should have proper training and experience, and documentation of both. The general provisions of 1910/1926 would apply.

3.3.7 Site Restoration

General hazards associated with site restoration are as follows:

- Back straining from lifting
- Vehicle accidents

Hazard Prevention

- Prevent back strain by using proper lifting techniques.
- Proper vehicle maintenance will prevent avoidable vehicle breakdown in the field. In order to minimize accidents from uneven terrain, a site surveillance should be performed on foot to choose a clear driving path.
- Seatbelts should be worn at all times.

3.3.8 Use of Cutting Torches

General hazards are:

- Improper eye protection from radiation
- Fire hazards
- Burns
- Explosions
- Breathing of fumes

Hazard Prevention

- Minimum - protective goggles or face shield with eye protection-shaded filter lenses are provided in Appendix D. This appendix also describes other issues of safety which may need to be addressed.
- All moveable fire hazards will be removed or guards placed to confine heat and sparks
- Fire extinguisher will be ready for instant use
- Hot work permit needs to be issued
- No torch use will be permitted in areas with explosive atmospheres
- All drums or vessels will be blanked or disconnected
- Protective clothing will be used to protect hands and body from sparks
- Exhaust fans will be used if ventilation is insufficient to remove toxic fumes
- No pressure exceeding 15 psig or 30 psia
- Only approved apparatus will be used
- Compressed gas cylinders will be properly marked for gas content
- Cylinders will be kept away from actual cutting operation or other heat sources
- Oxygen will be kept from combustible material and oil or grease

- Valve protection will always be in place
- Valves will be kept closed unless in use
- Cylinders will be secured to prevent them from falling or rolling

3.3.9 Project Closeout

General hazards associated with the project closeout are as follows:

- Back straining from lifting
- Vehicle accidents

Hazard Prevention

- Prevent back strain by using proper lifting techniques.
- Proper vehicle maintenance will prevent avoidable vehicle breakdown in the field. In order to minimize accidents from uneven terrain, a site surveillance should be performed on foot to choose a clear driving path.
- Seatbelts should be worn at all times.

3.4 Chemical and Physical Hazards

3.4.1 General Description

The only chemical hazards present are Polychlorinated Byphenols (Specifically Aroclor 1242 and Aroclor 1260). Table 3.2 contains some characteristics of the compounds of concern.

Table 3.2
Chemical Characteristics

Compound	Odor	Flashpoint (°F)	PEL (mg/m³)	IDLH (mg/m³)	Comments
Aroclor 1242	Mild Oil Odor	N.E.	1.0	10.0	Irritates eyes, chloroacne, Liver damage

Compound	Odor	Flashpoint (°F)	PEL (mg/m³)	IDLH (mg/m³)	Comments
Aroclor 1260	Mild Oil Odor	N.E.	0.5	5.0	Irritated eyes, Chloroacne, Liver damage

N.E. - None Established

3.4.2 Toxicity Hazards

These chemicals may be hazardous by skin absorption or inhalation of these aerosols and liquids. Permissible exposure limits (PELs) are shown in Table 3.2. Airborne concentrations will be kept within these limits.

3.4.3 Fire/Explosion Hazards

Fire hazards associated with PCB compounds are minimal.

3.4.4 First Aid

If any of these chemicals come into contact with the eyes, immediately wash the eyes with large amounts of water, occasionally lifting the lower and upper lids. Get medical attention immediately. Contact lenses should not be worn when working. If these chemicals come in contact with the skin, promptly wash the contaminated skin with soap and water. If these chemicals penetrate through the clothing, promptly remove the clothing and wash the skin with soap and water. Get medical attention promptly. If a person breathes in large amounts of the chemical aerosols, move the exposed person to fresh air at once. Once removed from area, get medical attention immediately. If these chemicals have been swallowed, get medical attention immediately.

3.5 Site Safety Equipment

A listing of on-site safety equipment is provided in Appendix C.

4.0 Personnel Training Requirements

Consistent with OSHA's 29 CFR 1910.120 regulation covering Hazardous Waste Operations and Emergency Response, all site personnel are required to be trained in accordance with the standard. At a minimum all personnel are required to be trained to recognize the hazards on-site, the provision of this HASP, and the responsible personnel.

4.1 Reassignment and Annual Refresher Training

Prior to arrival on site, each employer will be responsible for certifying that his/her employees meet the requirements of reassignment training, consistent with 29 CFR 1910.120 paragraph (e)(3). The employer will provide a document certifying that each general site worker has received 40 hours of instruction off the site, and 24 hours of training for any workers who are on site only occasionally for a specific task. If an individual employee has work experience and/or training that is equivalent to that provided in the initial training, an employer may waive the 40-hour training so long as that equivalent experience is documented or certified. All personnel must also receive 8 hours of refresher training annually.

4.2 Site Supervisor's Training

Consistent with OSHA 29 CFR 1910.120 paragraph (e)(8), individuals designated as site supervisors require an additional 8 hours of training.

4.3 Training and Briefing Topics

The following items will be discussed by a qualified individual at the site pre-entry briefing(s) or periodic site briefings.

Training	Frequency
Confined space entry procedure, Sec. 11.0	Periodic
Emergency response plan, Sec. 10.0; [29 CFR 1910.120(l)]	Periodic
Engineering controls and work practices	Periodic

Training	Frequency
Chemical hazards, Table 3.1	Periodic
Overhead and ground utilities	Periodic
Personal protective equipment, Sec. 5.0	Periodic
Physical hazards. Table 3.2	Periodic
Respiratory protection, Sec. 5.8	Periodic
Training requirements, Sec. 4.0; [29 CFR 1910.120(e)]	Periodic

5.0 Personal Protective Equipment to be Used

This section describes the general requirements of the EPA designated Levels of Protection (A-D), and the specific levels of protection required for each task at the Site. All respiratory protection will comply with Signal's Respiratory Protection Program as required by OSHA 1910.134. Available site safety equipment list is provided in Appendix C.

5.1 Levels of Protection

Personnel wear protective equipment when response activities involve known or suspected atmospheric contamination vapors, gases, or particulates may be generated by site activities, or when direct contact with skin-affecting substances may occur. Full facepiece respirators protect lungs, gastrointestinal tract, and eyes against airborne toxicants. Chemical-resistant clothing protects the skin from contact with skin-destructive and absorbable chemicals.

The specific levels of protection and necessary components for each have been divided into four categories according to the degrees of protection afforded:

Level A Should be worn when the highest level of respiratory, skin, and eye protection is needed.

Level B Should be worn when the highest level of respiratory protection is needed, but a lesser level of skin protection.LevelB is a minimum level of choice when encountering unknown environments.

Level C Should be worn when criteria for using air-purifying respirators are met, and a lesser level of skin protection is needed.

Level D Should be worn only as a work uniform and not in any area with respiratory hazards. it provides minimal protection against chemical hazards.

Modifications to these levels are permitted and routinely employed during site work activities to maximize efficiency. For example, Level C respiratory protection and Level D skin protection may be required at the same task. Likewise, the type of chemical protective ensemble (i.e., material, format) will depend upon contaminants and degrees of contact.

The Level of Protection selected is based upon the following:

- Type and measured concentration of the chemical substance in the ambient atmosphere and its toxicity.
- Potential for exposure to substances in air, liquids, or other direct contact with material due to work being done.
- Knowledge of chemicals on-site along with properties such as toxicity, route of exposure, and contaminant matrix.

In situations where the type of chemical, concentration, and possibilities of contact are not known, the appropriate Level of Protection must be selected based on professional experience and judgement until the hazards can be better identified.

5.2 Level A Personal Protective Equipment

- Supplied-air respirator approved by the Mine Safety and Health Administration (MSHA) and National Institute for Occupational Safety and Health (NIOSH). Respirators may be positive pressure-demand, self-contained breathing apparatus (SCBA), or positive pressure-demand, airline respirator (with escape bottle for Immediately Dangerous to Life or Health (IDLH) or potential for IDLH atmosphere)
- Fully encapsulating chemical resistant suit
- Long cotton underwear
- Gloves (inner)
- Boots, chemical resistant, steel toed and shank (depending on suit construction, worn over or under suit boot)

- Hard hat (under suit)
- Disposable gloves and boot covers (worn over fully encapsulating suit)
- 2-way Radio communication (intrinsically safe)

5.3 Level B Personal Protective Equipment

- Supplied-air Respirator (MSHA/NIOSH approved). Respirators may be positive pressure-demand, self-contained breathing apparatus (SCBA), or positive pressure-demand, airline respirator (with escape bottle for IDLH or potential IDLH atmosphere)
- Chemical-resistant clothing (overalls and long-sleeved jacket; hooded, one or two-piece chemical-splash suit; disposable chemical-resistant, one-piece suits)
- Coveralls
- Gloves (outer), chemical-resistant
- Gloves (inner), chemical-resistant
- Boots (outer), chemical-resistant, steel toe and shank
- Hard hat (face shield)
- 2-way radio communication (intrinsically safe)

5.4 Level C Personal Protective Equipment

- Air-purifying respirator, full- or half-face, cartridge-equipped (MSHA/NIOSH approved)
- Chemical-resistant clothing (coveralls; hooded, one-piece or two-piece chemical splash suit; chemical-resistant hood and apron; disposable chemical-resistant coveralls)
- Coveralls
- Gloves (outer), chemical-resistant
- Gloves (inner), chemical-resistant
- Boots (outer), chemical-resistant, steel toe and shank
- Hard hat (face shield)
- 2-way radio communication (intrinsically safe)

5.5 Level D Personal Protective Equipment — Level D Modified

- Coveralls + Tyvek overgarment
- Gloves

- Boots/shoes, leather or chemical resistant, steel toe and shank
- Safety glasses
- Hard hat

5.6 Reassessment of Protective Program

The Level of Protection provided by PPE selection shall be upgraded or downgraded based upon a change in site conditions or findings of investigations.

When a significant change occurs, the hazards should be reassessed. Some indicators of the need for reassessment are:

- Commencement of a new work phase, such as the start of drum sampling or work that begins on a different portion of the site.
- Change in job tasks during a work phase.
- Change of season/weather.
- When temperature extremes or individual medical considerations limit the effectiveness of PPE.
- Contaminants other than those previously identified are encountered.
- Change in ambient levels of contaminants.
- Change in work scope which effects the degree of contact with contaminants.

5.7 Work Mission Duration

Before the workers actually begin work in their PPE ensembles the anticipated duration of the work mission should be established. Several factors limit mission length, including:

- Air supply consumption (SCBA use).
- Suit/Ensemble permeation and penetration rates for chemicals (section 5.8).
- Ambient temperature and weather conditions (heat stress/cold stress).
- Capacity of personnel to work in PPE.

5.7.1 Monitoring of Worker Heat Stress

When workers are anticipated to work in hot environments, the following measures will be takes to reduce the chance of injury to the workers:

- Workers will be reminded to pace themselves and take short rest breaks as approved by the Health and Safety Officer.
- Cool potable water will be made available.
- Rest breaks will be provided in areas which are cooler than the work area.
- Wind velocity, air temperature, radiant heat temperature and humidity will be continuously monitored.

5.7.2 Monitoring of worker Cold Stress

When workers are anticipated to work in cold environments, the following measures will be taken to reduce the chance of injury to the workers:

- Workers will be reminded to wear insulated clothing under their PPE.
- Workers will take short rest breaks as approved by the Health and Safety Officer.
- Rest breaks will be provided in areas which are warmer than the work area.
- Wind velocity, air temperature, radiant heat temperature and humidity will be continuously monitored.

5.8 Chemical Resistance and Integrity of Protective Material

The following specific clothing materials and levels of protection are recommended for the site tasks:

5.8.1 Mobilization - (Level D)

- Boots/Gloves - Steel Toe
- Outer Gloves - Work Gloves
- Outer Garment/Coveralls - Work Uniform

5.8.2 Site Preparation - (Level D)

- Boots/Boot Covers - Steel Toe
- Outer Gloves - Work Gloves
- Outer Garment/Coveralls - Work Uniform

5.8.3 Backfilling - (Level D)

- Boots/Boot Covers - Steel Toe
- Outer Gloves - Work Gloves
- Outer Garment/Coveralls - Work Uniform

5.8.4 Site Restoration - (Level D)

- Boots/Boot Covers - Steel Toe
- Outer Gloves - Work Gloves
- Outer Garment/Coveralls - Work Uniform

5.8.5 Project Closeout - (Level D)

- Boots/Boot Covers - Steel Toe
- Outer Gloves - Work Gloves
- Outer Garment/Coveralls - Work Uniform

5.8.6 Excavation in Contaminated Areas - (Level C)

- Outer Gloves - Butyl
- Outer Garment/Coveralls - Tyvek
- Combination Organic Vapor and Particulate Cartridges

5.9 SOP for Respiratory Protection Devices

The following subsections define standard operating procedures for air purifying respirators and self-contained breathing apparatus.

5.9.1 Cleaning and Disinfecting Air Purifying Respirators

APRs in routine use should be cleaned and disinfected at least daily. Where respirators are used only occasionally or when they are in storage, the cleaning interval is weekly or monthly, as appropriate.

Daily Cleaning Procedure

The steps to be followed for cleaning and disinfecting daily are as follows:

- *Respirator Disassembly:* Respirators are taken to a clean location where the filters, cartridges or canisters are removed, damaged to prevent accidental reuse, and discarded. For through cleaning, the inhalation and exhalation valves, speaking diaphragm, and any hoses are removed.
- *Cleaning:* In most instances, the cleaning and disinfecting solution by the manufacturer is used and dissolved in warm water in an appropriate tub. Using gloves, the respirator is placed in the tub and swirled for a few seconds. A soft brush may be used to facilitate cleaning.
- *Rinsing:* The cleaned and disinfected respirators are rinsed thoroughly in water to remove all traces of detergent and disinfectant. This is very important for preventing dermatitis.
- *Drying:* The respirators may be allowed to dry in room air on a clean surface. They may also be hung upside down like drying clothes, but care must be taken to not damage or distort the facepieces.
- *Reassembly and Inspection:* The clean, dry respirator facepieces should be reassembled and inspected in an area separate form the disassembly area to avoid contamination. Special emphasis should be given to inspecting the respirators for detergent or soap residue left by inadequate rinsing. This appears most often under the seat of the exhalation valve, and can cause valve leakage or sticking.

After Routine Use in Exclusion Zone

The steps to be taken for cleaning and disinfecting in the field are as follows:

- The mask may be washed/rinsed with soap and water.
- At a minimum, the mask should be wiped with disinfectant wipes (benzoalkaliod or isoproyl alcohol), and allowed to air dry in a clean area.

5.9.2 APR Inspection and Checkouts

- Each user of an APR will be fit-tested for that unit.
- Visually inspect the entire unit for any obvious damages, defects, or deteriorated rubber.
- Make sure that the facepiece harness is not damaged. The serrated portion of the harness can fragment which ill prevent proper face seal adjustment.
- Inspect lens for damage and proper seal in facepiece.
- Exhalation Valve - pull off plastic cover and check valve for debris or for tears in the neoprene valve (which could cause leakage).
- Inhalation Valve (two) - screw off cartridges/canisters and visually inspect neoprene valves for tears. Make sure that the inhalation valves and cartridge receptacle gaskets are in place.
- Make sure a protective cover lens is attached to the lens.
- Make sure the speaking diaphragm retainer ring is hand tight.
- Make sure that you have the correct cartridge.
- Don and perform negative pressure test.

5.9.3 Storage of Air Purifying Respirators

OSHA requires that respirators be stored against dust, sunlight, heat, extreme cold, excessive moisture, damaging chemicals, and mechanical damage.

Storage of respirators should be in a clean area, minimizing the chance for contamination or unsanitary conditions.

5.10 SOP for Personal Protective Equipment (PPE)

5.10.1 Inspection

Proper inspection of PPE features several sequences of inspection depending upon specific articles of PPE and it's frequency of use. The different levels of inspection are as follows:

- Inspection and operational testing of equipment received from factory or distributor.
- Inspection of equipment as it is issued to workers.
- Inspection after use or training and prior to maintenance.
- Periodic inspection of stored equipment.

- Periodic inspection when a question arises concerning the appropriateness of the selected equipment, or when problems with similar equipment arise.

The primary inspection of PPE in use for activities at the Site occur prior to immediate use and will be conducted by the user. This ensures that the specific device or article has been checked-out by the user and that the user is familiar with its use.

Table 5.1 Sample PPE Inspection Checklists

Clothing

Before use:

- Determine that the clothing material is correct for the specified task at hand.
- Visually inspect for imperfect seams, non-uniform coatings, tears, and malfunctioning closures.
- Hold up to light and check for pinholes.
- Flex product, observing for cracks and other signs of shelf deterioration.
- If the product has been used previously, inspect inside and out for signs of chemical attack, resulting in discoloration, swelling and stiffness.

During use:

- Evidence of chemical attack such as discoloration, swelling, stiffness, and softening. However, keep in mind that chemical permeation can occur without any visible effects.
- Closure failure.
- Tears.
- Punctures.
- Seam Discontinuities.

Gloves

Before use:

- Visually inspect for imperfect seams, tears, and non-uniform coatings. Pressurize glove with air and listen for pin-hole leaks.

6.0 Medical Surveillance Requirements

Medical monitoring programs are designed to track the physical condition of employees on a regular basis, as well as survey pre-employment or baseline condition\s prior to potential exposures.

6.1 Baseline or Reassignment Monitoring

Prior to being assigned to a hazardous or potentially hazardous activity involving exposure to toxic materials, employees must receive a reassignment or baseline physical. The content of the physical is to be determined by the employer's medical consultant. As suggested by NIOSH/OSHA/USCG/EPA's *Occupational Safety & Health Guidance Manual for hazardous Waste Site Activities*, the minimum medical monitoring requirements for work at the Site is as follows:

- Complete medical and work histories.
- Physical examination.
- Pulmonary function tests (FVC and FEV1).
- Chest X-ray (every 2 years).
- EKG.
- Eye examination and visual acuity.
- Audiometry.
- Urinalysis.
- Blood chemistry and heavy metal toxicology.

The reassignment physical will categorize employees as fit-for-duty and enable them to wear the required levels of personal protective devices (including CPC for heat stress).

6.2 Periodic Monitoring

In addition to a baseline physical, all employees require a periodic physical within the last 12 months unless the advising physician believes a shorter interval is appropriate. The employer's medical consultant should prescribe an adequate medical which fulfills OSHA 29 CFR 1910.120 requirements. The reassignment medical outlined above is applicable.

All personnel working in contaminated or potentially contaminated areas at the Site will verify currency (within 12 months) with respect to medical monitoring. This is done by indicating date of last physical on the safety plan agreement form.

6.3 Exposure/Injury/Medical Support

As a follow-up to an injury or possible exposure above established exposure limits, all employees are entitled to and encouraged to seek medical attention and physical testing. Depending upon the type of exposure, it is critical to perform follow-up testing within 24-48 hours. it will be up to the employer's medical consultant to advise the type of test required to accurately monitor for exposure effects.

6.4 Exit Physical

At termination of employment or reassignment to an activity or location which does not represent a risk of exposure to hazardous substances, an employee shall require an exit physical. If his/her last physical was within the last 6 months, the advising medical consultant has the right to determine adequacy and necessity of exit exam.

7.0 Frequency and Types of Air Monitoring/Sampling

This section explains the general concepts of an air monitoring program and specifies the surveillance activities that will take place during project completion at the Site.

The purpose of air monitoring is to identify and quantify airborne contaminants in order to verify and determine the level of worker protection needed. Initial screening for identification is often qualitative, i.e., the contaminant, or the class to which it belongs, is demonstrated to be present but the determination os its concentration (quantification) must await subsequent testing. two principle approaches are available for identifying and/or quantifying airborne contaminants:

- The onsite use of direct-reading instruments.
- Laboratory analysis of air samples obtained by gas sampling bag, collection media (i.e., filter, sorbent), and/or wet-contaminant collection methods.

All air monitoring data will be recorded in the safety log (Appendix A). Calibration of air monitoring equipment will be performed daily as specified by the manufacturer.

7.1 Direct-Reading Monitoring Instruments

Unlike air sampling devices, which are used to collect samples for subsequent analysis in a laboratory, direct-reading instruments provide information at the time of sampling, enabling rapid decision-making. Data obtained from the real-time monitors are used to assure proper selection of engineering controls, work practices and personal protective equipment. Overall, the instruments may provide an indication of whether or not site personnel are being exposed to concentrations which exceed individual exposure limits or action levels for specific hazardous materials.

Of significant importance, especially during initial entries, is the potential for IDLH conditions, including oxygen deficient atmospheres. Real-time monitors can be useful in identifying any IDLH conditions, toxic levels of airborne contaminants, flammable atmospheres, or radioactive hazards. Periodic monitoring of conditions is critical, especially if exposures may have increased since initial monitoring or if new site activities have commenced.

Table 7.1, excerpted from *Occupational Safety and Health Guidance for Hazardous Waste Site Activities*, provides an overview of available monitoring instrumentation and their specific operating parameters.

Table 7.1 Some Direct-Reading Instruments for General Survey

- *Instrument*: Combustible Gas Indicator (CGI)
  Hazard Monitored: Combustible gases and vapors.
  Application: Measures the concentration of a combustible gas or vapor.
  Detection Method: A filament, usually made of platinum, is heated by burning the combustible gas or vapor. The increase in heat is measured. Gas and vapors are ionized in a flame. A current is produced in proportion to the number of carbon atoms present.
  General Care/Maintenance: Recharge or replace battery. Calibrate immediately before use.
  Typical Operating Time: Can be used for as long as the battery lasts, or for the recommended intervals between calibrations, whichever is less.
- *Instrument*: Photoionizing Detector (PID)
  Example: HNU.

Hazard Monitored: Many organic and some inorganic gases and vapors.
Application: Detects total concentration of many organic and some inorganic gases and vapors. Some identification compounds are possible if more than one probe is measured.
Detection Method: Ionizes molecules using UV radiation; produces a current that is proportional to the number of ions.
General Care/Maintenance: Recharge or replace battery. Regularly clean lamp window. Regularly clean and maintain the instrument and accessories.
Typical Operating Time: 10 hours. 5 hours with strip chart recorder.

- *Instrument*: Oxygen Meter
  Hazard Monitored: Oxygen (O_2)
  Application: Measures the percentage of O_2 in the air.
  Detection Method: Uses an electrical sensor to measure the partial pressure of O_2 in the air, and converts that reading to O_2 concentration.
  General Care/Maintenance: Replace detector cell according to manufactures recommendations. Recharge or replace batteries prior to expiration of the specified interval. If the ambient air is more than 0.5% CO_2, replace the detector cell frequently.
  Typical Operating Time: 8-12 hours.

7.2 Specific Contaminants to be Monitored at the Site

The following checklist provides a summary of the contaminants to be monitored for and frequency/schedule of monitoring. The air sampling checklist will serve as a site monitoring plan.

7.2.1 Site Monitoring and Sampling Program

Personal Dust Monitoring

- Personal Air Pump
  Frequency: Continuous
  Duration: Duration of work day
  Locations: Personal Dust Samplers shall be provided to employees of highest risk at both the interim storage and contaminated soil excavation areas. A personal dust monitor shall be used by Signal to assess the exposure in the Exclusion Zone during excavation.

Area Dust Monitoring

- Low Volume Air Pump
  Frequency: Continuous
  Duration: Duration of the work day
  Locations: (3) Three low volume air pumps shall be located down wind from the work activities. In addition (1) one low volume air pump shall be located upwind from the work activities.

Personnel Monitoring Instrument

- Photoionizing Detector (PID)
  Frequency: (1) One sample per hour or whenever deemed necessary by HSO.
  Duration of Monitoring: 5 minutes
  Locations: Samples will be collected inside work areas from the breathing zone.

Environmental Monitoring Instrument

- Photionizing Detector (PID)
  Frequency: (1) One sample every two hours
  Duration: 5 minutes
  Location: (3) three monitors will be stationed downwind from the work activities at the property boundary and (1) one monitor will be stationed upwind from the work activities at the property boundary.

Air Monitoring Instruments

- Combustible Gas Indicator (CGI)
  Frequency: HSO determination
  Location: Excavation area
- Photoionization Detector (PID)
  Frequency: HSO determination
  Location: Excavation area
- Oxygen Meter
  Frequency: HSO determination
  Location: Excavation area

Action Levels

- Explosive atmosphere

Action Level	Action
> 20% LEL	Explosion/fire hazard may develop. Withdraw from area and control source of vapors.

- Oxygen

Action Level	Action
<19.5%	Oxygen deficient atmosphere. Withdraw from area until authorized to return by HSO. NOTE: Combustible gas readings are not valid in atmospheres with <19.5% O_2
>23%	Fire hazard potential. Withdraw from area and consult a fire safety specialist

- Organic gases and vapors

Action Level (ppm)	Action
> Background - 5	Half- or Full-face respirator available
5 - 50	Full-facepiece air purifying respirator, Level C
> 50	Shut-down activities, evaluate the need for level B or higher respiratory protection

- Dust

Action Level (mg/m^3)	Action
> 150 µg/m^3	Sample shall be analyzed for total PCB concentration

Reporting Format

- Field Notebook

8.0 Site Control Measures

The following section defines measures and procedures for maintaining site control. Site control is an essential component in the implementation of the site and safety program.

8.1 Buddy System

During all activities when some conditions present a risk to personnel, the implementation of a buddy system is mandatory. A buddy system requires at least two people who work as a team; each looking out for each other.

8.2 Site Communication Plan

Successful communications between field teams and contact with personnel in the support zone is essential. Routine communications will be given verbally. A compressed gas airhorn will be used to signal emergency evacuations if needed. Emergency telephone numbers are provided in Section 10.5 and will also be posted in command post. The following communication systems will be available during activities at the Site:

- Compressed Air Horn
- Mobile Telephone

8.3 Work Zone Definition

The three general work zones established at the site are the Exclusion Zone, Contamination Reduction Zone and Support Zone. Figure 8.1 provides a site map with the work zones designated on it.

The Exclusion Zone is defined as the active work area where contamination is either known or likely to be present, or, because of activity, will provide a potential to cause harm to personnel. Entry into the Exclusion Zone requires the use of the designated personal protected equipment.

The Contamination Reduction Zone is defined as the area where personnel conduct personal and equipment decontamination. It is essentially a buffer between contaminated areas and clean areas. Activities to be conducted in this zone will require personal protection as defined in the decontamination plan.

The Support Zone is situated in clean areas where the chance to encounter hazardous materials or conditions is minimal. Personal protective equipment is therefore not required.

8.4 Nearest Medical Assistance

Figure 1 provides a map of the route to the nearest medical facility which can provide emergency care for individuals who may experience an injury or exposure on-site. The route to the hospital should be verified by the HSO, and should be familiar to all site personnel.

8.5 Safe Work Practices

Table 8.1 provides a list of standing orders for the Exclusion Zone. Table 8.2 provides a list of standing orders for the Contamination Reduction Zone.

Table 8.1
Standing Orders for Exclusion Zone

- No Smoking, eating, or drinking in this zone.
- No horse play.
- No matches or lighters in this zone.
- Check-in on entrance to this zone.
- Check-out on exit from this zone.
- Implement the communication system.
- Line of sight must be in position.
- Wear the appropriate level of protection as defined in the Safety Plan.
- Persons exiting the exclusion zone will pass through the designated decontamination sequence.
- Persons in this zone will exit immediately upon notification of an emergency by the OSM or HSO.
- Emergency evacuation will be via routes designated by the HSO.

Table 8.2
Standing Orders for Contamination Reduction Zone

- No smoking, eating, or drinking in this zone.
- No horse play.
- No matches or lighters in this zone.
- Wear the appropriate level of protection.

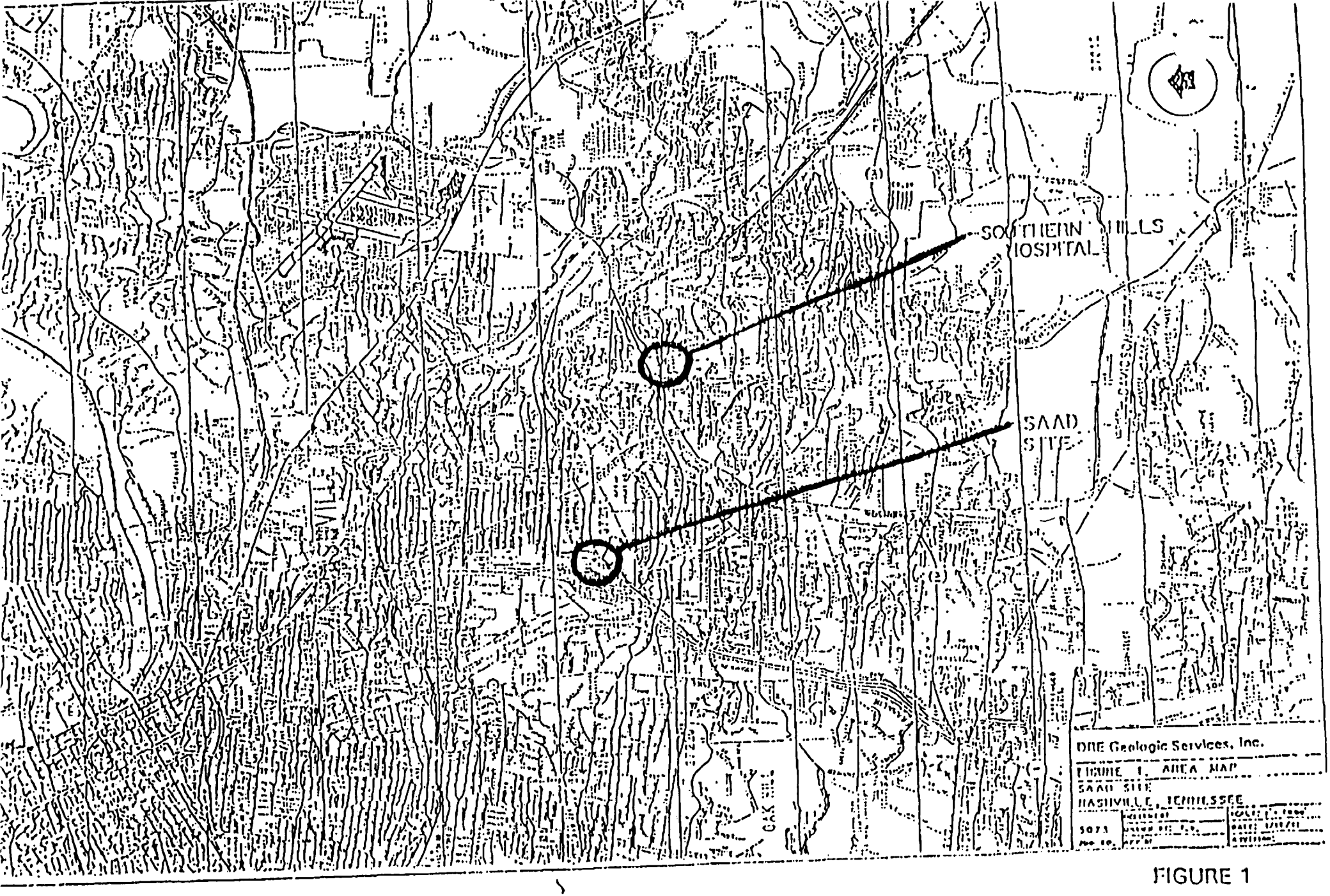


FIGURE 1

2 4 0955

9.0 Decontamination Plan

Section 5.8 lists the tasks and specific levels of protection required for each task. Consistent with the levels of protection required, section 9.1 provides a step by step representation of the personnel decontamination process for either level A, B, or C. These procedures should be modified to suit conditions and protective ensembles in use.

9.1 Standard Operating Procedures

Decontamination involves the orderly controlled removal of contaminants. Standard decontamination sequences are presented in tables 9.1 and 9.2. All site personnel should minimize contact with contaminants in order to minimize the need for extensive decontamination.

Table 9.1
Level C Decontamination Steps

Step 1:	Segregated equipment drop
Step 2:	Boot and glove wash
Step 3:	Boot and glove rinse
Step 4:	Tape removal
Step 5:	Boot and glove removal
Step 6.	Suit removal
Step 7:	Hands and face wash
Step 8:	Redress

Figure 9.2
Level D Decontamination Steps

Step 1:	Remove outer garments (i.e., coveralls)
Step 2:	Remove gloves
Step 3:	Wash hands and face

9.2 Levels of Decontamination Protection Required for Personnel

The levels of protection required for personnel assisting with decontamination will be Level D. The Site Safety Officer is responsible for monitoring decontamination procedures and determining their effectiveness.

9.3 Equipment Decontamination

Sampling equipment will be decontaminated in accordance with procedures as defined in the work plan, this page. The sequence of steps required for decontaminating heavy machinery and vehicles can be found in Section 9.3.

9.3.1 Procedure for Decontaminating Heavy Machinery and Vehicles

Heavy machinery/vehicle is to be placed in the wash-down area. The wash-down area will be equipped with a sump to capture and contain all run-off contaminants. Upon completion of pressure wash or steam cleaning, the heavy machinery/vehicle will be removed from the wash down area.

9.4 Disposition of Decontamination Wastes

All equipment and solvents used for decontamination shall be decontaminated or disposed of properly. The wash-down area will be periodically cleaned to remove all sediment build-up. This sediment will be disposed by placing it with the contaminated soil that is being shipped off site. All liquid run-offs collected from decontamination points will be collected then stored in storage tanks until it is treated. Commercial laundries or cleaning establishments that decontaminate protective clothing or equipment shall be informed of the potentially harmful effects of exposures.

9.5 Dust and Particulate Emission Controls

To keep airborne dust and particulate emissions under control, water will be sprayed to moisten the ground surface.

10.0 Emergency Response/Contingency Plan

This section describes contingencies and emergency planning procedures to be implemented at the Site. This plan is compatible with local, state and federal disaster and emergency management plans as appropriate.

10.1 Pre-Emergency Planning

During the site briefings held periodically/daily, all employees will be trained in and reminded of provisions of the emergency response plan, communication systems, and evacuation routes. Table 10.1 identifies the hazardous conditions associated with specific site activities. The plan will be reviewed and revised if necessary, on a regular basis by the HSO. This will ensure that the plan is adequate and consistent with prevailing site conditions.

Table 10.1
Emergency Recognition/Control Measures

Hazard	Prevention/Control	Location
Fire/Explosion	Fire Extinguisher Alarm System Fire Inspection	
Spill	Berms/Dikes Sorbent Material Foams	
Air Release	Water Spray Foam Alarm System Evacuation Routes	

10.2 Personnel Roles and Lines of Authority

The On-Site Manager has primary responsibility for responding to and correcting emergency situations. This includes taking appropriate measures to ensure the safety of site personnel and the public. Possible actions may involve evacuation of personnel from the site area, and evacuating adjacent residents. He/she is additionally responsible for ensuring that corrective measures have been implemented, appropriate authorities notified, and follow-up reports completed. The HSO may be called upon to act on behalf of the site supervisor, and will direct responses to any medical emergency. The individual contractor organizations are responsible for assisting the project manager in his/her mission within the parameters of their scope of work.

10.3 Emergency Recognition/Prevention

Table 3.1 provides a listing of chemical and physical hazards onsite. Additional hazards as a direct result of site activities are listed in Table 10.1 as are prevention and control techniques/mechanisms. Personnel will be familiar with techniques of hazard recognition from reassignment training an site specific briefings. The HSO is responsible for ensuring the prevention devices or equipment is available to personnel.

10.4 Evacuation Routes/Procedures

In the event of an emergency which necessitates an evacuation of the site, the following alarm procedures will be implemented:

- Evacuation alarm notification should be made using three short blasts on the air horn. All personnel should evacuate upwind of any activities. Insure that a predetermined location is identified off-site in case of an emergency, so that all personnel can be accounted for.
- Personnel will be expected to precede to the closest exit with your buddy, and mobilize to the safe distance area associated with the evacuation route. Personnel will remain at that area until the re-entry alarm is sounded or an authorized individual provides further instructions.

Figure 10.1 provides a map depicting evacuation routes for the site and immediate area. Also indicated are muster areas and safe distances in the event of a major incident. The nearest medical facility is Southern Hills Medical Center at 391 Wallace Road (Figure 1).

10.5 Emergency Contact/Notification System

The following list provides names and telephone numbers for emergency contact personnel. In the event of a medical emergency, personnel will take direction from the HSO and notify the appropriate emergency organization. In the event of a fire or spill, the site supervisor will notify the appropriate local, state and federal agencies.

Organization	Contact	Telephone
Ambulance		911
Police		862-7400
Fire		327-1300
Hospital	Southern Hills Medical Center	781-4600
Poison Control Center		322-6435
Regional EPA		(404) 347-4727
General Emergency		911
Tennessee Occupational Medicine (non-emergency)		321-4800
Utility One Call		366-1987
Tennessee Emergency Response Center		741-0001
State Authority		741-7391
National Response Center		(800) 424-8802
Center for Disease Control		(404) 488-4100
Chemtrec		(800) 424-9555 or 724-9300
Signal Environmental Services, Inc.		(615) 265-9551

10.9 Emergency Equipment/Facilities

Figure 2 provides a map of the site and identifies the location of the following emergency equipment:

- First aid kit
- Fire extinguisher (moved as work progresses)
- Site telephone
- Stretcher
- Eye wash (moved as work progresses)
- Emergency shower
- Real time air equipment

11.0 Confined Space Entry Procedures

A confined space provides the potential for unusually high concentrations of contaminants, explosive atmospheres, limited visibility, and restricted movement. This section will establish requirements for safe entry into, continued work in, and safe exit from confined spaces. All confined space work will be in full compliance with OSHA Standard 29 CFR 1910.146, "Permit Required Confined Spaces". Additional information regarding confined space entry can be found in 29 CFR 1926.21, 29 CFR 1910 and NIOSH 80-106.

11.1 Definitions

- Confined Space: A space or work area not designed or intended for normal human occupancy, having limited means of egress and poor natural ventilation; and/or any structure, including buildings or rooms, which means of egress.
- Confined Space Entry Permit (CSEP): A document to be initiated by the supervisor of personnel who are to enter into or work in a confined space. The Confined Space Entry Permit (CSEP) will be completed by the personnel involved in the entry and approved by the HSO before personnel will be permitted to enter the confined space. The CSEP shall be valid only for the performance of the work identified and for the location and time specified. The beginning of a new shift with change of personnel will require the issuance of a new CSEP.
- Confined Space Observer: An individual assigned to monitor the activities of personnel working within a confined space. The confined space observer monitors and provides external

assistance to those inside the confined space. The confined space observer summons rescue personnel in the event of emergency and assists the rescue team.

11.2 General Provisions

- When possible, confined spaces should be identified with a posted sign which reads: Caution - Confined Space.
- Only personnel trained and knowledgeable of the requirements of these Confined Space Entry Procedures will be authorized to enter a confined space or be a confined space observer.
- A Confined Space Entry Permit (CSEP) must be issued prior to the performance of any work within a confined space. The CSEP will become a part of the permanent and official record of the site. During the period of work in the confined space, the CSEP will be posted at the entry portal.
- Natural ventilation shall be provided for the confined space prior to initial entry and for the duration of the CSEP. Forced air ventilation will be used to maintain safe air conditions.
- If flammable liquids may be contained within the confined space, explosion proof equipment will be used. All equipment shall be positively grounded.
- The contents of any confined space shall, where necessary, be removed prior to entry. All sources of ignition must be removed prior to entry. Sources of hazardous air contaminants and unnecessary energy will be isolated by breaking and blanding lines and by lock-out/tag-out procedures.
- Hand tools used in confined spaces shall be in good repair, explosion proof and spark proof, and selected according to intended use. Where possible, pneumatic power tools are to be used.
- Hand-held lights and other illumination utilized in confined spaces shall be equipped with guards to prevent contact with the bulb and must be explosion proof.
- Confined space atmospheres will be tested for hazardous conditions as a part of the CSEP procedure prior to entry.
- If unacceptable atmospheric conditions are found, entry will be postponed until the condition is corrected and verified by re-testing.
- Compressed gas cylinders, except cylinders used for self-contained breathing apparatus, shall not be taken into confined spaces. Gas hoses shall be removed from the space and the supply turned off at the cylinder valve when personnel exit from the confined space.
- If a confined space requires respiratory equipment or where rescue may be difficult, safety belts, body harnesses, and lifelines will be used. The outside observer shall be provided with the same equipment as those working within the confine space.

- A ladder is required in all confined spaces deeper than the employee's shoulders. The ladder shall be secured and not removed until all employees have exited the space.
- Only self-contained breathing apparatus or NIOSH approved airline respirators equipped with a 5-minute emergency air supply with conditions determined immediately dangerous to life or health.
- Where air-moving equipment is used to provide ventilation, chemicals shall be removed from the vicinity to prevent introduction into the confined space.
- Vehicles or any other internal combustion engine powered equipment shall not be left running near confined space work or near air-moving equipment being used for confined space ventilation.
- Smoking in confined spaces will be prohibited at all times.
- Any deviation from these Confined Space Entry Procedures requires the prior permission of the On-Scene Coordinator.

11.3 Procedure for Confined Space Entry

The HSO and Entry Team shall:

- Evaluate the job to be done and identify the potential hazards before a job in a confined space is scheduled.
- Ensure that all process piping, mechanical and electrical equipment, etc., have been disconnected, purged, blanked-off or locked and tagged as necessary.
- If possible, ensure removal of any standing fluids that may produce toxic or air displacing gases, vapors, or dust.
- Initiate a Confined Space Entry Permit (CSEP) in concurrence with the project manager or designated alternative.
- Ensure that any hot work (welding, burning, open flames, or spark producing operation) that is to be performed in the confined space has been approved by the project manager and is indicated on the CSEP.
- Ensure that the space is ventilated before starting work in the confined space and for the duration of the time the work is to be performed in the space.
- Ensure that the personnel who enter the confined space and the confined space observer helper are familiar with the contents and requirements of this instruction.
- Ensure remote atmospheric testing of the confined space prior to employee entry and before validation/revalidation of a CSEP to ensure that Oxygen content is between 19.5% - 23.0%; that no concentration of combustible gas is in the space (sampling will be done throughout the

confined space and specifically at the lowest point in the space); the absence of other atmospheric contaminants above the action level if the space has toxic, corrosive, or irritant material; and if remote testing is not possible, Level B PPE is required as referenced in III 13.

- Designate whether hot or cold work will be allowed. If all tests in a. through c. in IV 8 are satisfactory, complete the CSEP listing any safety precautions, protective equipment, or other requirements.
- Ensure that a copy of the CSEP is posted at the work site, a copy is filed with the project supervisor, and a copy is furnished to the project manager.

The CSEP shall be considered void if work in the confined space does not start within on hour after the tests in IV 8 are performed or if significant changes within the confined space atmosphere or job scope occurs.

The CSEP posted at the work site shall be removed at the completion of the job or at the end of the shift, whichever is first.

11.4 Confined Space Observer

- While personnel are inside the confined space, a confined space observer will monitor activities and provide external assistance to those in the space.
- The confined space observer shall maintain at least voice contact with all personnel in the confined space. Visual contact is preferred, if possible.
- The observer shall be instructed by his supervisor in the method for contacting rescue personnel in the event of an emergency.
- If irregularities within the space are detected by the observer, personnel within the space will be ordered to exit.
- In the event of an emergency, the observer must NEVER enter the confined space prior to contacting and receiving assistance form a helper. Prior to this time, he should attempt to remove personnel with the lifeline and to perform all other rescue functions from outside the space.
- A helper shall be designated to provide assistance to the confined space observer in case the observer must enter the confined space to retrieve personnel.

13.2 Material Safety Data Sheets (MSDSs)

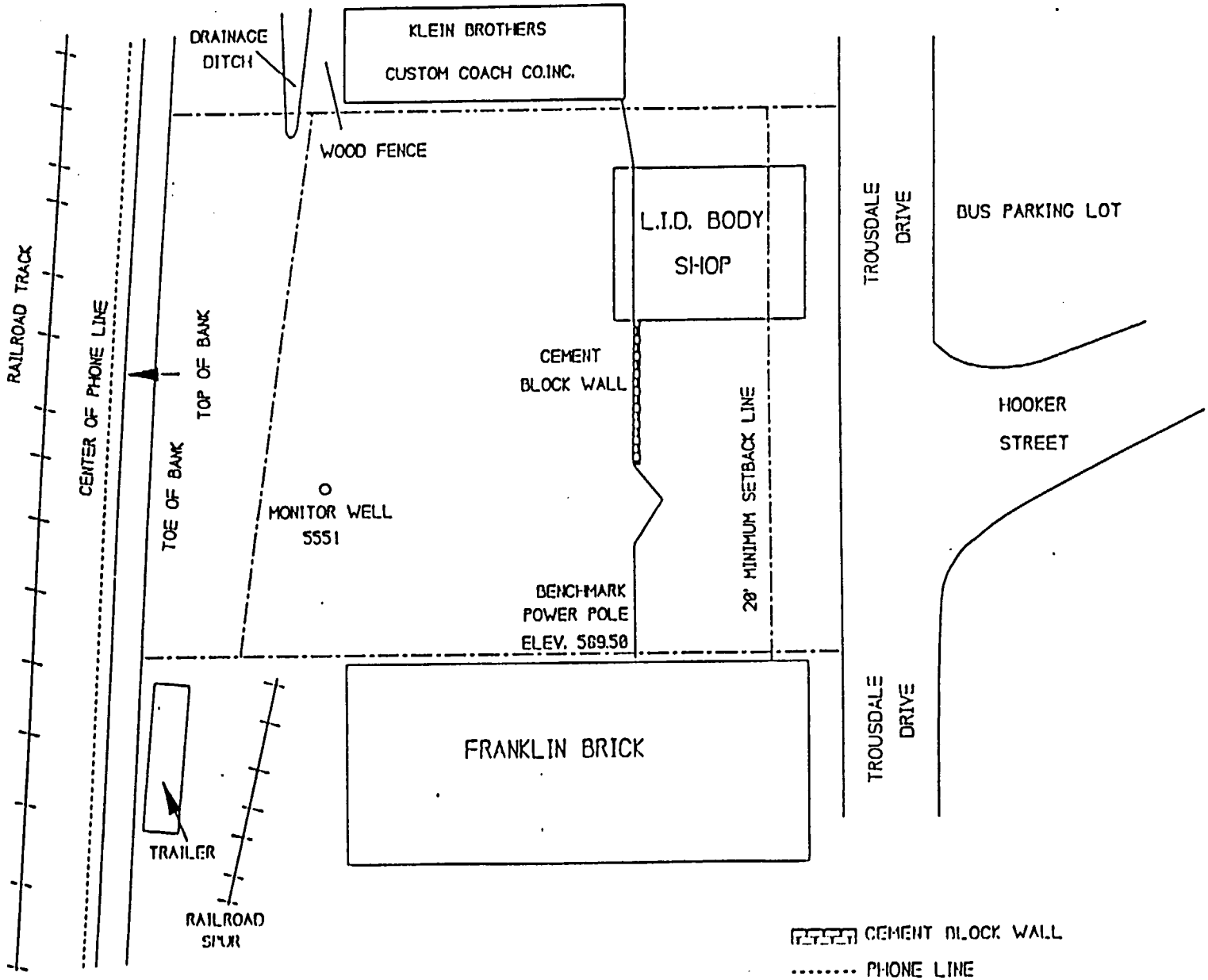
Copies of MSDSs for all hazardous chemicals known or suspected on site will be maintained in the work area. MSDSs will be available to all employees for review during each workshift.

13.3 Employee Training and Information

Prior to starting work, each employee will attend a health and safety orientation and will receive information and training on the following:

- An overview of the requirements contained in the Hazardous Communication Standard, 29 CFR 1910.1200
- Chemicals present in their workplace operations
- Location and availability of a written hazard program
- Physical and health effects of the hazardous chemicals
- Methods and observation techniques used to determine the presence or release of hazardous chemicals
- How to lessen or prevent exposures to these hazardous chemicals through usage of control/work practices and personal protective Equipment
- Emergency procedures to follow if they are exposed to these chemicals
- How to read labels and review MSDSs to obtain appropriate hazard information
- Location of MSDS file and location of hazardous chemical list

SAAD SITE LAN



NOTE : DRAWING NOT TO SCALE

2 4 0931

Appendix A

SITE SAFETY LOG

Project: Location: Date: _____ Sheet _____ of _____

Personnel: Safety Officer Others:

Known Hazards:

Weather:

SITE ACTIVITIES – Include instruments used, calibration, instrument readings, injuries, PPE use, visitors, etc.

TIME	ACTIVITIES

Appendix B

KNOWN ON-SITE CHEMICAL COMPOUNDS AND SELECTED CHARACTERISTICS

2 4 0958

NOTE: The compounds or farming of compounds listed below have been identified in samples taken from soil and waters form previous sampling events at the Site.

Information regarding chemical characteristics included in this list was taken from Hawley's Condensed Chemical Dictionary, 11th Edition; Rev. by N.I. Sax and R.L. Lewis, Sr. All TLV-TVA information was taken from the 1990-1991 Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices compiled by the American Conference of Governmental Industrial Hygienists (ACGIH). All IDLH and exposure symptom information was taken from the National Institute for Occupational Safety and Health (NIOSH) Pocket Guide to Chemical Hazards - 1990.

Ethylbenzene (CAS # 100-41-4)
Properties: Colorless liquid, aromatic odor, vapor heavier than air, flash point = 59F
Hazards: Toxic by ingestion skin absorption and inhalation; irritant to skin and eyes; flammable
TLV: 100 ppm
IDLH: 2,000 ppm
Symptoms: Irritation of the eyes and mucous membranes; headache, narcosis and eventual coma

Toluene (CAS # 108-88-3)
Properties: Colorless liquid, aromatic odor, flash point = 40F
Hazards: Toxic by ingestion, inhalation and absorption; flammable
TLV: 100 ppm
IDLH: 2,000 ppm
Symptoms: Fatigue; weakness; confusion; euphoria; dizziness; headache; dilated pupils; lacrimation; nervousness; muscle fatigue; insomnia; paresthesia and dermatitis

Xylene (CAS # 1-D30-20-7)
Properties: Clear liquid, flash point = 81-115F
Hazards: Toxic by ingestion and inhalation, flammable
TLV: 100 ppm
IDLH: 1,000 ppm
Symptoms: Dizziness; excitement; drowsiness; incoordination; staggering gait; irritation of eyes, nose and throat; corneal vacuolization; anorexia; nausea; vomiting and abdominal pain

Tetrachloroethylene (or Perchloroethylene CAS # 127-18-4)
Properties: Colorless liquid, ether-like odor, flash point - none
Hazards: Irritant to eyes and skin; potential carcinogen
TLV: 50ppm
IDLH: 500 ppm
Symptoms: Irritation of eyes, nose and throat; flushed face and neck; vertigo; dizziness; incoordination; headache; somnolence; skin erythema; liver damage

1,1-Dichloroethane (or Ethylene Chloride CAS # 75-34-3)
Properties: Colorless oily liquid, chloroform-like odor, flash point = 56F
Hazards: Toxic by ingestion, inhalation and skin absorption; strong irritant to eyes and skin, potential carcinogen; flammable
TLV: 10 ppm
IDLH: 4,000 ppm
Symptoms: Central nervous system depression; nausea; vomiting; dermatitis: irritation of eyes; corneal opacity

1,2-Dichloroethylene (CAS # 540-59-0)
Properties: Colorless liquid, pleasant odor, flash point = 39F
Hazards: Toxic by inhalation, ingestion and skin contact; irritant and narcotic in high concentrations; flammable
TLV: 200 ppm
IDLH: 4,000 ppm
Symptoms: Irritation of eyes and respiratory system; central nervous system depression

1,1,1-Trichloroethane (or Methyl Chloroform CAS # 71-55-6)
Properties: Colorless liquid, flash point - none
Hazards: Irritant to eyes and tissue
TLV: 350 ppm
IDLH: 1,000 ppm
Symptoms: Headache; lassitude; central nervous system depression; poor equilibrium; eye irritation; dermatitis and cardiac arrhythmias

Trichloroethylene (CAS # 79-01-6)
Properties: Colorless liquid, chloroform like odor, flash point - none
Hazards: Toxic by inhalation; potential carcinogen
TLV: 50 ppm
IDLH: 1,000 ppm
Symptoms: Headache; vertigo; visual disturbance; tremors: somnolence; nausea; vomiting; eye irritation; dermatitis; cardiac arrhythmias and paresthesia

Vinyl Chloride (CAS # 75-01-4)
Properties: Compressed gas easily liquified, usually handled as liquid, ether-like odor, flash point = -109F
Hazards: Toxic by all routes of exposure; a carcinogen; highly flammable
TLV: 5 ppm

IDLH: none available
Symptoms: Weakness; abdominal pain; gastrointestinal bleeding; hepatomegaly; pallor or cyanosis of extremities

Phenol (CAS # 108-95-2)
Properties: White crystalline mass when not in solution, typically used in solution, distinctive odor, flash point = 172F
Hazards: Toxic by ingestion inhalation and skin absorption; strong irritant to tissue
TLV: .5ppm
IDLH: 250 PPM
Symptoms: Irritation of eyes, nose and throat; anorexia; weight loss; muscle aches and pains; dark urine; tremors; convulsions; twitching; dermatitis; ochronosis

Naphthalene (CAS # 91-20-3)
Properties: White crystalline flakes, strong coal/tar odor, flash point = 176F
Hazards: Toxic by inhalation
TLV: 10 ppm
IDLH: 500 ppm
Symptoms: Eye irritation; headache; confusion; excitement; malaise; nausea; vomiting; abdominal pain; irritation of the bladder; profuse sweating; jaundice; hemoglobinuria; renal shutdown and dermatitis

Phenanthrene (CAS # 85-01-8)
Properties: Colorless shining crystals when not in solution
Hazards: A potential carcinogen; combustible
TLV: none available
IDLH: none available

Fluoranthene (CAS # 206-44-0)
Properties: Colored needles when not in solution
TLV: none available
IDLH: none available

Petroleum Hydrocarbons (diesel fuel, motor oil, etc.)
Properties: Viscous liquid (depending on grade), unpleasant odor
Hazards: Toxic by ingestion; local skin irritant; moderate fire risk
TLV: none available
IDLH: none available

Lead (asPb) (CAS # 7439-92-1), as noted per NIOSH, Pocket Guide to Chemical Hazards, June 1990" OSHA considers "Lead" to mean metallic Pb, all inorganic Pb compounds (Pb oxides and Pb salts) and a class of organic Pb compounds called soaps. All other organic Pb compounds are excluded from this definition". No "lead dust" is anticipated at the site.
Properties: Metal, a heavy ductile, soft gray solid
TWA: "Dust" - NIOSH 0.100 mg/m^3

IDLH: 700 mg/m^3

Symptoms: Weakness, lassitude, insomnia, facial pallor, anorexia, weight loss, anemia, tremors, encephalopathy, nephropathy, hypotension, irritated eyes

PCB 1248: No data per AGGIH (1991), NIOSH Pocket Guide to Chemical Hazard, Organic Vapor/Acid Gas/HEPA dust filters will be mandatory

PCB 1242 - Aroclor 1242 (CAS # 53469-21-9)

PCB, polychlorizated biphenyl, chlordiphenyl (42% chlorine)

Properties: Colorless to light colored, vicious liquid with a mild hydrocarbon odor, BP: 617-691°F, insolerable, vapor pressure: 0.001 mm. Nonflammable liquid, exposure to fire results in formation of black foot, containing PCBs, polychlorizated debenzoturan, and chlorinated dibenzo-p-dioxins. Carcinogenic (NIOSH). Understudy by ACGIH to Establish Biological Exposure Indices.

Exposure limits: NIOSH - 0.001 mg/m^3
TWA OSHA - 1 mg/m^3 (skin)
IDLH NIOSH - 10.0 mg/m^3

Symptoms: Irritated eyes, chloracne, liver damage.

Protection: Class C PPE will be required for all personnel in the work zone.

Appendix C

LIST OF ON-SITE SAFETY EQUIPMENT

2 4 0973

Full-Face Respirators (x number of on-site workers)

Organic Vapor/Acid Gas and HEPA Respirator Cartridges (x number of on-site workers

Class D/C protective clothing (disposable clothing *i.e.*, boots, gloves, etc.)

Duct Tape

Steel-Toe Safety Shoes/Boots

First Aid Kit(s)

Eyewash Stations

Safety Glasses (x number of on-site workers)

D.O.T. 17E55 Drums

6 Millimeter Polyethylene Plastic

Hard Hats

Air Horn

Mobile Telephones

Fire Extinguishers (all heavy equipment, one on-site, one at command post)

Water Cooler(s) and Drinking Cups/Electrolite solution >

Photoinization Detector

Explosimeter/Oxygen Meter

Brushes - As required for decontamination - various sizes

Detergent - As required for decontamination

Water Source (hose(s) or tank, if necessary): Water from existing utilities will be availab use as wash and portable waters

Chemical Exposure Contingency Reference(s) - D.O.T./NIOSH/ACGIH Eandbooks/Docu:

Self Contained Breathing Apparatus - with spare cylinder

Spark Free Tools (1 set)

Appendix D

Appendix A
Filter Lenses for Protection Against Radiant Energy

Operations	Electric Size 1/32 inch	Arc Current	Minimum Protective Shade *
Shielded metal arc welding	Less than 3 3 - 5 5 - 8 More than 8	Less than 60 60 - 160 160 - 250 250 - 550	7 8 10 11
Gas metal arc welding and flux cored arc welding	N/A	Less than 60 60 - 160 160 - 250 250 - 500	7 10 10 10
Gas Tungsten arc welding	N/A	Less than 50 50 - 150 150 - 500	8 8 10
Air carbon Arc cutting	(Light) (Heavy)	Less than 500 500 - 1000	10 11
Plasma arc welding	N/A	Less than 20 20 - 100 100 - 400 400 - 800	6 8 10 11
Plasma arc cutting	(Light)** (Medium)** (Heavy)**	Less than 300 300 - 400 400 - 800	8 9 10
Torch brazing Torch soldering Carbon arc welding	N/A	N/A	3 2 14
Gas Welding: Light Medium Heavy	 Under 1/8 1/8 to 1/2 Over 1/2	 Under 3.2 3.2 to 12.7 Over 12.7	 4 5 6
Oxygen Cutting: Light Medium Heavy	 Under 1 1 to 6 Over 6	 Under 25 25 to 150 Over 150	 3 4 5

* As a rule of thumb, start with a shade that is too dark to see the weld zone. Then go to a lighter shade giving sufficient view of the weld zone without going below the minimum. In oxyfuel gas welding or cutting where the torch produces a high yellow light, it is desirable to use a filter lens that absorbed the yellow or sodium line in the (spectrum) operation.

** These values apply where the actual arc is clearly seen. Experience has shown that lighter filters may be used when the arc is hidden by the workpiece.

Appendix B
Eye and Face Protection Selection Chart

Source	Assessment of Hazard	Protection
IMPACT - Chipping, grinding, masonry work, woodworking, sawing, drilling, chiseling, powered fastening, riveting and sanding	Flying fragments, objects, large chips, particles of sand, dirt, etc.	Spectacles with side protection, goggles, face shields. See notes (1), (3), (5), (6), (10). For severe exposure, use faceshield.
HEAT - Furnace operations, pouring, casting, hot dipping and welding	Hot sparks	Faceshields, goggles, spectacles with side protection. For severe exposure use face shield. See notes (1), (2), (3).
	Splash from molten metals	Faceshields worn over goggles. See notes (1), (2), (3).
	High temperature exposure	Screen face shields, reflective face shields. See notes (1), (2), (3).
CHEMICALS - Acid and chemicals handling, degreasing and plating	Splash	Goggles, eyecup and cover types. For sever exposure, use face shield. See notes (3), (11).
	Irritant mists	Special-purpose goggles.
DUST - Woodworking, buffing, general dusty conditions	Nuisance dust	Goggles, eyecup and cover types. See note (8).
LIGHT and/or RADIATION -		
Welding: Electric arc	Optical radiation	Welding helmets or welding shields. Typical shades: 10 - 14. See notes (9), (12).
Welding: Gas arc	Optical radiation	Welding goggles or welding face shields. Typical shades: gas welding 4-8, cutting 3-6, brazing 3-4. See note (9).
Cutting, Torch brazing, Torch soldering	Optical radiation	Spectacles or welding face-shield. Typical shades: 1.5 - 3. See notes (3), (9).
Glare	Poor vision	Spectacles with shaded or special-purpose lenses, as suitable. See notes (9), (10).

Notes to Eye and Face Protection Selection Chart:

(1) Care should be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards should be provided. Protective devices do not provide unlimited protection.

(2) Operations involving heat may also involve light radiation. As required by the standard, protection from both hazards must be provided.

(3) Faceshields should be worn over primary eye protection (spectacles or goggles).

(4) As required by the standard, filter lenses must meet the requirements for shade designations in §1910.133(a)(5). Tinted and shaded lenses are *not* filter lenses unless they are marked or identified as such.

(5) As required by the standard, persons whose vision requires the use of prescription lenses must wear either protective devices fitted with prescription lenses or protective devices designed to be worn over the regular prescription eyewear.

(6) Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may present an additional hazard to contact lens wearers.

(7) Caution should be exercised in the use of metal frame protection devices in electrical hazard areas.

(8) Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleansing may be necessary.

(9) Welding helmets or faceshields should be used only over primary eye protection (spectacles or goggles).

(10) Non-sideshielded spectacles are available for frontal protection only, but are not acceptable eye protection for the sources and operations listed for "impact."

(11) Ventilation should be adequate, but well protected from splash entry. Eye and face protection should be designed and used so that it provides both adequate ventilation and protects the wearer from splash entry.

(12) Protection from light radiation is directly related to filter lens density. See note (4). Select the darkest shade that allows task performance.

Appendix D
SCBA Monthly Inspection Checklist

Backpack Number: _____ Air Cylinder Number: _____

Inspected by: _____ Date: ____/____/____

BACKPACK AND HARNESS ASSEMBLY		Satisfactory (S) or Action(s) Required
Straps	• Inspect for complete set • Inspect for damaged straps	
Buckles	• Inspect for mating ends • Check locking function	
Backplate and cylinder lock	• Inspect Backplate for cracks, missing screws/rivets • Inspect cylinder hold down strap • Inspect strap tightener	

CYLINDER AND CYLINDER VALVE ASSEMBLY		Satisfactory (S) or Action(s) Required
Cylinder	• Cylinder tight to Backplate • Current hydrostatic test • Inspect cylinder for dents/gouges	
Head and Valve Assembly	• Inspect cylinder valve lock • Inspect cylinder gauge for condition • Proper function or cylinder valve lock • Test for cylinder valve leakage	

REGULATOR HIGH PRESSURE HOSE		Satisfactory (S) or Action(s) Required
High Pressure Hose and Connector	• Leakage in hose • Leakage in hose to cylinder connector	
Regulator and Low Pressure Alarm	• Read regulator gauge (at least 1500 psi) • Low pressure alarm sounds at 500-650 psi • Test integrity of diaphragm • Test for positive pressure • Test by-pass system	

FACEPIECE AND CORRUGATED BREATHING TUBE		Satisfactory (S) or Action(s) Required
Facepiece	• Inspect harness for deterioration • Inspect facepiece body for deterioration • Inspect lens • Inspect Exhalation Valve	
Breathing Tube and Connector	• Inspect breathing tube for deterioration • Inspect connector threads and gaskets	
Leak Test and Cleaning	• Perform negative pressure test on facepiece/breathing tube • Clean and sanitize facepiece	

APPENDIX C

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

2 4 .0992

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 No.: TND065833543
Manifest Document No.: 00001
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P Saad + Sons, Inc.
3655 Trasdale DR Nashville, TN 37204-4578
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987155
B. State Generator's ID

5. Transporter 1 Company Name: DART Trucking Co. Inc
6. US EPA ID Number: CHD007885825
C. State Transporter's ID: T200KD
D. Transporter's Phone: 1800 533 0255

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
Chemical Waste Management, Inc
4636 Adams Center RD
Fort Wayne, IN 46806
10. US EPA ID Number: IND007891146
G. State Facility's ID
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ Hazardous waste, solid, N.O.S. (D040) 9, NA3077, PG III (D040)	001	DT	0020	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~AW1399~~ DEN AF1399

K. Handling Codes for Wastes Listed Above
D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM Emergency Response Info 800-765-8713

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: David E. Newman for ALCOA
Signature: for Alcoa
Date: Month 12 Day 12 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David Lenhart
Signature: David Lenhart
Date: Month 12 Day 12 Year 94

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

FACILITY

19. Discrepancy Indication Space

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

INA 0987155

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1. TSD MAIL TO TSD STATE

In case of a spill call the National Response Center at 800/424-8802 or 202/426-2675.

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

2 4 0903

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 No: TND065833543 — Manifest Document No.: 00.0.0.2
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John Soad + Sons, Inc. 3655 Trousdale DR Nashville, TN 37204-4518
4. Generator's Phone (615) 834-2050
5. Transporter 1 Company Name: Autumn Ind
6. US EPA ID Number: 04D986974780
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Chemical Waste Management 4636 Adams Center RD Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146

A. State Manifest Document Number: INA 0987154
B. State Generator's ID:
C. State Transporter's ID: L16151WV
D. Transporter's Phone: 1800447216
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ Hazardous Waste, Solid, NOS (D040) 9, NA3077, Pg III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~AW1399~~ DEW AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Emergency Response Info 800-765-8713

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: David E. Newman for Akon — Signature: [signature] for Akon — Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Max Helmvek — Signature: [signature] — Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987154

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 0904

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: IND065833543
Manifest Document No.: 0003
Page 1 of 1
Information in the shaded areas is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John Sand + Sons, Inc.
3695 Trousdale Dr Nashville, TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987153
B. State Generator's ID

5. Transporter 1 Company Name: JACK GRAY TRANSPORT
6. US EPA ID Number: IND042534875
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
Chemical Waste Management
4636 Adams Center RD
Fort Wayne, IN 46804
10. US EPA ID Number: IND078911146
G. State 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. Total Wt/Vol.	I. Waste No.
a RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA 3077, Pg III D040	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: AF 1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
LWM Emergency Response Info 800-765-8713

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: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 12 Day 12 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: SAM JARRELL
Signature: Sam Jarrell
Date: Month 12 Day 12 Year 94

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

FACILITY

19. Discrepancy Indication Space

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

In case of a spill call the Indiana Office of Environmental Response at 317/241-4500 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0987153

EPA Form 8700-22
Previous editions are obsolete

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

2 4 0985

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 No.: IND065833543 | Manifest Document No.: 0004 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John Saad + Sons, Inc. 3655 Trousdale DR Nashville, TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987152

B. State Generator's ID:

5. Transporter 1 Company Name: JACK GRAY

6. US EPA ID Number: IND042534875

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: Chemical Waste Management 4636 Adams Center RD Fort Wayne, IN 46806

10. US EPA ID Number: IND078911146

G. State Facility's ID:

H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ Hazardous waste, Solid, N.O.S (D040) 9, NA 3077, Pg III D040	001	DT	00020		D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Emergency Response Info 800-765-8713

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: David E. Newman for Alcoa | Signature: [signature] for Alcoa | Month 12 | Day 12 | Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: TERRY W. Brumfield | Signature: [signature] | Month 12 | Day 12 | Year 94

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

GENERATOR

TRANSPORTER

FACILITY

INA 0987152

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

EPA Form 8700-22

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

2 4 0936

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 No.: T.N D0.6.5.8.3.3.5.4.3 — Manifest Document No.: 00005
2. Page 1 of 1 — Information in the shaded ... not required by Federal ... items D, F, H, I and K are ... State law.

3. Generator's Name and Mailing Address: John P Saad Inc. 3655 Trousdale DR Nashville 37204-4518
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987151
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-447-558

5. Transporter 1 Company Name: Beelman Truck Co
6. US EPA ID Number: I.L.D00.7.8.1.4.8.2.5
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Chemical Waste Management 4636 Adams Center RD Fort Wayne, IN 46806
10. US EPA ID Number: IND07891.1146

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	
a RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA 3077, Pg III (D040)	00.1	DT	0.0022	CY	D0
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: AF1399
K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Emergency Response Info 800-765-87

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: DAVID E. NEWMAN for ALCOA — Signature: [signature] — Month 12 Day 12

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: CRAIG BALES 310/35265 — Signature: Craig Bales — Month 12 Day 12

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 hazardous materials covered by this manifest except as noted Item 19
Printed/Typed Name: — Signature: — Month — Day

GENERATOR / TRANSPORTER / FACILITY

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

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

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

2 4 0987

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 No. TND065833543 Manifest Document No. 0006

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Sand, Inc.
3655 Trousdale Dr., Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987150

B. State Generator's ID

4. Generator's Phone: (615) 834-2050

5. Transporter 1 Company Name: Beelman Truck

6. US EPA ID Number: FLD0781482 5

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
Chemical Waste Management
4636 Adams Center RD
Fort Wayne, IN 46806

10. US EPA ID Number: IND078911146

G. State Facility's ID

H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III (D040)	001	DT	00020	LY	D040

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM Emergency Response Info 800-765-8713

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: David E. Newman for Alcoa — Signature: for Alcoa — Date: Month 12, Day 12, Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Brian Zachry — Signature: Brian Zachry — Date: Month 12, Day 12, Year 94

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

TRANSPORTER

FACILITY

INA 0987150

National Response Center at 800/424-8802 or 202/426-2675

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

2 4 0988

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: TND065833543 — Manifest Document No.: 0007
2. Page 1 of 1 — Information in the shaded area is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John P Saad, Inc. 3655 Trousdale Dr Nashville, TN 37204-4518
4. Generator's Phone (615) 834-2050
5. Transporter 1 Company Name: Autumn Sand
6. US EPA ID Number: OHD986974780
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Chemical Waste Management 4636 Adams Center RD Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146

A. State Manifest Document Number: INA 0987149
B. State Generator's ID:
C. OH-P3591-E
D. 216-312-5002
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	Waste No.
a. RQ Hazardous Waste, solid, N.O.S. (D040) class 9, NA3077, Pg III (D040)	001	DT	00022	KY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF1399
K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Emergency Response Info #31 800-765-8713

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: David E. Newman for Alcoa — Signature: [signature] — Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LARRY HALL — Signature: Larry Hall — Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

INA 0987149

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 0909

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. IND065833543 Manifest Document No. 00008

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Saad
3655 Trousdale Dr Nashville, TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987147

B. State Generator's ID

5. Transporter 1 Company Name: JACK GRAY TRANSPORT INC.

6. US EPA ID Number: ~~IND042534375~~ ~~IND042533375~~

C. State Transporter's ID: Ind 042534575

D. Transporter's Phone: 800 872 9528

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
Chemical Waste Management
4636 Adams Center RD
Fort Wayne, IN 46806

10. US EPA ID Number: IND078911146

G. State Facility's ID

H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ Hazardous Waste, Solid, NOS (D040) Class 9, NA 3077, Pg III (D040)	001	DT	00020	LY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM Emergency Response Info 800-765-8713

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: David E Newman for Alco — Signature: for Alcoa — Date: Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Keith A. Roberts — Signature: Keith A Roberts — Date: Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space
Line 6 Had wrong number Changed To Ind 042534575 DEM

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

GENERATOR — TRANSPORTER — FACILITY

INA 0987147

In case of a spill call the Indiana Office of Environmental Response at 317/241-3000 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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3096

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

2 4 0990

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T.ND065.833543 — Manifest: 000 N9

2. Page 1 of — Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John Sand & Sons, Inc. 3655 Trousdale Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987146

B. State Generator's ID:

4. Generator's Phone: (615) 834-2050

5. Transporter 1 Company Name: Buffalo Fuel Corp

6. US EPA ID Number: NY.D051.8.099.5.2

C. State Transporter's ID: 54795 Day

D. Transporter's Phone: 8006778005

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: Chemical Waste Management 4636 Adams Center Rd Fort Wayne, IN 46806

10. US EPA ID Number: IND07.8.9.11.46

G. State Facility's ID:

H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
RQ Hazardous waste, solid, N.O.S. (D040) 9, NA3077, Pg III D040	0.0.1	D.T	000.20	CY	D040

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81

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: David E. Newman for Alcoa — Signature: [signature] for Alcoa — Date: Month 1.2 Day 1.2 Year 9.4

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jim Buckley — Signature: [signature] — Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space:

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

Printed/Typed Name: — Signature: — Date:

INA 0987146

In case of a spill call the Indiana Office of Environmental Response at 317/241-4830 (day of night) and the National Response Center at 800/424-8802 or 202/426-2675.

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

2 4 0991

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. TND065833543 Manifest Document No. 00010

2. Page 1 of 1 Information in the shaded areas is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Saad & Sons
3655 Trousdale RD Nashville, TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number INA 0987145

B. State Generator's ID

5. Transporter 1 Company Name BUFFALO FUEL CORP

6. US EPA ID Number NYD051809952

C. State Transporter's ID 98834NY

D. Transporter's Phone 800 678 8002

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
Chemical Waste Management
4636 Adams Center Dr.
Fort Wayne, IN 46806

10. US EPA ID Number IND078911146

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	I. Waste No.
a RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III D040	001	DT	00020	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
AF 1399

K. Handling Codes for Wastes Listed Above
D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM Emergency Response Info 800-765-4713

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: David E. Newman for Alcor — Signature: [signature] — Date: Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS J. EDWARDS — Signature: [signature] — Date: Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987145

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete

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

2 4 0902

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. TND065833543 Manifest Document No. 00011

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Saad + Sons
3655 Trousdale RD Nashville, TN 37204-4518

A. State Manifest Document Number INA 0987144

B. State Generator's ID

4. Generator's Phone (615) 834-2050

5. Transporter 1 Company Name Buffalo Fuel Corp

6. US EPA ID Number NYD051809952

C. State Transporter's ID 450847 NY

D. Transporter's Phone 1800 677-8003

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
Chemical Waste Management
4636 Adams center Dr.
Fort Wayne, IN 46806

10. US EPA ID Number IND078911146

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
AF 1399

K. Handling Codes for Wastes Listed Above
D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM EM. Resp. Info 800-765-8713

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: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Month 12 Date 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: PATrick McGowan
Signature: Patrick McGowan
Month 12 Date 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR

TRANSPORTER

FACILITY

In case of a spill call the Indiana Office of Environmental Response at 800/424-8802 or 202/426-2675.
National Response Center at 800/424-8802 or 202/426-2675.

INA 0987144

EPA Form 8700-22

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

2 4 0993

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 No.: TND065833543
Manifest Document No.: 0001.2
2. Page 1 of 1
Information in the shaded areas not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John F. Sand + Sons, Inc
3655 Trousdale Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987143
B. State Generator's ID:

4. Generator's Phone: (615) 834-2050

5. Transporter 1 Company Name: BUFFALO FUEL CORP
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: TK20495 (A)
D. Transporter's Phone: 800-677-8003

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
Chemical Waste Management
4636 Adams Center RD
Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID:
H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	I. Waste No.
a RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III (D040)	001	DT	0022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: AF 1399
K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM Emerg. Resp. Info 800-765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: SETH A. McCLYMONDS
Signature: Seth A. McClymonds
Date: Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

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

INA 0987143

EPA Form 8700-22
Previous editions are obsolete.

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

2 4 0994

#7194

CFWT

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No.: 000173
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987007
B. State Generator's ID

5. Transporter 1 Company Name: BUFFALO FUEL CORP
6. US EPA ID Number: NYD051309957
C. State Transporter's ID: XA08344 PA
D. Transporter's Phone: 814-677-8003

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~RR5960~~ AF 1399 DEN

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 1 Day 2 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT LETKE
Signature: Robert Letke
Date: Month 1 Day 2 Year 94

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

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

INA 0987007

EPA Form 8700-22
Previous editions are obsolete

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

3143
FR175 2 4 0995
DEN

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: IND065833543
Manifest Document No.: 00014
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is required by State law.

3. Generator's Name and Mailing Address
John P. Sand, Inc
3655 Trousdale Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987141
B. State Generator's ID:

4. Generator's Phone: (615) 834-2050

5. Transporter 1 Company Name: Buffalo fuel corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: 69185-NY
D. Transporter's Phone: 800-677-8003

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
Chemical Waste Management
4636 Adams Center RD
Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*

	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	I. Waste No.
a RQ Hazardous waste, solid, N.O.S. (D040) 9, NA3077, pg III D040	00.1	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

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: David E. Newman for ALCOA
Signature: for Alcoa
Date: Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEN WASKIEWICZ
Signature: Ken Waskiewicz
Date: Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

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

INA 0987141

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 0996

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: TND 0658 33543
Manifest Document No.: 00015
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John P. Saad, Inc. 3655 Trousdale Dr. Nashville, TN 37204-4518
4. Generator's Phone: (615) 834-2050
A. State Manifest Document Number: INA 0987142
B. State Generator's ID:
5. Transporter 1 Company Name: Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: 609155 NY
D. Transporter's Phone: 716 773 1921
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: Chemical Waste Management, Inc 4636 Adams Center RD Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID:
H. Facility's Phone:

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ Hazardous Waste, solid N.O.S. (D040) 9, NA3077 pg III D040	001	DT	00022	CY	D040
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AW1399
K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Emerg. Resp. # 800-765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Date: Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Earl Abbott
Signature: Earl Abbott
Date: Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

National Response Center at 800/424-8802 or 202/426-2675.

INA 0987142

EPA Form 8700-22
Previous editions are obsolete

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

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

2 4 0997 CFWT

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T-N-D-0-6-5-8-3-3-5-4-3 | Manifest Document No.: 00076 | 2. Page 1 of 1 | Information in the shaded areas not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987027
B. State Generator's ID:

5. Transporter 1 Company Name: Beelman Trucking
6. US EPA ID Number: I-L-D-0-0-7-8-1-4-8-2-5
C. State Transporter's ID:
D. Transporter's Phone: 1-800-851-8854

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I-N-D-0-7-8-9-1-1-1-4-6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	15. Waste Number
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00020	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: ~~BR5960~~ DEN AF 1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa | Signature: [signature] for Alcoa | Month 12 | Day 12 | Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Randy Vandever 4102 3975 | Signature: Randy Vandever | Month 12 | Day 12 | Year 94

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

19. Discrepancy Indication Space

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

GENERATOR

TRANSPORTER

FACILITY

INA 0987027

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
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2 4 0998

CFWT

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No. 00017
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number INA 0987028
B. State Generator's ID

5. Transporter 1 Company Name Beelman Trucking
6. US EPA ID Number ILD007814825
C. 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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number INDO789111146
G. State Facility's ID
H. Facility's Phone (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00020	LT	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~BR3960~~ DEN AF 1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for AKOA
Signature: for Alcoa
Date: Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Marcum
Signature: John Marcum
Date: Month 12 Day 12 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

INA 0987028

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 0999 CFWT

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 00018
2. Page 1 of 1
Information in the shaded area is not required by Federal law. Items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615)834-2050

A. Manifest Document Number: INA 0987029
B. State Generator's Phone:
C. State Transporter's Phone:
D. Transporter's Phone:
E. State Transporter's Phone:
F. Transporter's Phone:
G. State Facility's Phone:
H. Facility's Phone: (219)447-5585

5. Transporter 1 Company Name: Beelman
6. US EPA ID Number: I.L.D.007814825
7. Transporter 2 Company Name: Beelman
8. US EPA ID Number:
9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt./Vol.	
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	PT	00022	LY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~D85950~~ DEN
AF 1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Month: 12 13 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ronnie Ford
Signature: R. Ford
Month: 12 13 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987029

In case of a spill call the Indiana Office of Environmental Response at 317/241-4500 (day of night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1997

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: TND065833593 — Manifest Document No.: 0001.9
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law. Items D, E, H, I and K are required in State law.

3. Generator's Name and Mailing Address: John P. Seed + Sons, Inc. 3655 Trousdale Dr. Nashville, TN 37204-4518
4. Generator's Phone: (615) 834-2050

A. State Manifest Document Number: INA 0987140
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone: 8008518854
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

5. Transporter 1 Company Name: Beelman
6. US EPA ID Number: ILD007814825
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address: Chemical Waste Management 4636 Adams Center Rd. Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ Hazardous Waste, Solid, N.O.S. (D040), 9, NA 3077, Pg III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF 1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Emergency Response Info. 800-765-8713

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: David E. Newman for Alcoa — Signature: [signature] for Alcoa — Month 1 2 Day 1 3 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mark C. Menideth — Signature: Mark C. Menideth 3112 39137 — Month 1 2 Day 1 3 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987140

Please of a spill call the Indiana Office of Environmental Management National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

Indianapolis, IN 46207-7035

2 4 1001

CFWT

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 No.: T·N·D·0·6·5·8·3·3·5·4·3 — Manifest Document No.: 00020

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987030

B. State Generator's ID

5. Transporter 1 Company Name: Beelman

6. US EPA ID Number: I.L.D007814825

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

G. State Facility's ID

H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	12. Containers Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	0.01	DT	0.0022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~BR5560~~ DEN AF1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa — Signature: [signature] for Alcoa — Month 2 Day 3 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: PAUL HAYES — Signature: Paul Hayes — Month 1 2 Day 1 3 Year 9 4

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

19. Discrepancy Indication Space

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

INA 0987030

In case of a spill call the Indiana Office of Environmental Management, National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1. TSD MAIL TO TSD STATE

Indianapolis, IN 46207-7035

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 00021
2. Page 1 of 1
Information in the shaded area is not required by Federal law. Items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987031
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

5. Transporter 1 Company Name: Beelman
6. US EPA ID Number: ILD007814825
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00020	LY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~BR5960~~ AF 1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Month: 12 Day: 13 Year: 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Michael Stevenson
Signature: [signature]
Month: 12 Day: 13 Year: 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987031

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1. TSD MAIL TO TSD STATE

State Form 11865 (R/4-89)

COPY 2. GENERATOR COPY

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

2 4 1003 CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form Approved OMB No. 2050-0039, Expires 9-30-93

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. T·N·D·0·6·5·8·3·3·5·4·3 Manifest Document No. 000222
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

A. Uniform Hazardous Waste Manifest Document Number: INA 0987032
B. State Generator's ID
4. Generator's Phone (615) 834-2050

5. Transporter 1 Company Name: Beekman Truck Co.
6. US EPA ID Number: I·L·D·0·0·7·3·1·4·8·2·5
C. State Transporter's ID
D. Transporter's Phone: 800 251-8854

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol	Waste No
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	LT	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~BR5568~~ DEN
AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for Alcoa
Signature: for ALCOA
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Charles Row 962-39149
Signature: Charles Row
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

National Response Center at 800/424-8802 or 202/426-2675.

INA 0987032

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1004 CFWT

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 No.: T N D 0 6 5 8 3 3 5 4 3
Manifest Document No.: 200223
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
N P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987033
B. State Generator's ID

5. Transporter 1 Company Name: Jack Gray
6. US EPA ID Number: 042538875
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I N D 0 7 8 9 1 1 1 4 6
G. State Facility's ID
H. Facility's Phone (219) 447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~BR5960~~ DEN AF 1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 1 2, Day 1 3, Year 9 4

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Tony Clarence Gwin
Signature: Tony Clarence
Date: Month 1 2, Day 1 3, Year 9 4

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

INA 0987033

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TSD MAIL TO TSD STATE

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

2 4 1003 CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form Approved OMB No. 2050-0039 Expires 9-30-93

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T N D 0 6 5 8 3 3 5 4 3
Manifest Document No.: 00024
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR.
NASHVILLE TN 37204-4518
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987034
B. State Generator's ID

5. Transporter 1 Company Name: Bellman
6. US EPA ID Number: ILD00 781485
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: IND 078911146
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~[illegible]~~ DEN AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD P SCHRIEMP 676-317
Signature: Richard P Schriemp 676-317
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

INA 0987034

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1005 CFWT

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 No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 00025
2. Page 1 of 1
Information in the shaded area is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
OHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987035
B. State Generator's ID:

5. Transporter 1 Company Name: Jack Gray
6. US EPA ID Number: 042538875
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

Additional Descriptions for Materials Listed Above: ~~[illegible]~~ DEN AF1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Date: Month 1 Day 21 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAvid Powell
Signature: [signature]
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987035

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - FOR MAIL TO TOP STATE

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

2 4 1007

Form Approved OMB No. 2050-0039 Expires 9-30-94

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No.: 0·0·0·2·6

2. Page 1 of 1

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

A. State Manifest Document Number: INA 0987036

B. State Generator's ID:

C. State Transporter's ID:

D. Transporter's Phone: 405 6778781

E. State Transporter's ID:

F. Transporter's Phone:

G. State Facility's ID:

H. Facility's Phone: (219)447-5585

3. Generator's Name and Mailing Address:
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone: (615)834-2050

5. Transporter 1 Company Name: ETS

6. US EPA ID Number: O·K·D·9·8·1·6·0·5·3·6·3

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address:
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	000.22	Y	D040
b.					
c.					
d.					

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

J. Additional Description for Materials Listed Above: DEN AF 1399

~~BR 9600~~

15. Special Handling Instructions and Additional Information:
CWM Emergency Response Information (800)765-8713

TK22

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: David E. Newman for ALCOA
Signature: [signature] for ALCOA
Month 12 Date 13 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Roy James Tyner Jr.
Signature: [signature]
Month 12 Date 13 94

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

FACILITY

19. Discrepancy Indication Space

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

In case of a spill call the Indiana Office of Environmental Response at 317/241-4330 (...)
National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
...are obsolete

TSD MAIL TO TSD STATE

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

2 4 1008

CFWT

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 No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No.: 00·0·2·7
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987037
B. State Generator's ID:

5. Transporter 1 Company Name: ETS
6. US EPA ID Number: O·K·D·9·8·1·6·0·5·3·6·3
C. State Transporter's ID:
D. Transporter's Phone: 405-677-8781

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	00·1	D·T	000·2·2	Y	D040
b.					
c.					
d.					

J. Additional Description for Materials Listed Above: ~~[illegible]~~ DEN AF 1399
K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713
TK 2T2

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: David E. Newman
Signature: [signature] for AKOA
Date: Month 1·2 Day 13 Year 9·4

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Thomas Brown
Signature: Thomas Brown
Date: Month 1·2 Day 13 Year 9·4

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987037

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1009

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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 No.: T N D 0 6 5 8 3 3 5 4 3
Manifest Document No.: 00028
2. Page 1 of 1
Information in the shaded areas not required by Federal law, but items D, F, H, I and K are required by State law.

Generator's Name and Mailing Address
OHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

A. State Manifest Document Number: INA 0987013
B. State Generator's ID
4. Generator's Phone (615) 834-2050

5. Transporter 1 Company Name: Dart Trucking Company Inc
6. US EPA ID Number: O H D 0 0 9 8 6 5 8 2 5
C. State Transporter's ID
D. Transporter's Phone: 1-800-423-0220

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I N D 0 7 8 9 1 1 1 4 6
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	cy	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: DEN AF 1399
K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name	Signature	Date Month	Day	Year
David E. Newman for Alcoa	for Alcoa	1 2	1 3	9 4

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
David J. Brickner	David J. Brickner	1 2	1 3	9 4

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR — TRANSPORTER — FACILITY

National Response Center at 800/424-8802 or 202/426-2675.

INA 0987013

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TOP MAIL TO TOP STATE

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

2 4 1010

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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 No. T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No. 00027
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3635 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number INA 0987014
B. State Generator's ID

5. Transporter 1 Company Name: Beelman Truck Co
6. US EPA ID Number: I·L·D·0·0·7·8·1·4·8·2·5
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID
H. Facility's Phone (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~PR3360~~ DEN
AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Wayne Nobe
Signature: Wayne Nobe
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

National Response Center at 800/424-8802 or 202/426-2675.

INA 0987014

EPA Form 8700-22
Previous editions are obsolete

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

2 4 1011

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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 No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No.: 00030
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
HN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

A. State Manifest Document Number: INA 0987015
B. State Generator's ID:
4. Generator's Phone (615)834-2050

5. Transporter 1 Company Name: ~~Herrera~~ DEN Tera First
6. US EPA ID Number: ALD981023492
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: ~~[illegible]~~ DEN AF1399
K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for AICOA
Signature: [signature] for AICOA
Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Armando Herrera H8
Signature: [signature] H8
Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987015

In case of a Spill Call the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 TSD MAIL TO TSD STATE

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

2 4 1012

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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 No: T·N·D·0·6·5·9·3·3·5·4·3
Manifest Document No: 5037
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

State Manifest Document Number: INA 0987016

4. Generator's Phone ( ) 615)834-2050

B. State Generator's ID

5. Transporter 1 Company Name: ~~Herrera~~ Tera First
6. US EPA ID Number: ALD981023492

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	cy	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~BR5960~~ DEN AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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

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GENERATOR

Printed/Typed Name: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Darrell Lee
Signature: Darrell Lee
Date: Month 12 Day 13 Year 94

TRANSPORTER

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

19. Discrepancy Indication Space

FACILITY

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

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

INA 0987016

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TOP MAIL TO TOP STATE

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

2 4 1013

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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 No.: T-N-D-0-6-5-8-3-3-5-4-3
Manifest Document No.: 00032
2. Page 1 of 1
Information in the shaded area is not required by Federal law, but items D, F, H, I and K are required by State law.

Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987017
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

5. Transporter 1 Company Name: Terra First
6. US EPA ID Number: ALD981023492
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

Additional Description for Materials Listed Above: ~~[illegible]~~ PCN AF 1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for AICOA
Signature: [signature] for AICOA
Date: Month 1.2 Day 1.3 Year 9.4

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Joe Vickers
Signature: Joe Vickers
Date: Month 1.2 Day 1.3 Year 9.4

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987017

National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1. TSD MAIL TO TSD STATE

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

2 4 1014

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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 No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No.: 00033
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SMAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987018
B. State Generator's ID:

5. Transporter 1 Company Name: Jack Gray
6. US EPA ID Number: 0425 38 875
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~BR5560~~ AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 12 Day 13 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lynard Hudson
Signature: Lynard Hudson
Date: Month 12 Day 13 Year 94

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

FACILITY

19. Discrepancy Indication Space

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

GENERATOR

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

INA 0987018

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1915

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 000.34
2. Page 1 of 1
Information in the shaded area is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987019
B. State Generator's ID:

5. Transporter 1 Company Name: Jack Gray
6. US EPA ID Number: 0425.388.7.5
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	15. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	000.22	LY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~BR5060~~ DEN AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Month 12 Date 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JEFF YUNKER
Signature: [signature]
Month 12 Date 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987019

In case of a spill call the Indiana Office of Environmental Response at 317/... National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1016

CFWT

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 No.: T-N-D-0-6-5-8-3-3-5-4-3
Manifest Document No.: 00035
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987020
B. State Generator's ID:
C. State Transporter's ID:
D. Transporter's Phone:
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

5. Transporter 1 Company Name: Beelman
6. US EPA ID Number: ILD007814825
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~[illegible]~~ AF1399
K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for AKOA
Signature: [signature] for AKOA
Month: 12 Day: 13 Year: 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DWAYNE COX
Signature: Dwayne Cox
Month: 12 Day: 13 Year: 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4838 (day of [illegible]) [illegible] nal Response Center at 800/424-8802 or 202/426-2675.

INA 0987020

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TSD MAIL TO TSD STATE

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

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

2 4 1017

CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Approved OMB No. 2050-0039 Expires 10-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No: 00053·6
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987021
B. State Generator's ID

5. Transporter 1 Company Name: Autumn Industries
6. US EPA ID Number: OH.D986974780
C. State Transporter's ID: T414JH-04
D. Transporter's Phone: 1-800-447-2116

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00020	LY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~BR3960~~ DEN AF1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713
ERG #31

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: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jeff Balint
Signature: Jeff Balint
Date: Month 12 Day 13 Year 94

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

FACILITY

19. Discrepancy Indication Space

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

GENERATOR

National Response Center at 800/424-8802 or 202/426-2675.

INA 0987021

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

2 4 1013

CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form Approved. OMB No. 2050-0039 Expires 9-30-93

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No.: 00037
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number: INA 0987022
B. State Generator's ID

5. Transporter 1 Company Name: Price Trucking Corp
6. US EPA ID Number: NYD046765574
C. State Transporter's ID
D. Transporter's Phone: 716-822-1414

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	12. Containers Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	CY	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~[illegible]~~ DEW
AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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Printed/Typed Name	Signature	Date Month	Day	Year
David E. Newman Per Akor	Per Akor	12	13	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Norman Bradley		12	13	94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR / TRANSPORTER / FACILITY

In case of a spill call the Indiana Office of Environmental Response or the National Response Center at 800/424-8802 or 202/426-2675.

INA 0987022

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1019

CFWT

PLEASE PRINT OR TYPE *(Form designed for use on elite (12-pitch typewriter.)* Form Approved. OMB No. 2050-0039. Expires 3-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 00038
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987023
B. State Generator's ID:

5. Transporter 1 Company Name: Beelman
6. US EPA ID Number: ILD007814825
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~BPEPCO~~ DEN AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for AILOA
Signature: [signature] for AILOA
Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Brian Fricke
Signature: Brian Fricke
Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987023

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

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1020 CFWT

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 No: T-N-D-0-6-5-8-3-3-5-4-3 Manifest Document No: 00039
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987024
B. State Generator's ID:

5. Transporter 1 Company Name: US Bulk
6. US EPA ID Number: PAD987347515
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Description for Materials Listed Above: ~~PR5360~~ DEN AF1399
K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for ALCOA
Signature: [signature] for ALCOA
Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Alin Edwards
Signature: Steve Alin Edwards
Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987024

Incase of a spill call the Indiana Office of Environmental Response at 317/241-4330 (day of night) and the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 TSD MAIL TO TSD STATE

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

2 4 1021 CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter.) Form Approved OMB No. 2050-0039, Expires 3-31-93

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T N D 0 6 5 8 3 3 5 4 3
Manifest Document No.: 00040
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987025
B. State Generator's ID

5. Transporter 1 Company Name: Price Trucking Corp
6. US EPA ID Number: NYD046765574
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I N D 0 7 8 9 1 1 1 4 6
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	I. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~PR5067~~ DEN AF1391

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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

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GENERATOR

Printed/Typed Name: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Stephen Musell
Signature: Stephen Musell
Date: Month 12 Day 13 Year 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 Item 19.
Printed/Typed Name
Signature
Date: Month Day Year

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TOP MAIL TO TOP STATE

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

INA 0987025

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

2 4 1022

CFWT

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 No.: T N D 0 6 5 8 3 3 5 4 3
Manifest Document No.: 0041
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987026
B. State Generator's ID

5. Transporter 1 Company Name: Price Trucking
6. US EPA ID Number: NYD046765574
C. State Transporter's ID
D. Transporter's Phone: 1800 825 6001

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number: I N D 0 7 8 9 1 1 1 4 6
G. State Facility's ID
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~BR~~ GEN AF1391

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: G Steve Lewis
Signature: G Steve Lewis
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4555 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0987026

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TSD MAIL TO TSD STATE

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

2 4 1025 CFWT

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 No. T·N·D·0·6·5·8·3·3·5·4·3
Manifest Document No. 00042
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518
4. Generator's Phone (615)834-2050

A. State Manifest Document Number
INA 0987010
B. State Generator's ID

5. Transporter 1 Company Name
Beelman
6. US EPA ID Number
ILD007814825
C. State Transporter's ID
D. Transporter's Name

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806
10. US EPA ID Number
I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID
H. Facility's Phone
(219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
~~BRSCSR~~ DEN AF 1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ED GRIFFIN
Signature: Ed Griffin
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

INA 0987010

In case of a spill call the Indiana Office of Environmental Response at 317/232-8603 or 800/451-6027 or the National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

DESIGNATED FACILITY TO TOP STATE

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

2 4 1024 CFWT

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 No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 00043
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987011
B. State Generator's ID:

5. Transporter 1 Company Name: Autumn Industry, Inc.
6. US EPA ID Number: OHD986974780
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	15. Waste No.
a RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	LY	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
~~BR5950~~ DEN AF1399

K. Handling Codes for Wastes Listed Above
D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713
ERG#31

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: David E. Newman for ALCOA
Signature: [signature] for ALCOA
Month 1.2 Day 1.3 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: David Jones
Signature: [signature]
Month 1.2 Day 1.3 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

INA 0987011

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

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 TSD MAIL TO TSD STATE

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

2 4 1023

CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) (DEW) Form Approved. OMB No. 2050-0039 Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No: T N D 0 6 5 8 3 3 5 4 3 | Manifest Document No: 00047
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but items C, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SRAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

A. Manifest Document Number: INA 0987012
B. State Generator's ID:

4. Generator's Phone: (615) 834-2050

5. Transporter 1 Company Name: Jack Gray
6. US EPA ID Number: 0425388.75.
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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I N D 0 7 8 9 1 1 1 4 6
G. State Facility's ID:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	Waste No.
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~DREW~~ (DEW) AF1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for ALCOA | Signature: for ALCOA | Date: Month 12 Day 13 Year 94

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Larry Hopson | Signature: Larry Hopson | Date: Month 12 Day 13 Year 94

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

FACILITY

19. Discrepancy Indication Space

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

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TOP MAIL TO TOP STATE

In case of a spill call the Indiana Office of Environmental Response at 317/241-4500 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0987012

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

2 4 1026 CFWT

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch typewriter. Form Approved. OMB No. 2050-[illegible] Expires [illegible])

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: T.N.D.0.6.5.8.3.3.5.4.3
Manifest Document No.: 000045
Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
JOHN P SAAD & SONS INC
3655 TROUSDALE DR
NASHVILLE TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number: INA 0987009
B. State Generator's ID:

5. Transporter 1 Company Name: Autumn Industries
6. US EPA ID Number: OHD 986974780

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
CHEMICAL WASTE MANAGEMENT, INC.
4636 ADAMS CENTER ROAD
FORT WAYNE IN 46806

10. US EPA ID Number: I.N.D.0.7.8.9.1.1.1.4.6

G. State Facility's:
H. Facility's Phone: (219)447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	15. Waste
a. RQ, HAZARDOUS WASTE, SOLID, N.O.S., (D040), 9, NA3077, PG III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: ~~BR5550~~ DEW AF1399

K. Handling Codes for Wastes Listed Above: D-81 LANDFILL

15. Special Handling Instructions and Additional Information
CWM Emergency Response Information (800)765-8713

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: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Month: 12 Day: 13 Year: 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES GILLESPIE
Signature: James Gillespie
Month: 12 Day: 13 Year: 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987009

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 TSD MAIL TO TSD STATE

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

2 4 1027

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No: TND065833543 | Manifest Document No.: 00046 | 2. Page 1 of 1 | Information in the shaded area is not required by Federal law. But items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John P. Saad & Sons, Inc. 3655 Trousdale Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987139

B. State Generator's ID:

4. Generator's Phone (615) 834-2050

5. Transporter 1 Company Name: Autumn Industries | 6. US EPA ID Number: OHD986974780

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: Chemical Waste Management 4636 Adam Center RD Fort Wayne, IN 46806 | 10. US EPA ID Number: IND078911146

G. State Facility's ID:

H. Facility's Phone: (219) 447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	15. Waste
a. RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III (D040)	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: LWM Emergency Response Info 800-765-8713

ERG 31

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: David E. Newman for ALCOA | Signature: [signature] for ALCOA | Month 12 | Date Day 13 | Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert Hudson | Signature: Robert Hudson | Month 12 | Date Day 13 | Year 94

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

GENERATOR

TRANSPORTER

FACILITY

INA 0987139

ID case of a spill call the Indiana Office of Environmental Response National Response Center at 800/424-8802 or 202/426-2675.

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TSD MAIL TO TSD STATE

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

2 4 1028

PLEASE PRINT OR TYPE (Form designed for [illegible] (12-pitch typewriter.) Form Approved OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. TND065833543 | Manifest Document No. 00047 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Saad & Sons, Inc.
3655 Trousdale Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987138

B. State Generator's ID:

4. Generator's Phone (615) 834-2050

5. Transporter 1 Company Name: Autumn Ind. Inc.
6. US EPA ID Number: OHD986974780

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
Chemical Waste Management
4636 Adam Center RD
Fort Wayne, IN 46806

10. US EPA ID Number: IND078911146

G. State Facility's ID:
H. Facility's Phone: (219) 447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	15. Waste No.
a. RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III D040	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF 1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM Emergency Resp Info 800-765-8713
EGr 31

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: David E. Newman for ALCOA | Signature: [signature] for ALCOA | Month 12 | Date Day 13 | Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Lemasters | Signature: Robert Lemasters | Month 12 | Date Day 13 | Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987138

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1029

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. TND065833538 Manifest Document No. 00098
2. Page 1 of 1 Information in the shaded areas is not required by Federal law but items D, E, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Saad & Sons, Inc
3655 Transduk Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987136
B. State Generator's ID

4. Generator's Phone (615) 834-2050

5. Transporter 1 Company Name: Beelman
6. US EPA ID Number: ILD007814825
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
Chemical Waste Management
4636 Adam Center RD
Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a. RQ Hazardous Waste, Solid, N.O.S. (D040) 9 NA 3077, Pg III	001	DT	00022	CY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM EM Resp Info 800-765-8713

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: David E. Newman for ALCOA
Signature: for ALCOA
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GEORGE CHOATE
Signature: George Choate 662-319
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

In case of a spill call the Indiana Office of Environmental Response at 317/241-4330 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0987136

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

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

2 4 1030

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA No.: IND065833543
Manifest Document No.: 00049
2. Page 1 of 1
Information in the shaded areas not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address
John P. Saad & Sons, Inc.
3655 Trousdale Dr. Nashville, TN 37204-4518

A. State Manifest Document Number: INA 0987135
B. State Generator's ID:

4. Generator's Phone: (615) 854-2050

5. Transporter 1 Company Name: Page Industries
6. US EPA ID Number: NYD986969947
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
Chemical Waste Management, Inc.
4636 Adam Center RD
Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, PG III (D040)	001	DT	00022	G	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above: AF1399
K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information
CWM
EM Resp. Info 800-765-8713

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: David E. Newman for Alcoa
Signature: for Alcoa
Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: John Ettrich
Signature:
Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

INA 0987135

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

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 - TO MAIL TO TOP STATE

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

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

2 4 1031

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 No.: TND065833513 — Manifest Document No.: 00050
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law, but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John P. Sand & Sons, Inc. 3655 Trousdale, Dr. Nashville, TN 37204-4518
4. Generator's Phone: (615) 834-2050

A. State Manifest Document Number: INA 0987134
B. State Generator's ID:

5. Transporter 1 Company Name: Page Industries
6. US EPA ID Number: NYD986969947
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: Chemical Waste Management 4636 Adam Center RD Fort Wayne, IN 46806
10. US EPA ID Number: IND078911146
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA 3077, Pg III D040	001	DT	00022	CY	D040

J. Additional Descriptions for Materials Listed Above: AF 1399

K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM Em Resp. Info 800-765-8713

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: David E. Newman for ALCOA — Signature: [signature] for ALCOA — Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lawrence K Althiser — Signature: Lawrence K Althiser — Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

TRANSPORTER

FACILITY

In case of a spill call the Indiana Office of Environmental Response at ... National Response Center at 800/424-8802 or 202/426-2675.

INA 0987134

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

2 4 1032

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: TND065833543
Manifest Document No.: 00051
2. Page 1 of 1
Information in the shaded area is not required by Federal law but items D, F, H, I and K are required by State law.

3. Generator's Name and Mailing Address: John P. Saad + Sons, Inc. 3655 Trousdale Dr. Nashville, TN 37204-4518
A. State Manifest Document Number: INA 0987133
B. State Generator's ID:
4. Generator's Phone (615) 834-2050
5. Transporter 1 Company Name: Page Industries
6. US EPA ID Number: NYD 986969947
C. State Transporter's ID: R45907 ME
D. Transporter's Phone: 800 525 9965
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: Chemical Waste Management 4636 Adm Center RD Fort Wayne, IN 46806
10. US EPA ID Number: IND0789111.46
G. State Facility's ID:
H. Facility's Phone: 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol	I. Waste No.
a. RQ Hazardous Waste, Solid, N.O.S. (D040) 9, NA3077, Pg III (D040)	001	DT	00022	LY	D040
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: AF 1399
K. Handling Codes for Wastes Listed Above: D-81 Landfill

15. Special Handling Instructions and Additional Information: CWM EM Resp Info 800-765-8713

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: David E. Newman for Alcoa
Signature: [signature] for Alcoa
Month: 1 Day: 2 Year: 1 3 9 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Terry L Kristofik
Signature: [signature]
Month: 1 Day: 2 Year: 1 3 9 4

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987133

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

COPY 1 TSD MAIL TO TSD STATE

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

2 4 1033

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. IND065833543 Manifest Document No. 00052

2. Page 1 of 1

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

3. Generator's Name and Mailing Address
JOHN P. SAAD & SONS, INC
3655 TRANSOAK DR. NASHVILLE, TN 37204-4518

4. Generator's Phone (615) 834-2050

A. State Manifest Document Number INA 0987131

B. State Generator's ID

5. Transporter 1 Company Name: U.S. BULK

6. US EPA ID Number: PAD987347515

C. State Transporter's ID

D. Transporter's Phone 1-800-551-5082

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
CHEMICAL WASTE MANAGEMENT
4636 ADAMS CENTER RD.
FORT WAYNE, IN 46806

10. US EPA ID Number: IND078911146

G. State Facility's ID

H. Facility's Phone 219-447-5585

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Total Wt/Vol.	I. Waste No.
a (RQ) HAZARDOUS WASTE, SOLID, N.O.S. (D040) 9, NA 3077, PG III (D040)	001	DT	00002	X	D040
b					
c					
d					

J. Additional Descriptions for Materials Listed Above
JN
AF1399

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
CWM EM. RESP. INFO 1-800-765-8713

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: David E. Newman for ALCOA — Signature: for ALCOA — Date: Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAY HOSTETLER — Signature — Date: Month 12 Day 13 Year 94

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

19. Discrepancy Indication Space

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

GENERATOR / TRANSPORTER / FACILITY

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

INA 0987131

EPA Form 8700-22
Previous editions are obsolete
State Form 11865 (R/4-89)

2 4 1034

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. T.N.A0.6.5.8.3.3.5.4.3
Manifest Document No. 0001
2. Page 1 of 1

GENERATOR

3. Generator's Name and Mailing Address
J.P. SAAD TRANSDALE SITE
3655 TRANSDALE DR. NASHVILLE TN 37211
4. Generator's Phone (615) 333-0397

5. Transporter 1 Company Name: MC TANK TRANSPORT INC
6. US EPA ID Number: 10.H.A9.8.7.0.1.6003

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

9. Designated Facility Name and Site Address
LAIDLAW ENVIRONMENTAL SERVICES (WT) INC
1640 ANTIOCH PIKE
ANTIOCH, TN 37013
10. US EPA ID Number: T.N.D.0.0.0.7.7.2.2.7.7

A. Transporter's Phone (615) 743-8802
B. Transporter's Phone
C. Facility's Phone (615) 833-2054

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WATER NIOS, (PITWATER)	001	TT	050.00	G
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

TRANSPORTER

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: David E. Newman for ALCOA
Signature: for ALCOA
Month 12 Day 12 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Ronald A. Easley
Signature: Ronald A Easley
Month 12 Day 12 Year 94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:
Signature:
Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name:
Signature:
Month Day Year

ORIGINAL-RETURN TO GENERATOR

12-BLS-C6 Rev. 9/92

2 4 1035

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. TND.0.6.5.8.3.3.5.4.3 | Manifest Document No. 0002 | 2. Page 1 of 1

3. Generator's Name and Mailing Address
J.P. SAAD TROUSDALE SITE
3655 TROUSDALE DR. NASHVILLE TN 37211

4. Generator's Phone (615) 333-0377

5. Transporter 1 Company Name: MC TANK TRANSPORT INC
6. US EPA ID Number: CAD987016003

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

9. Designated Facility Name and Site Address
LAIDLAW ENVIRONMENTAL SERVICES (WT) INC.
1640 ANTIOCH PIKE
ANTIOCH, TN 37013

10. US EPA ID Number: TND.0.0.0.7.7.2.2.7.7

A. Transporter's Phone (615) 793-3302
B. Transporter's Phone
C. Facility's Phone (615) 833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WATER NOIS. (PIT) WATER	001	TT	05000	G
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: David C. Nowman for ALCOA | Signature: [signature] for ALCOA | Month 12 Day 13 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Joe R. McAuley | Signature: Joe R. McAuley | Month 12 Day 13 Year 94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Month Day Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

92-BLS-06 Rev. 9/92

2 4 1036

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. TND065833543

Manifest Document No. 0003

2. Page 1 of 1

3. Generator's Name and Mailing Address
J. P. Saad Troustale site 3655 Troustale Dr Nashville, TN 37211

4. Generator's Phone (615) 333-0397

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
Laidlaw Environmental Services
1640 Antioch Pike
Antioch, TN 37013

10. US EPA ID Number
TND000772277

A. Transporter's Phone 615-793-3802

B. Transporter's Phone

C. Facility's Phone 615-833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Water NOS. (Pit) Water	00.1	TT	05.00.	G
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
David E. Newman for Alcoa	[signature] for Alcoa	12	13	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Joe R. McAuley	Joe R. McAuley	12	13	94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

2 4 1037

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. TND065833543 | Manifest Document No. [illegible] | 2. Page 1 of 1

3. Generator's Name and Mailing Address: J. P. Sand & Sons, Inc. 3655 Trousdale Dr. Nashville, TN 37211

4. Generator's Phone (615) 333-0377

5. Transporter 1 Company Name: M.C. Tank Transport | 6. US EPA ID Number: DHD045701603

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

9. Designated Facility Name and Site Address: Laidlaw Environmental Services, 1640 Antioch Pike, Antioch, TN 37013 | 10. US EPA ID Number: TND000772777

A. Transporter's Phone: 615-793-[illegible]

B. Transporter's Phone

C. Facility's Phone: 615-833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Water N.O.S. (Pit) Water	001	TT	05000	G
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: David E. Newman Alcoa | Signature: [signature] Alcoa | Month 12 Day 14 Year 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Johnny F. Smith | Signature: [signature] | Month 12 Day 14 Year 94

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

2 4 1038

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. T.N.D 065 833 543 | Manifest Document No. 0005 | 2. Page 1 of 1

3. Generator's Name and Mailing Address: J. P. Sand & Sons, Inc. 3655 Trousdale Nashville, TN 37211

4. Generator's Phone (615) 333-0397

5. Transporter 1 Company Name: MC Tank Transport | 6. US EPA ID Number: ~~TND0007 72277~~ OHD 78870 6000 | 615-793-3802

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

9. Designated Facility Name and Site Address: Laidlaw Environmental Service, 1640 Antioch Pike, Antioch, TN 37013 | 10. US EPA ID Number: TND0007 72277

A. Transporter's Phone

B. Transporter's Phone

C. Facility's Phone: 615-833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Water N.O.S. (Pit) Water	001	TT	05000	6
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
David E. Newman for ALCOA	[signature] for ALCOA	1.2	1.4	9.4

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Ron EASLEY	Ron Easley	1.2	1.4	9.4

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

12 B.S. 06 Rev. 9/92

2 4 1039

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. T.N.D.0658 33543 | Manifest Document No. 00006 | 2. Page 1 of 1

3. Generator's Name and Mailing Address: T.P. Sand & Soils, Inc. 3655 Trousdale Nashville, TN 37211

4. Generator's Phone (615) 333-0397

5. Transporter 1 Company Name: MC Tank Transport | 6. US EPA ID Number: ADD 98 70 16 003

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

9. Designated Facility Name and Site Address: [illegible] 1640 Antioch Pike Antioch, TN 37013 | 10. US EPA ID Number: T.N.D.0.0.7.7.2.2.7.7

A. Transporter's Phone 615-793-5002

B. Transporter's Phone

C. Facility's Phone 615-833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Water - N.O.S. (P.I) Water	001	TT	05500	9
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
David E. Newman for ALCOA	[signature] for ALCOA	12	14	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Johnny F. Smith	[signature]	12	14	94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

12-HLS-06 Rev. 9-92

2 4 1040

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. TND065833543 | Manifest Document No. 0007 | 2. Page 1 of 1

3. Generator's Name and Mailing Address
J.P. Saad & Sons, Inc.
3655 Trousdale Dr. Nashville, TN 37211

4. Generator's Phone (615) 333-0397

5. Transporter 1 Company Name: MC Tank Transport | 6. US EPA ID Number: OND.98701.6003

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

9. Designated Facility Name and Site Address
Laidlaw Environmental Services
1640 Antioch Pike
Antioch TN 37013

10. US EPA ID Number: TND000772277

A. Transporter's Phone 615-793-3002
B. Transporter's Phone
C. Facility's Phone 615-833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Water N.O.S. (Pit) Water	001	T.T	05000	G
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
David C. Newman for ALCOA	[signature] for ALCOA	12	19	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
RON EASLEY	Ron Easley	12	14	94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

Rev 9/92

2 4 1041

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. TND065833543

Manifest Document No. 0008

2. Page 1 of 1

3. Generator's Name and Mailing Address
J. P. Seed & Sons, Inc. 3655 Trousdale Nashville TN 37211

4. Generator's Phone (615) 333-0397

5. Transporter 1 Company Name: MC TANK Transport

6. US EPA ID Number: OHD987016003

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Laidlaw Environmental Services
1640 Antioch Pike
Antioch, TN 37013

10. US EPA ID Number: TND000772217

A. Transporter's Phone 615-193-3802

B. Transporter's Phone

C. Facility's Phone 615-833-2059

11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Water N.O.S. (Pit) Water	001	TT	004000	G
b.				
c.				
d.				

Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
David L. Newman for ALCOA	[signature] for ALCOA	12	15	94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Joe R. McAuley	Joe R. McAuley	12	15	94

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

GENERATOR'S COPY

12-BLS 65 Rev. 9/92

CHEMICAL WASTE MANAGEMENT, INC
3331 Street Road, Suite 200
Bensalem PA 19020
800/843-3604

INVOICE

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TERMS: DUE UPON REC'T OR PER CONTRACT

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Copy Approved 12/28

SERVICE PROVIDED BY:
ADAMS CENTER LANDFILL

CCC GROUP INC
..
5797 DIETRICH RD
PO BOX 200350
SAN ANTONIO TX 78220-0350

CUSTOMER ACCOUNT NUMBER		
336	336 5625461	
INVOICE NO.	INVOICE DATE	PAGE
33662642	12/22/94	1

941222

REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987007-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	22.01	200.0000	4,402.00	
	STATE HAZ WASTE TAX	TN TONS	22.01	14.0000	308.14	
	CITY TAX	TN TONS	22.01	6.0000	132.06	
	HOST TAX	**********	1.00		22.01	
				SUBTOTAL	4,864.21	*
	RECEIPT # 9406107					
INA0987009-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.24	200.0000	4,448.00	
	STATE HAZ WASTE TAX	TN TONS	22.24	14.0000	311.36	
	CITY TAX	TN TONS	22.24	6.0000	133.44	
	HOST TAX	**********	1.00		22.24	
				SUBTOTAL	4,915.04	*
	RECEIPT # 9406222					
INA0987010-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	20.87	200.0000	4,174.00	
	STATE HAZ WASTE TAX	TN TONS	20.87	14.0000	292.18	
	CITY TAX	TN TONS	20.87	6.0000	125.22	
	HOST TAX	**********	1.00		20.87	
				SUBTOTAL	4,612.27	*
	RECEIPT # 9406225					
INA0987011-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	21.17	200.0000	4,234.00	

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336 336 5625461		
INVOICE NO.	INVOICE DATE	PAGE
33662642	12/22/94	2

941222

REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987011-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	21.17	14.0000	296.38	
	CITY TAX	TN TONS	21.17	6.0000	127.02	
	HOST TAX	**********	1.00		21.17	
				SUBTOTAL	4,678.57	*
	RECEIPT # 9406204					
INA0987012-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	21.10	200.0000	4,220.00	
	STATE HAZ WASTE TAX	TN TONS	21.10	14.0000	295.40	
	CITY TAX	TN TONS	21.10	6.0000	126.60	
	HOST TAX	**********	1.00		21.10	
				SUBTOTAL	4,663.10	*
	RECEIPT # 9406220					
INA0987013-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.05	200.0000	4,410.00	
	STATE HAZ WASTE TAX	TN TONS	22.05	14.0000	308.70	
	CITY TAX	TN TONS	22.05	6.0000	132.30	
	HOST TAX	**********	1.00		22.05	
				SUBTOTAL	4,873.05	*
	180035-14					
INA0987014-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.16	200.0000	4,432.00	

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336 336 5625461		
INVOICE NO.	INVOICE DATE	PAGE
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987014-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	22.16	14.0000	310.24	
	CITY TAX	TN TONS	22.16	6.0000	132.96	
	HOST TAX	**********	1.00		22.16	
				SUBTOTAL	4,897.36	*
	RECEIPT # 9406211					
INA0987015-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.12	200.0000	4,424.00	
	STATE HAZ WASTE TAX	TN TONS	22.12	14.0000	309.68	
	CITY TAX	TN TONS	22.12	6.0000	132.72	
	HOST TAX	**********	1.00		22.12	
				SUBTOTAL	4,888.52	*
	180035018					
INA0987016-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	23.12	200.0000	4,624.00	
	STATE HAZ WASTE TAX	TN TONS	23.12	14.0000	323.68	
	CITY TAX	TN TONS	23.12	6.0000	138.72	
	HOST TAX	**********	1.00		23.12	
				SUBTOTAL	5,109.52	*
	180035-19					
INA0987017-02	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	24.24	200.0000	4,848.00	

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INVOICE NO.	INVOICE DATE	PAGE
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987017-02	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	24.24	14.0000	339.36	
	CITY TAX	TN TONS	24.24	6.0000	145.44	
	HOST TAX	**********	1.00		24.24	
				SUBTOTAL	5,357.04	*
	180035-20					
INA0987018-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.59	200.0000	4,518.00	
	STATE HAZ WASTE TAX	TN TONS	22.59	14.0000	316.26	
	CITY TAX	TN TONS	22.59	6.0000	135.54	
	HOST TAX	**********	1.00		22.59	
				SUBTOTAL	4,992.39	*
	180035-1					
INA0987019-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	20.59	200.0000	4,118.00	
	STATE HAZ WASTE TAX	TN TONS	20.59	14.0000	288.26	
	CITY TAX	TN TONS	20.59	6.0000	123.54	
	HOST TAX	**********	1.00		20.59	
				SUBTOTAL	4,550.39	*
	180035-16					
INA0987020-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.15	200.0000	4,430.00	

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336	336 5625461	
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987020-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	22.15	14.0000	310.10	
	CITY TAX	TN TONS	22.15	6.0000	132.90	
	HOST TAX	**********	1.00		22.15	
				SUBTOTAL	4,895.15	*
	RECEIPT # 9406210					
INA0987021-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	20.32	200.0000	4,064.00	
	STATE HAZ WASTE TAX	TN TONS	20.32	14.0000	284.48	
	CITY TAX	TN TONS	20.32	6.0000	121.92	
	HOST TAX	**********	1.00		20.32	
				SUBTOTAL	4,490.72	*
	RECEIPT # 9406203					
INA0987022-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	21.66	200.0000	4,332.00	
	STATE HAZ WASTE TAX	TN TONS	21.66	14.0000	303.24	
	CITY TAX	TN TONS	21.66	6.0000	129.96	
	HOST TAX	**********	1.00		21.66	
				SUBTOTAL	4,786.86	*
	180035-8					
INA0987023-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	23.64	200.0000	4,728.00	

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336 336 5625461		
INVOICE NO.	INVOICE DATE	PAGE
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987023-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	23.64	14.0000	330.96	
	CITY TAX	TN TONS	23.64	6.0000	141.84	
	HOST TAX	**********	1.00		23.64	
				SUBTOTAL	5,224.44	*
	180035-12					
INA0987024-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	19.74	200.0000	3,948.00	
	STATE HAZ WASTE TAX	TN TONS	19.74	14.0000	276.36	
	CITY TAX	TN TONS	19.74	6.0000	118.44	
	HOST TAX	**********	1.00		19.74	
				SUBTOTAL	4,362.54	*
	RECEIPT # 9406223					
INA0987025-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.47	200.0000	4,494.00	
	STATE HAZ WASTE TAX	TN TONS	22.47	14.0000	314.58	
	CITY TAX	TN TONS	22.47	6.0000	134.82	
	HOST TAX	**********	1.00		22.47	
				SUBTOTAL	4,965.87	*
	180035-9					
INA0987026-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.64	200.0000	4,528.00	

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INA0987026-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	22.64	14.0000	316.96	
	CITY TAX	TN TONS	22.64	6.0000	135.84	
	HOST TAX	**********	1.00		22.64	
				SUBTOTAL	5,003.44	*
	180035-11					
INA0987027-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	20.71	200.0000	4,142.00	
	STATE HAZ WASTE TAX	TN TONS	20.71	14.0000	289.94	
	CITY TAX	TN TONS	20.71	6.0000	124.26	
	HOST TAX	**********	1.00		20.71	
				SUBTOTAL	4,576.91	*
	RECEIPT # 9406122					
INA0987028-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	20.95	200.0000	4,190.00	
	STATE HAZ WASTE TAX	TN TONS	20.95	14.0000	293.30	
	CITY TAX	TN TONS	20.95	6.0000	125.70	
	HOST TAX	**********	1.00		20.95	
				SUBTOTAL	4,629.95	*
	RECEIPT # 9406121					
INA0987029-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.29	200.0000	4,458.00	

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941222

REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987029-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	22.29	14.0000	312.06	
	CITY TAX	TN TONS	22.29	6.0000	133.74	
	HOST TAX	**********	1.00		22.29	
				SUBTOTAL	4,926.09	*
	180035-5					
INA0987030-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	23.93	200.0000	4,786.00	
	STATE HAZ WASTE TAX	TN TONS	23.93	14.0000	335.02	
	CITY TAX	TN TONS	23.93	6.0000	143.58	
	HOST TAX	**********	1.00		23.93	
				SUBTOTAL	5,288.53	*
	180035-2					
INA0987031-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	14.62	200.0000	2,924.00	
	STATE HAZ WASTE TAX	TN TONS	14.62	14.0000	204.68	
	CITY TAX	TN TONS	14.62	6.0000	87.72	
	HOST TAX	**********	1.00		14.62	
				SUBTOTAL	3,231.02	*
	180035-3					
INA0987032-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	20.29	200.0000	4,058.00	

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INA0987032-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	20.29	14.0000	284.06	
	CITY TAX	TN TONS	20.29	6.0000	121.74	
	HOST TAX	**********	1.00		20.29	
				SUBTOTAL	4,484.09	*
	RECEIPT# 9406208					
INA0987033-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	15.71	200.0000	3,142.00	
	STATE HAZ WASTE TAX	TN TONS	15.71	14.0000	219.94	
	CITY TAX	TN TONS	15.71	6.0000	94.26	
	HOST TAX	**********	1.00		15.71	
				SUBTOTAL	3,471.91	*
	180035-6					
INA0987034-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	23.21	200.0000	4,642.00	
	STATE HAZ WASTE TAX	TN TONS	23.21	14.0000	324.94	
	CITY TAX	TN TONS	23.21	6.0000	139.26	
	HOST TAX	**********	1.00		23.21	
				SUBTOTAL	5,129.41	*
	180035-10					
INA0987035-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	20.78	200.0000	4,156.00	

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SERVICE PROVIDED BY:
ADAMS CENTER LANDFILL

CCC GROUP INC
..
5797 DIETRICH RD
PO BOX 200350
SAN ANTONIO TX 78220-0350

CUSTOMER ACCOUNT NUMBER		
336 336 5625461		
INVOICE NO.	INVOICE DATE	PAGE
33662642	12/22/94	10

941222

REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987035-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	20.78	14.0000	290.92	
	CITY TAX	TN TONS	20.78	6.0000	124.68	
	HOST TAX	**********	1.00		20.78	
				SUBTOTAL	4,592.38	*
	180035-7					
INA0987036-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.98	200.0000	4,596.00	
	STATE HAZ WASTE TAX	TN TONS	22.98	14.0000	321.72	
	CITY TAX	TN TONS	22.98	6.0000	137.88	
	HOST TAX	**********	1.00		22.98	
				SUBTOTAL	5,078.58	*
	180035-15					
INA0987037-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	19.53	200.0000	3,906.00	
	STATE HAZ WASTE TAX	TN TONS	19.53	14.0000	273.42	
	CITY TAX	TN TONS	19.53	6.0000	117.18	
	HOST TAX	**********	1.00		19.53	
				SUBTOTAL	4,316.13	*
	180035-17					
INA0987131-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	23.64	200.0000	4,728.00	

REMIT TO ADDRESS ▶ CHEMICAL WASTE MANAGEMENT,INC
P.O.BOX 840606
DALLAS, TX 75284-0606

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CHEMICAL WASTE MANAGEMENT, INC
3331 Street Road, Suite 200
Bensalem PA 19020
800/843-3604

INVOICE

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CUSTOMER ACCOUNT NUMBER		
336	336 5625461	
INVOICE NO.	INVOICE DATE	PAGE
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987131-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	23.64	14.0000	330.96	
	CITY TAX	TN TONS	23.64	6.0000	141.84	
	HOST TAX	**********	1.00		23.64	
				SUBTOTAL	5,224.44	*
	RECEIPT # 9406206					
INA0987133-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	24.14	200.0000	4,828.00	
	STATE HAZ WASTE TAX	TN TONS	24.14	14.0000	337.96	
	CITY TAX	TN TONS	24.14	6.0000	144.84	
	HOST TAX	**********	1.00		24.14	
				SUBTOTAL	5,334.94	*
	RECEIPT # 9406213					
INA0987134-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	23.77	200.0000	4,754.00	
	STATE HAZ WASTE TAX	TN TONS	23.77	14.0000	332.78	
	CITY TAX	TN TONS	23.77	6.0000	142.62	
	HOST TAX	**********	1.00		23.77	
				SUBTOTAL	5,253.17	*
	RECEIPT # 9406215					
INA0987135-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	21.74	200.0000	4,348.00	

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336	336 5625461	
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987135-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	21.74	14.0000	304.36	
	CITY TAX	TN TONS	21.74	6.0000	130.44	
	HOST TAX	**********	1.00		21.74	
				SUBTOTAL	4,804.54	*
	RECEIPT # 9406216					
INA0987136-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	21.36	200.0000	4,272.00	
	STATE HAZ WASTE TAX	TN TONS	21.36	14.0000	299.04	
	CITY TAX	TN TONS	21.36	6.0000	128.16	
	HOST TAX	**********	1.00		21.36	
				SUBTOTAL	4,720.56	*
	RECEIPT # 9406212					
INA0987138-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	22.64	200.0000	4,528.00	
	STATE HAZ WASTE TAX	TN TONS	22.64	14.0000	316.96	
	CITY TAX	TN TONS	22.64	6.0000	135.84	
	HOST TAX	**********	1.00		22.64	
				SUBTOTAL	5,003.44	*
	RECEIPT # 9406205					
INA0987139-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	21.39	200.0000	4,278.00	

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CUSTOMER ACCOUNT NUMBER		
336 336 5625461		
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987139-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/14/94	
	STATE HAZ WASTE TAX	TN TONS	21.39	14.0000	299.46	
	CITY TAX	TN TONS	21.39	6.0000	128.34	
	HOST TAX	**********	1.00		21.39	
				SUBTOTAL	4,727.19	*
	180035-13					
INA0987140-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/14/94	
	DISPOSAL	IN TONS	15.10	200.0000	3,020.00	
	STATE HAZ WASTE TAX	TN TONS	15.10	14.0000	211.40	
	CITY TAX	TN TONS	15.10	6.0000	90.60	
	HOST TAX	**********	1.00		15.10	
				SUBTOTAL	3,337.10	*
	180035-4					
INA0987141-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	23.00	200.0000	4,600.00	
	STATE HAZ WASTE TAX	TN TONS	23.00	14.0000	322.00	
	CITY TAX	TN TONS	23.00	6.0000	138.00	
	HOST TAX	**********	1.00		23.00	
				SUBTOTAL	5,083.00	*
	RECEIPT # 9406111					
INA0987142-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	22.80	200.0000	4,560.00	

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INVOICE NO.	INVOICE DATE	PAGE
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987142-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/13/94	
	STATE HAZ WASTE TAX	TN TONS	22.80	14.0000	319.20	
	CITY TAX	TN TONS	22.80	6.0000	136.80	
	HOST TAX	**********	1.00		22.80	
				SUBTOTAL	5,038.80	*
	RECEIPT # 9406113					
INA0987143-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	22.59	200.0000	4,518.00	
	STATE HAZ WASTE TAX	TN TONS	22.59	14.0000	316.26	
	CITY TAX	TN TONS	22.59	6.0000	135.54	
	HOST TAX	**********	1.00		22.59	
				SUBTOTAL	4,992.39	*
	RECEIPT # 9406108					
INA0987144-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	23.15	200.0000	4,630.00	
	STATE HAZ WASTE TAX	TN TONS	23.15	14.0000	324.10	
	CITY TAX	TN TONS	23.15	6.0000	138.90	
	HOST TAX	**********	1.00		231.15	
				SUBTOTAL	5,324.15	*
	RECEIPT # 9406109					
INA0987145-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	22.24	200.0000	4,448.00	

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336 336 5625461		
INVOICE NO.	INVOICE DATE	PAGE
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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT	
INA0987145-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/13/94	
	STATE HAZ WASTE TAX	TN TONS	22.24	14.0000	311.36	
	CITY TAX	TN TONS	22.24	6.0000	133.44	
	HOST TAX	**********	1.00		22.24	
				SUBTOTAL	4,915.04	*
	RECEIPT ?# 9406115					
INA0987146-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	15.82	200.0000	3,164.00	
	STATE HAZ WASTE TAX	TN TONS	15.82	14.0000	221.48	
	CITY TAX	TN TONS	15.82	6.0000	94.92	
	HOST TAX	**********	1.00		15.82	
				SUBTOTAL	3,496.22	*
	RECEIPT # 9406110					
INA0987147-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	18.33	200.0000	3,666.00	
	STATE HAZ WASTE TAX	TN TONS	18.33	14.0000	256.62	
	CITY TAX	TN TONS	18.33	6.0000	109.98	
	HOST TAX	**********	1.00		18.33	
				SUBTOTAL	4,050.93	*
	RECEIPT # 9406106					
INA0987149-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	20.95	200.0000	4,190.00	

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INA0987149-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/13/94	
	STATE HAZ WASTE TAX	TN TONS	20.95	14.0000	293.30	
	CITY TAX	TN TONS	20.95	6.0000	125.70	
	HOST TAX	**********	1.00		20.95	
				SUBTOTAL	4,629.95	*
	RECEIPT # 9406162					
INA0987150-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	20.07	200.0000	4,014.00	
	STATE HAZ WASTE TAX	TN TONS	20.07	14.0000	280.98	
	CITY TAX	TN TONS	20.07	6.0000	120.42	
	HOST TAX	**********	1.00		20.07	
				SUBTOTAL	4,435.47	*
	RECEIPT # 9406105					
INA0987151-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	21.56	200.0000	4,312.00	
	STATE HAZ WASTE TAX	TN TONS	21.56	14.0000	301.84	
	CITY TAX	TN TONS	21.56	6.0000	129.36	
	HOST TAX	**********	1.00		21.56	
				SUBTOTAL	4,764.76	*
	RECEIPT # 9406104					
INA0987152-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	15.61	200.0000	3,122.00	

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INA0987152-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/13/94	
	STATE HAZ WASTE TAX	TN TONS	15.61	14.0000	218.54	
	CITY TAX	TN TONS	15.61	6.0000	93.66	
	HOST TAX	**********	1.00		15.61	
				SUBTOTAL	3,449.81	*
	RECEIPT # 9406118					
INA0987153-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	17.68	200.0000	3,536.00	
	STATE HAZ WASTE TAX	TN TONS	17.68	14.0000	247.52	
	CITY TAX	TN TONS	17.68	6.0000	106.08	
	HOST TAX	**********	1.00		17.68	
				SUBTOTAL	3,907.28	*
	RECEIPT # 9406117					
INA0987154-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	22.56	200.0000	4,512.00	
	STATE HAZ WASTE TAX	TN TONS	22.56	14.0000	315.84	
	CITY TAX	TN TONS	22.56	6.0000	135.36	
	HOST TAX	**********	1.00		22.56	
				SUBTOTAL	4,985.76	*
	RECEIPT # 9406122					
INA0987155-01	ACL-AF1399	SOIL & DEBRIS CONTAM W/TCE		SVC DATE:	12/13/94	
	DISPOSAL	IN TONS	23.78	200.0000	4,756.00	

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REFERENCE NO.	PROFILE	DESC / UNIT	QUANTITY	RATE	AMOUNT
INA0987155-01	ACL-AF1399	- - - C O N T I N U E D - - -		SVC DATE:	12/13/94
	STATE HAZ WASTE TAX	TN TONS	23.78	14.0000	332.92
	CITY TAX	TN TONS	23.78	6.0000	142.68
	HOST TAX	**********	1.00		23.78
				SUBTOTAL	5,255.38 *

RECEIPT # 9406103

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PLEASE PAY THIS AMOUNT ▶ 244,589.80**

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2 4 1060

LH.

AD. ,ENTER LANDFILL/FT WAYNE ***** Receipt # 9406144 ***** Page - 1

Date/Time In 12/14/94 5:10
Load Type Dumps
Transporter Name JACK GRAY TRANSPORT
GARY IN

Federal EPA ID IND042534875
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 77600.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 118 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987018	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		DLFB	Check Restriction

Scheduled Date 12/14/94 Time 10:30 180035-1

~~76780~~ 7600 LB 06:19 AM 12/14/94 11

77600 LB KEYBOARD REENTRY 11
32420 LB 08:57 AM 12/14/94

77600 LB
32420 LB
45180 LB

22.59

Sampling Hr/Date: 12/14/94 6:30 am
Sample #: 94-4712
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State: S Layers: 1
Color: Brown Odor: N

Water Mix:
Generation of Gasses: Y (N)
Density: S/F

Reactive Sulfide Screen: (Pass) Fail N/A)
Radioactivity Screen (=Backgrnd) >Backgrnd)
Paint Filter Test: (Pass Fail (N/A)
Temp Change: Y (N)
Solubility: Soluble Insoluble (Slightly Soluble)

Reactive Cyanide Screen: (Pass) Fail N/A)
Flammability Potential (Positive (Negative)
Bulk Container: 85 %Full

Penetrometer: NA
pH: 6
Acceptance Status (Conforming) Non-conforming (Accepted) Rejected)

Comments:

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:

[illegible]ation: Bin: 1 2 3 4 Operator:
[illegible]01 - (Secure Landfill)
S01 - Container Building
T21 - Stabilization AT# 01 02 03 Operator:

Coordinates: 2-12-13 C-12 B
RCRA MI B

2 4 1061

P.H.

AI ;ENTER LANDFILL/FT WAYNE ***** Receipt # 9406151 ***** Page - 1

Date/Time In 12/14/94 6:16
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 77760.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 314 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987030	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		DLFB	Check Restriction

Scheduled Date 12/14/94 Time 10:30 180035-2

77740 LB 07:19 AM 12/14/94 31
60

77760 LB KEYBOARD REENTRY 31
29900 LB 09:03 AM 12/14/94

77760 LB
29900 LB
47860 LB

23.93

Sampling Hr/Date: 12/14/94 7:55 am
Sample #: 94-4712
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 90 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

D ation:
Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-C-12 B
RCRAMF, B.

2 4 1062

ADA ENTER LANDFILL/FT WAYNE MKS. ***** Receipt # 9406153 ***** Page - 1

Date/Time In 12/14/94 6:44
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 57420.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 5150 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987031	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	20.00	Y Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-3

57420 LB 07:49 AM 12/14/94 50

==========

Sampling Hr/Date: 12/14/94 8:15am
Sample #: 94-4712
Sampler Initials: AD

57420 LB KEYBOARD REENTRY 50
28180 LB 09:06 AM 12/14/94

57420 LB
28180 LB
29240 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

14.62

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 80 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Disposition:
D01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-17-C-11 05
RCRA MT, 05

2 4 1063

A CENTER LANDFILL/FT WAYNE ***** Receipt # 9406191 ***** Page - 1

Date/Time In 12/14/94 13:01
Load Type Dumps
Transporter Name JACK GRAY TRANSPORT
GARY IN

Federal EPA ID IND042534875
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 73140.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 389-3 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987019	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-16

73160 LB 02:05 PM 12/14/94 38
73160 LB KEYBOARD REENTRY 38
31980 LB 07:14 PM 12/14/94

73160 LB
31980 LB
41180 LB

20.59

==========

Sampling Hr/Date: 12-14-94 3:25
Sample #: 94-4728
Sampler Initials: JL

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 65 %Full

Penetrometer:_____ pH: 5

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: U.S. Soil

Lab Sign Off: JL

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

ATV 01 02 03 Operator:_____

Coordinates: 2-12-13-0-13 0.5
KCRA MT. 0.5

2 4 1064

R.H.

AD ENTER LANDFILL/FT WAYNE ***** Receipt # 9406179 ***** Page - 1

Date/Time In 12/14/94 10:39
Load Type Dumps
Transporter Name AUTUMN INDUSTRIES INC
WARREN OH

Federal EPA ID OHD986974780
CWM Controlled Transporter

** WEIGHT SUMMARY **

Gross	74280.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 212 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987139	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-13

74280 LB 11:42 AM 12/14/94 21

74280 LB KEYBOARD REENTRY 212
31500 LB 05:37 PM 12/14/94

74280 LB
31500 LB
42780 LB

Sampling Hr/Date: 12/14/94 12:30pm
Sample #: 94-4728
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State: S Layers: 1
Color: Brown Odor: N

Water Mix: 21.39
Generation of Gasses: Y (N)
Density: SP

Reactive Sulfide Screen: (Pass) Fail N/A)

Radioactivity Screen (=Backgrnd) >Backgrnd)

Paint Filter Test: (Pass Fail (N/A)

Temp Change: Y (N)
Solubility: Soluble Insoluble (Slightly Soluble)

Reactive Cyanide Screen: (Pass) Fail N/A)

Flammability Potential (Positive (Negative)

Bulk Container: 90 %Full

Penetrometer: NA

pH: 6

Acceptance Status (Conforming) Non-conforming (Accepted) Rejected)

Comments:

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:

Dr ation:
- Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:

AT# 01 02 03 Operator:

Coordinates: 2-12,-13 D-15 N.O.
RCRA EMPTY

2 4 1065

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406154 ***** Page - 1

Date/Time In 12/14/94 7:17
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 59860.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 3112 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987140	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-4

59860 LB 08:22 AM 12/14/94 31
59860 LB KEYBOARD REENTRY 31
29660 LB 09:25 AM 12/14/94
59860 LB
29660 LB
30200 LB
15.10

Sampling Hr/Date: 12/14/94 8:40 am
Sample #: 94-4712
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 90 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

Designation:
S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-C-12 RCRA MT.

2 4 1066

R.D

A[illegible] ENTER LANDFILL/FT WAYNE ***** Receipt # 9406155 ***** Page - 1

Date/Time In 12/14/94 7:28
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 73400.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 4106 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987029	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-5

73380 LB 08:30 AM 12/14/94 4:

73380 LB KEYBOARD REENTRY 41
28800 LB 09:13 AM 12/14/94

73380 LB
28800 LB
44580 LB

22.29

AD 12/14/94
Sampling Hr/Date: ~~[illegible]~~ 12/14/94 8:45 am
Sample #: 94-4712
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 80 %Full

Penetrometer:_____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

[illegible]ation:
D8[illegible] - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-C-11 TS
RCRA MI TS

T.C.G.

2 4 1067

A ENTER LANDFILL/FT WAYNE ***** Receipt # 9406156 ***** Page - 1

Date/Time In 12/14/94 7:33
Load Type Dumps
Transporter Name JACK GRAY TRANSPORT
GARY IN

Federal EPA ID IND042534875
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 65680.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 1903 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987033	AF1399	JOHN P SAAD & SONS I	1	DT	22.00	Y	Dump		DLFB	Check Restriction

CCC GROUP INC P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-6

65660 LB 08:36 AM 12/14/94 19

65660 LB KEYBOARD REENTRY 19
34240 LB 09:51 AM 12/14/94

65660 LB
34240 LB
31420 LB

15.71

Sampling Hr/Date: 12/14/94 8:50 am
Sample #: 94-4712
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 85 %Full

Penetrometer:_____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

D ation:
- Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-C-12 B
RCRA M.F. B.

2 4 1068

AL ENTER LANDFILL/FT WAYNE ***** Receipt # 9406157 ***** Page - 1

D.C.P.

Date/Time In 12/14/94 7:38
Load Type Dumps
Transporter Name JACK GRAY TRANSPORT
GARY IN

Federal EPA ID IND042534875
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 71200.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 107A2 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987035	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		DLFB	Check Restriction

Scheduled Date 12/14/94 Time 10:30 180035-7

71180 LB 08:41 AM 12/14/94 1C

==========

Sampling Hr/Date: 12/14/94 8:52 am
Sample #: 94-4712
Sampler Initials: AD

71200 LB KEYBOARD REENTRY
29640 LB 09:54 AM 12/14/94

71200 LB
29640 LB
41560 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

20.78

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 80 %Full

Penetrometer:_____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-10-13-C-12 TS, RCRA MI TS

MIE 2 4 1069

AD ENTER LANDFILL/FT WAYNE ***** Receipt # 9406171 ***** Page - 1

Date/Time In 12/14/94 9:32
Load Type Dumps
Transporter Name PRICE TRUCKING
BUFFALO NY

Federal EPA ID N/A
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 78580.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 8400 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987022	AF1399	JOHN P SAAD & SONS I	1	DT	22.00	Y	Dump		DLFB	Check Restriction

CCC GROUP INC P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-8

78580 LB 10:34 AM 12/14/94 84

==========

Sampling Hr/Date: 12/14/94 12:15 pm
Sample #: 94-4712
Sampler Initials: AD

78580 LB
35260 LB

KEYBOARD REENTRY 8400
05:28 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

78580 LB
35260 LB
43320 LB

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N 21.66
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 55 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Designation:
L8 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-D-12 IS
RCRA MIT OS

Sim 2 4 1070

CENTER LANDFILL/FT WAYNE ***** Receipt # 9406172 ***** Page - 1

Date/Time In 12/14/94 9:38
Load Type Dumps
Transporter Name PRICE TRUCKING
BUFFALO NY

Federal EPA ID N/A
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 78580.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 5200 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status		
1	1	INA0987025	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y Dump		DLFB	Check Restriction		
							P.O. Num				78580 LB	10:39 AM 12/14/94	32
				Scheduled Date 12/14/94 Time 10:30 180035-9									

==========

78580 LB KEYBOARD REENTRY 32
33640 LB 05:32 PM 12/14/94

78580 LB
33640 LB
44940 LB

22.47

Sampling Hr/Date: 12/14/94 12:15 pm
Sample #: 94-4712
Sampler Initials: HD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen:
(Pass Fail N/A)

Radioactivity Screen
(=Backgrnd >Backgrnd)

Paint Filter Test:
(Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble
Slightly Soluble

Reactive Cyanide Screen:
(Pass Fail N/A)

Flammability Potential
(Positive Negative)

Bulk Container: 90 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: HD

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Bin: 1 2 3 4 Operator:_____

S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

AT# 01 02 03 Operator:_____

Coordinates: 2-12,13 D-15 N-0.

RCRA ENTRY

2 4 1071

R. S.

AD ENTER LANDFILL/FT WAYNE ***** Receipt # 9406173 ***** Page - 1

Date/Time In 12/14/94 9:52
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825
CWM Controlled Transporter

** WEIGHT SUMMARY **

Gross	78400.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 676 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987034	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-10

78400 LB 10:55 AM 12/14/94 67

==========

Sampling Hr/Date: 12/14/94 1:00 pm
Sample #: 94-4728
Sampler Initials: AD

78400 LB KEYBOARD REENTRY 67
31980 LB 05:46 PM 12/14/94

78400 LB
31980 LB
46420 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

23.21

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 55 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Disposition:
L01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

ST# 01 02 03 Operator:_____

Coordinates: 2-12-13-D-12

RCRAMT 03

5,2 1

2 4 1072

AL. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406175 ***** Page - 1

Date/Time In 12/14/94 10:04
Load Type Dumps
Transporter Name PRICE TRUCKING
BUFFALO NY

Federal EPA ID N/A
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 78040.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 6800 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987026	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-11

78040 LB 11:08 AM 12/14/94 6S

==========

Sampling Hr/Date: 12/14/94 12:17 pm
Sample #: 94-4712
Sampler Initials: MD

78040 LB KEYBOARD REENTRY 6800
32760 LB 05:20 PM 12/14/94

78040 LB
32760 LB
45280 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density: 22.64

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 85 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming) Non-conforming (Accepted) Rejected)

Comments:_____

Lab Sign Off: MD

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

nation:
D81 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-D-12
RCRA MS. OS.

BF

2 4 1073

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406176 ***** Page - 1

Date/Time In 12/14/94 10:08
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 76320.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 1112 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987023	AF1399	JOHN P SAAD & SONS I	1	DT	22.00	Y	Dump		DLFB	Check Restriction

CCC GROUP INC P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-12

76320 LB 11:11 AM 12/14/94 1:

76320 LB KEYBOARD REENTRY 11
29040 LB 05:51 PM 12/14/94

76320 LB
29040 LB
47280 LB

23.64

Sampling Hr/Date: 12/14/94 1:05pm
Sample #: 94-4728
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 90 %Full

Penetrometer:_____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

tin' ation: Bin: 1 2 3 4 Operator:_____
DA' 01 - Secure Landfill
S01 - Container Building
T21 - Stabilization AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-D-12
RCRA MF.

2 4 1074 Q.J.T.

AD. ENTER LANDFILL/FT WAYNE ***** Receipt # 9406189 ***** Page - 1

Date/Time In 12/14/94 12:47
Load Type Dumps
Transporter Name CHEMICAL WASTE MGMT INC
FORT WAYNE IN

Federal EPA ID IND078911146
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 78340.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 22 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987036	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		DLFB	Check Restriction

Scheduled Date 12/14/94 Time 10:30 180035-15

78320 LB 01:55 PM 12/14/94 22

78320 LB KEYBOARD REENTRY 22
32360 LB 07:09 PM 12/14/94

78320 LB
32360 LB
45960 LB

22.98

Sampling Hr/Date: 12/14/94 2:45 pm
Sample #: 94-4728
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 80 %Full

Penetrometer:_____ pH: 6 Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

I ation: Bin: 1 2 3 4 Operator:_____
D01 - Secure Landfill
S01 - Container Building
T21 - Stabilization AT# 01 02 03 Operator:_____

Coordinates: 2-12, 13 D-14 N.C.
RCRA EMTY

2 4 1075

AD. ENTER LANDFILL/FT WAYNE ***** Receipt # 9406199 ***** Page - 1

Date/Time In 12/14/94 14:11
Load Type Dumps
Transporter Name TERRA FIRST INC
VERNON AL

Federal EPA ID ALD981023492
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 75820.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 8 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987015	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		DLFB	Check Restriction

Scheduled Date 12/14/94 Time 10:30 180035-18

75820 LB 03:17 PM 12/14/94 8

==========

Sampling Hr/Date: 12-14-94 4:10
Sample #: 94-4728
Sampler Initials: JL

75820 LB KEYBOARD REENTRY 8
31580 LB 07:28 PM 12/14/94

75820 LB
31580 LB
44240 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

22.12

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 60 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: JL

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination: Bin: 1 2 3 4 Operator:_____
S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization AT# 01 02 03 Operator:_____

Coordinates: 2-12, 13 D-13, 14 N.O
RCRA ONLY

D L 2 4 1076

AL ENTER LANDFILL/FT WAYNE ***** Receipt # 9406201 ***** Page - 1

Date/Time In 12/14/94 14:24
Load Type Dumps
Transporter Name TERRA FIRST INC
VERNON AL

Federal EPA ID ALD981023492
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 78300.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 10 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987016	AF1399	JOHN P SAAD & SONS I	1	DT	22.00	Y	Dump		DLFB	Check Restriction
				CCC GROUP INC			P.O. Num					

Scheduled Date 12/14/94 Time 10:30 180035-19

78300 LB 03:29 PM 12/14/94 10

Sampling Hr/Date: 12-14-94 4:25
Sample #: 94-4728
Sampler Initials: TL

78300 LB KEYBOARD REENTRY 10
32060 LB 07:35 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

78300 LB
32060 LB
46240 LB

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

23.12

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 60 %Full

Penetrometer:_____
pH: 5
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TL

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-11-12 D-12 W. O.

L. B. 2 4 1077

A CENTER LANDFILL/FT WAYNE ***** Receipt # 9406193 ***** Page - 1

Date/Time In 12/14/94 13:16
Load Type Dumps
Transporter Name ENVIRONMENTAL TRANSPORTATION
OKLAHOMA CITY OK

Federal EPA ID OKD981605363
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 70460.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 2 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987037	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-17

70460 LB 02:21 PM 12/14/94

Sampling Hr/Date: 12-14-94 3:50
Sample #: 94-4728
Sampler Initials: JL

70460 LB KEYBOARD REENTRY 2
31400 LB 07:18 PM 12/14/94

70460 LB
31400 LB
39060 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

19.53

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 60 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: JL

MANAGEMENT METHOD

Special Handling Instructions:_____

nation: Bin: 1 2 3 4 Operator:_____
S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization AT# 01 02 03 Operator:_____

Coordinates: 2-12, 13 D 14 NC
RCRA EMTY

d.u. 2 4 1073

AL .ENTER LANDFILL/FT WAYNE ***** Receipt # 9406202 ***** Page - 1

Date/Time In 12/14/94 14:53
Load Type Dumps
Transporter Name TERRA FIRST INC
VERNON AL

Federal EPA ID ALD981023492
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 79500.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 001 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	2	INA0987018	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00	Y	Dump		DLFB	Check Restriction

P.O. Num
Scheduled Date 12/14/94 Time 10:30 100035-20

~~79480~~ 500 LB 03:58 PM 12/14/94 0

==========

79500 LB KEYBOARD REENTRY 001
31020 LB 07:41 PM 12/14/94

79500 LB
31020 LB
48480 LB

24.24

Sampling Hr/Date: 12-14-94 4:40
Sample #: 94-4228
Sampler Initials: TC

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TC

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Bin: 1 2 3 4 Operator:_____

S01 - Secure Landfill
S01 - Container Building
T21 - Stabilization

AT# 01 02 03 Operator:_____

Coordinates: 2-12 13 D-14 N.O.
RCRA EMTY

2 4 1079

JB.

AI 'ENTER LANDFILL/FT WAYNE ***** Receipt # 9406203 ***** Page - 1

Date/Time In 12/14/94 15:06
Load Type Dumps Federal EPA ID OHD986974780
Transporter Name AUTUMN INDUSTRIES INC
WARREN OH

Truck Number 10601 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 72860.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987021	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CN	20.00 P.O. Num	Y	Dump		TVMB	Check Restriction

72860 LB 04:09 PM 12/14/94 10

Sampling Hr/Date: 12-14-94 4.45
Sample #: 94-4739
Sampler Initials: TC

72860 LB KEYBOARD REENTRY 10
32220 LB 07:49 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

72860 LB
32220 LB
40640 LB

P' al Characteristics:
S...e: 5 Layers: 1
Color: brown Odor: none

Water Mix:
Generation of Gasses: Y N
Density: 57#

20.32

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (<Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 60 %Full

Penetrometer: NA
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
~~Secure Landfill~~
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:

AT# 01 02 03 Operator:

Coordinates: 2-11-12 D-12
N.O

2 4 1009

A1 ENTER LANDFILL/FT WAYNE ***** Receipt # 9406204 ***** Page - 1

Date/Time In 12/14/94 15:18
Load Type Dumps Federal EPA ID OHD986974780
Transporter Name AUTUMN INDUSTRIES INC
WARREN OH

Truck Number 214 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 73780.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status		
1	1	INA0987011	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CH	22.00 P.O. Num	U	Dump		TVHB	Check Restriction		
												73760 LB	04:22 PM 12/14/94	21

==========

Sampling Hr/Date: 01499 450
Sample #: 94-4739
Sampler Initials: MW

73760 LB KEYBOARD REENTRY 21
31420 LB 07:56 PM 12/14/94

73760 LB
31420 LB
42340 LB

FINGERPRINT ANALYSIS REPORT

I :al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

21.17

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 80 %Full

Penetrometer:_____ pH:_____

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MW

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
Y - Secure Landfill
1 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: E-12,13 D-15,10

RCRA EMTY

2 4 1001

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406205 ***** Page - 1

Date/Time In 12/14/94 15:25
Load Type Dumps
Transporter Name AUTUMN INDUSTRIES INC R.D.L.
WARREN OH

Federal EPA ID OHD986974780

** WEIGHT SUMMARY **
Gross 77220.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 208 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987138	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

77220 LB 04:33 PM 12/14/94 20

Sampling Hr/Date: 12-14-94 453pm
Sample #: 94-4739
Sampler Initials: MW

77220 LB KEYBOARD REENTRY 20
31940 LB 08:00 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

77220 LB
31940 LB
45280 LB

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

22.64

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 80 %Full

Penetrometer:_____ pH:_____ Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MW

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12, 13 E 14 NO
RCKH EMTY

2 4 1002

J. H.

AD ENTER LANDFILL/FT WAYNE ***** Receipt # 9406207 ***** Page - 1

Date/Time In 12/14/94 15:54
Load Type Dumps
Transporter Name US BULK TRANSPORT INC
FAIRVIEW PA

Federal EPA ID PAD987347515

** WEIGHT SUMMARY **
Gross 81200.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 217 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987131	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

81200 LB 04:58 PM 12/14/94 217

Sampling Hr/Date: 12-14-94 5:10
Sample #: 94-4739
Sampler Initials: TC

81200 LB KEYBOARD REE
33920 LB 08:13 PM 12/

FINGERPRINT ANALYSIS REPORT

81200 LB
33920 LB
47280 LB

23.64

Pl[illegible]l Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments: Vis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
DG - Secure Landfill
SC - Container Building
T21 - Stabilization

Bin: 1 2 3 4
AT# 01 02 03

Operator:_____
Operator:_____

Coordinates: 2-12, 13 E14 N.O.

RCRA EMTY

2 4 1003

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406208 ***** Page - 1

CR

Date/Time In 12/14/94 16:02
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **
Gross 70420.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 962 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987032	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

70420 LB 05:05 PM 12/14/94 96

==========

Sampling Hr/Date: 12-14-94 5:15
Sample #: 94-4739
Sampler Initials: TC

70420 LB KEYBOARD REENTRY 9
29840 LB 08:24 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

70420 LB
29840 LB
40580 LB

20.29

cal Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 70 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: Vis. insp.

Lab Sign Off: TC

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MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
1 - Secure Landfill
01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13 E-14 NC.

RCRA EMPTY

2 4 1004

A ;ENTER LANDFILL/FT WAYNE ***** Receipt # 9406210 ***** Page - 1

Date/Time In 12/14/94 16:15
Load Type Dumps Federal EPA ID ILD007814825
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS DC. MO

Truck Number 5146 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 72200.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987020	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CH	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

72200 LB 05:18 PM 12/14/94 5:

72200 LB KEYBOARD REENTRY 31
27900 LB 08:38 PM 12/14/94

72200 LB
27900 LB
44300 LB

22.15

Sampling Hr/Date: 12-14-94 5:50
Sample #: 94-4739
Sampler Initials: TC

FINGERPRINT ANALYSIS REPORT

I ;al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 70 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: Lis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
1 - Secure Landfill
21 - Container Building
T21 - Stabilization

Bin: 1 2 3 4
AT# 01 02 03

Operator:_____
Operator:_____

Coordinates: 2-12, 13 E-14 N/O
RCRA EMPTY

2 4 1005

W.N.

AD. NTER LANDFILL/FT WAYNE ***** Receipt # 9406211 ***** Page - 1

Date/Time In 12/14/94 16:22
Load Type Dumps Federal EPA ID ILD007814825
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Truck Number 324 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 72500.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987014	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y Dump		TVHB	Check Restriction

Sampling Hr/Date: 12-14-94 5:55
Sample #: 94-4739
Sampler Initials: TC

72500 LB KEYBOARD REENTRY 32
28180 LB 08:46 PM 12/14/94

72500 LB
28180 LB
44320 LB

FINGERPRINT ANALYSIS REPORT

Pl l Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

22.16

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____ pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13 E14 N0
RCRA EMPTY

2 4 1006

dfe

A' ENTER LANDFILL/FT WAYNE ***** Receipt # 9406212 ***** Page - 1

Date/Time In 12/14/94 16:30
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **
Gross 73460.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 662 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987136	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

==========

Sampling Hr/Date: 12-14-94 5:57
Sample #: 94-4739
Sampler Initials: TC

73460 LB KEYBOARD REENTRY 662
30740 LB 08:51 PM 12/14/94

73460 LB
30740 LB
42720 LB

FINGERPRINT ANALYSIS REPORT

P al Characteristics:
Phase:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

21.36

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TC

==========

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12, 13 E-15 N/C
RCRA EMPTY

2 4 1007

AD... CENTER LANDFILL/FT WAYNE ***** Receipt # 9406213 ***** Page - 1

RK

Date/Time In 12/14/94 16:36
Load Type Dumps
Transporter Name PAGE ETC, INC
WEEDSPORT NY

Federal EPA ID NYD986969947

** WEIGHT SUMMARY **
Gross 82200.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 4799 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987133	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

82200 LB 05:38 PM 12/14/94 47

==========

Sampling Hr/Date: 12-14-94 6:01
Sample #: 94-4739
Sampler Initials: TC

82200 LB KEYBOARD REENTRY 47
33920 LB 08:56 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

82200 LB
33920 LB
48280 LB

F... cal Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

24.14

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 65 %Full

Penetrometer:_____ pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: Vis. Insp.

Lab Sign Off: TC

==========

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
. - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12-13 E 15 X 10
RCRA EMPTY

2 4 1003

A CENTER LANDFILL/FT WAYNE ***** Receipt # 9406215 ***** Page - 1

Date/Time In 12/14/94 16:54
Load Type Dumps
Transporter Name PAGE ETC, INC
WEEDSPORT NY

Federal EPA ID NYD986969947

** WEIGHT SUMMARY **
Gross 80120.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 6121 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987134	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

80120 LB 05:57 PM 12/14/94 61

Sampling Hr/Date: 12-14-94 6:10
Sample #: 94-4779
Sampler Initials: TC

80120 LB KEYBOARD REENTRY
32580 LB 09:07 PM 12/14/94

80120 LB
32580 LB
47540 LB

23.77

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State: _____ Layers: _____
Color: _____ Odor: _____

Water Mix:
Generation of Gasses: Y N
Density: _____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 65 %Full

Penetrometer: _____

pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions: _____

Destination:
[illegible] - Secure Landfill
[illegible] - Container Building
T21 - Stabilization

Bin: 1 2 3 4

Operator: _____

AT# 01 02 03

Operator: _____

Coordinates: 2-12, 13 E. 15 N/V.
RCRA EMPTY

2 4 1009

AI ENTER LANDFILL/FT WAYNE ***** Receipt # 9406186 ***** 87 fB Page - 1

Date/Time In 12/14/94 11:37
Load Type Dumps
Transporter Name DART TRUCKING CO INC
CANFIELD OH

Federal EPA ID OHD009865825
CWM Controlled Transporter

** WEIGHT SUMMARY **
Gross 73540.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 206700 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987013	AF1399	JOHN P SAAD & SONS I	1	DT	22.00	Y	Dump		DLFB	Check Restriction

CCC GROUP INC P.O. Num
Scheduled Date 12/14/94 Time 10:30 180035-14

73520 LB 12:40 PM 12/14/94 67
40

73540 LB KEYBOARD REENTRY 67
29440 LB 06:37 PM 12/14/94

73540 LB
29440 LB
44100 LB

22.05

Sampling Hr/Date: 12/14/94 1:45 PM
Sample #: 94-4725
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 85 %Full

Penetrometer:_____
pH: C
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

Designation:
S1 - Secure Landfill
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12, 13 D 14 N.O.
RCRA EMTY

2 4 1000

CENTER LANDFILL/FT WAYNE JCM. ***** Receipt # 9406216 ***** Page - 1

Date/Time In 12/14/94 16:59
Load Type Dumps
Transporter Name PAGE ETC, INC
WEEDSPORT NY

Federal EPA ID NYD986969947

** WEIGHT SUMMARY **
Gross 75960.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 1401 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987135	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

75960 LB 06:05 PM 12/14/94 14

Sampling Hr/Date: 12-14-94 6:20
Sample #: 94-4741
Sampler Initials: TC

75960 LB KEYBOARD REENTRY 14
32480 LB 09:12 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

75960 LB
32480 LB
43480 LB

21.74

Physical Characteristics:
State: S Layers: 1
Color: brown Odor: none

Water Mix:
Generation of Gasses: Y N
Density: S/F

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 70 %Full

Penetrometer: NA

pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
DM - Secure Landfill
S0 - Container Building
T21 - Stabilization

Bin: 1 2 3 4

AT# 01 02 03

Operator:

Operator:

Coordinates: 2-12, 13 E, 14 N/6
RCRA EMPTY

Y.H.
2 4 1091

AD. ENTER LANDFILL/FT WAYNE ***** Receipt # 9406220 ***** Page - 1

Date/Time In 12/14/94 17:39
Load Type Dumps Federal EPA ID IND042534875
Transporter Name JACK GRAY TRANSPORT
GARY IN

Truck Number 318 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 74780.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987012	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

74780 LB 06:42 PM 12/14/94 3

74780 LB KEYBOARD REENTRY 31
32580 LB 10:27 PM 12/14/94

74780 LB
32580 LB
42200 LB

21.10

Sampling Hr/Date: 12-14-94 7:30
Sample #: 94-4741
Sampler Initials: TC

FINGERPRINT ANALYSIS REPORT

P. al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 70 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: V/s. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
001 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Date: 2-12-13 E-14 NO
RCRA EMTY

2 4 1022

AL ,ENTER LANDFILL/FT WAYNE ***** Receipt # 9406222 ***** Page - 1

Date/Time In 12/14/94 18:25
Load Type Dumps Federal EPA ID OHD986974780
Transporter Name AUTUMN INDUSTRIES INC
WARREN OH

** WEIGHT SUMMARY **
Gross 76160.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 209 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987009	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

==========

Sampling Hr/Date: 12-14-94 7:45
Sample #: 94-4741
Sampler Initials: JC

76160 LB KEYBOARD REENTRY 10:42 PM 12/14/94
31680 LB

76160 LB
31680 LB
44480 LB

22.24

FINGERPRINT ANALYSIS REPORT

P al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____ pH: 6 Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: Vis. insp.

Lab Sign Off: JC

==========

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-13-E 15 N.C.
RCRA EMPTY

2 4 1003

ADA ENTER LANDFILL/FT WAYNE ***** Receipt # 9406223 ***** Page - 1

Date/Time In 12/14/94 18:31
Load Type Dumps
Transporter Name US BULK TRANSPORT INC
FAIRVIEW PA

Federal EPA ID PAD987347515

** WEIGHT SUMMARY **
Gross 73060.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 2141 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987024	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

==========

Sampling Hr/Date: 12-14-94 7:50
Sample #: 94-4741
Sampler Initials: JC

73060 LB 07:34 PM 12/14/94 21

73060 LB KEYBOARD REENTRY 214
33580 LB 10:52 PM 12/14/94

73060 LB
33580 LB
39480 LB

19.74

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen:
(Pass Fail N/A)

Radioactivity Screen
(=Backgrnd >Backgrnd)

Paint Filter Test:
(Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble
Slightly Soluble

Reactive Cyanide Screen:
(Pass Fail N/A)

Flammability Potential
(Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: JC

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
501 - Container Building
T21 - Stabilization

Bin: 1 2 3 4

Operator:_____

AT# 01 02 03

Operator:_____

Coordinates: 2-13 D 1 C N C

REAR EMPTY

2 4 1094

A CENTER LANDFILL/FT WAYNE ***** Receipt # 9406225 ***** Page -

Date/Time In 12/14/94 18:45
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **

Gross	71360.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 3126 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987010	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVNB	Check Restriction

71360 LB 07:48 PM 12/14/94 31

Sampling Hr/Date: 12-14-94 8:00
Sample #: 94-4741
Sampler Initials: JC

71360 LB KEYBOARD REENTRY 31
29620 LB 10:59 PM 12/14/94

FINGERPRINT ANALYSIS REPORT

71360 LB
29620 LB
41740 LB

:l :al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

20.87

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____

pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: Vis. Insp.

Lab Sign Off: JC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-13 E-15 x/6
RCRA EMPTY

1 CIA

2 4 1025

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406126 ***** Page - 1

Date/Time In 12/13/94 14:09
Load Type Dumps Federal EPA ID OHD986974780
Transporter Name AUTUMN INDUSTRIES INC
WARREN OH

** WEIGHT SUMMARY **
Gross 74000.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 210 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987149	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CN	22.00 P.O. Num	Y	Dump		TVNB	Check Restriction

74000 LB 03:12 PM 12/13/94 21

Sampling Hr/Date: 12-13-94 3:40
Sample #: 94-4701
Sampler Initials: TC

74000 LB KEYBOARD REENTRY
32100 LB 05:47 PM 12/13/94

74000 LB
32100 LB
41900 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N 20.95
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 60 %Full

Penetrometer:_____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: vis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
1 - Secure Landfill
301 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12,13 C 15 NU.

RCRA ENTRY

2 4 1996

JM.

AL CENTER LANDFILL/FT WAYNE ***** Receipt # 9406121 ***** Page - 1

Date/Time In 12/13/94 13:18
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **

Gross	69840.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 4140 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987028	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CN	20.00 P.O. Num	Y Dump		TVHB	Check Restriction

69840 LB 02:20 PM 12/13/94 41

Sampling Hr/Date: 12-13-94 3:00
Sample #: 94-420
Sampler Initials: TC

69840 LB KEYBOARD REENTRY
27940 LB 05:27 PM 12/13/94

69840 LB
27940 LB
41900 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N 20.95
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 55 %Full

Penetrometer:_____

pH: C

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: Vis. insp.

Lab Sign Off: TC

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
1 - Secure Landfill
001 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12,13 C-15 NC

RCRA EMTY

2 4 1097

CENTER LANDFILL/FT WAYNE R.C.V. 4/102 ***** Receipt # 9406122 ***** Page - 1

Date/Time In 12/13/94 13:31
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **
Gross 69900.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 4102 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987027	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CH	20.00 P.O. Num	Y	Dump		TVNB	Check Restriction

69900 LB 02:34 PM 12/13/94

==========

Sampling Hr/Date: 12-13-94 3:05
Sample #: 94-4701
Sampler Initials: TC

69900 LB KEYBOARD REENTRY
28480 LB 05:30 PM 12/13/94

69900 LB
28480 LB
41420 LB

FINGERPRINT ANALYSIS REPORT

cal Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N 20.71
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 65 %Full

Penetrometer:_____

pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: VIS. INSP.

Lab Sign Off: TC

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MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
1 - Secure Landfill
01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12.13 C-15 N.V.

RCRA ENTRY

2 4 1023

CENTER LANDFILL/FT WAYNE ***** Receipt # 9406123 ***** Page - 1

Date/Time In 12/13/94 13:39
Load Type Dumps Federal EPA ID OHD986974780
Transporter Name AUTUMN INDUSTRIES INC
WARREN OH

Truck Number 40201 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 78940.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	IHA0987154	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CH	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

78940 LB 02:43 PM 12/13/94 40:

==========

Sampling Hr/Date: 12-13-94 3:10
Sample #: 94-4701
Sampler Initials: TC

78940 LB KEYBOARD REENTRY
33820 LB 05:43 PM 12/13/94

78940 LB
33820 LB
45120 LB

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N 22.56
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____ pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: TC

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
501 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12,13 C-15 N-L.
RCRA ENTRY

2 4 1099

AL ,ENTER LANDFILL/FT WAYNE S. J. ***** Receipt # 9406117 ***** Page - 1

Date/Time In 12/13/94 12:47
Load Type Dumps Federal EPA ID IND042534875
Transporter Name JACK GRAY TRANSPORT
GARY IN

Truck Number 340A1 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 68380.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987153	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

68380 LB 01:49 PM 12/13/94
68380 LB KEYBOARD REENTRY
33020 LB 05:34 PM 12/13/94

68380 LB
33020 LB
35360 LB

Sampling Hr/Date: 12/13/94 2:30 PM
Sample #: 94-47011
Sampler Initials: HO

FINGERPRINT ANALYSIS REPORT

F al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix: 17.68
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 80 %Full

Penetrometer:_____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: HO

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12,1-3 C 15 N.0
RCRA ENTRY

2 4 1100

CENTER LANDFILL/FT WAYNE ***** Receipt # 9406118 ***** Page - 1

Date/Time In 12/13/94 13:05
Load Type Dumps
Transporter Name JACK GRAY TRANSPORT
GARY IN

Federal EPA ID IND042534875

** WEIGHT SUMMARY **
Gross 60540.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 340A3 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987152	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	20.00 P.O. Num	Y	Dump		TVHB	Check Restriction

60540 LB 02:07 PM 12/13/94 34

60540 LB KEYBOARD REENTRY
29320 LB 05:39 PM 12/13/94

60540 LB
29320 LB
31220 LB

15.61

Sampling Hr/Date: 12/13/94 2:35 pm
Sample #: 94-4761
Sampler Initials: HD

FINGERPRINT ANALYSIS REPORT

ical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 90 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming) Non-conforming (Accepted) Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
T1 - Secure Landfill
D1 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12,-13 C-15 X/C

RCRA ENTY

2 4 1101

AD. ,ENTER LANDFILL/FT WAYNE ***** Receipt # 9406113 ***** Page - 1

Date/Time In 12/13/94 12:14
Load Type Dumps
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

Federal EPA ID NYD051809952

** WEIGHT SUMMARY **

Gross	77220.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 426 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W Y	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987142	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

77240 LB 01:17 PM 12/13/94 4

77240 LB KEYBOARD REENTRY 42
31640 LB 04:51 PM 12/13/94

77240 LB
31640 LB
45600 LB

22.80

Sampling Hr/Date: 12/13/94 2:00pm
Sample #: 94-4701
Sampler Initials: AD

FINGERPRINT ANALYSIS REPORT

P. al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 80 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12,13 B-14 NC

RCRA EMTY

2 4 1102

CENTER LANDFILL/FT WAYNE AJE ***** Receipt # 9406115 ***** Page - 1

Date/Time In 12/13/94 12:30
Load Type Dumps Federal EPA ID NYD051809952
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

** WEIGHT SUMMARY **
Gross 77620.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 433 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987145	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CH	20.00 P.O. Num	Y	Dump		TVMB	Check Restriction

77620 LB 01:35 PM 12/13/94 43

Sampling Hr/Date: 12/13/94 2:15 am
Sample #: 94-4701
Sampler Initials: AD

77620
33140
44480
22,24

FINGERPRINT ANALYSIS REPORT

cal Characteristics:
State: _____ Layers: _____
Color: _____ Odor: _____

Water Mix:
Generation of Gasses: Y N
Density: _____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 85 %Full

Penetrometer: _____
pH: 6
Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: _____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions: _____

Destination:
1 - Secure Landfill
3 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator: _____
AT# 01 02 03 Operator: _____

Coordinates: 2-12,13 C-14 N.C

RCRA EMPTY

2 4 1103

A CENTER LANDFILL/FT WAYNE ***** Receipt # 9406103 ***** Page - 1

Date/Time In 12/13/94 10:07
Load Type Dumps
Transporter Name DART TRUCKING CO INC
CANFIELD OH

Federal EPA ID OHD009865825

** WEIGHT SUMMARY **
Gross 78820.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 232 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987155	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	20.00 P.O. Num	Y	Dump		TVNB	Check Restriction

78800 LB 11:09 AM 12/13/94 23
20

Sampling Hr/Date: 12-13-94 1150
Sample #: 94-4700
Sampler Initials: mw

78820 LB KEYBOARD REENTRY 23
31260 LB 02:59 PM 12/13/94

FINGERPRINT ANALYSIS REPORT

78820 LB
31260 LB
47560 LB

Physical Characteristics:
State: Solid Layers: 1
Color: Brown Odor: ND

Water Mix:
Generation of Gasses: Y (N)
Density: S/F

23.78

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (<Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail (N/A))

Temp Change: Y (N)
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 50 %Full

Penetrometer: NA

pH: 6

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments:

Lab Sign Off: mw

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4

Operator:

AT# 01 02 03

Operator:

Coordinates: 2-12-13-B-11 BJ

RCRA M.S. BJ

2 4 1104

A CENTER LANDFILL/FT WAYNE C.B. ***** Receipt # 9406104 ***** Page - 1

Date/Time In 12/13/94 10:13
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **
Gross 72000.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 310 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987151	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	DT	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

==========

72000 LB KEYBOARD REENTRY 31
28880 LB 03:29 PM 12/13/94

72000 LB
28880 LB
43120 LB

21.56

Sampling Hr/Date: 12-13-94 1200
Sample #: 94-4700
Sampler Initials: MW

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)
Radioactivity Screen (=Backgrnd >Backgrnd)
Paint Filter Test: (Pass Fail N/A)
Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)
Flammability Potential (Positive Negative)
Bulk Container: 50 %Full

Penetrometer:_____ pH:_____ Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MW

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____
AT# 01 02 03 Operator:_____

Coordinates: 2-12-13-B-11 TS
RCRA MJ. TS

B2 2 4 1105

AL ENTER LANDFILL/FT WAYNE ***** Receipt # 9406105 ***** Page - 1

Date/Time In 12/13/94 10:19
Load Type Dumps
Transporter Name BEELMAN TRUCK CO
SAINT LOUIS MO

Federal EPA ID ILD007814825

** WEIGHT SUMMARY **
Gross 70220.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 464 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987150	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	20.00 P.O. Num	Y Dump		TVHB	Check Restriction

70220 LB 11:22 AM 12/13/94 46

==========

Sampling Hr/Date: 12-13-94 1205
Sample #: 94-47002
Sampler Initials: MW

70220 LB KEYBOARD REENTRY 46
30080 LB 03:47 PM 12/13/94

FINGERPRINT ANALYSIS REPORT

70220 LB
30080 LB
40140 LB

P al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

20.07

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 50 %Full

Penetrometer:_____

pH:_____

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MW

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

01 02 03 Operator:_____

Coordinates: 2-12-13-B-11

RCRA MTI

2 4 1106

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406106 ***** Page - 1

KR.

Date/Time In 12/13/94 10:32
Load Type Dumps
Transporter Name JACK GRAY TRANSPORT
GARY IN

Federal EPA ID IND042534875

** WEIGHT SUMMARY **
Gross 72180.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 511 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987147	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CN	20.00 P.O. Num	Y	Dump		TVHB	Check Restriction

==========

72160 LB 11:35 AM 12/13/94 5

Sampling Hr/Date: 12-13-94 12 10
Sample #: 94-4700
Sampler Initials: MW

72160 LB KEYBOARD REENTRY 5
35500 LB 04:09 PM 12/13/94

FINGERPRINT ANALYSIS REPORT

72160 LB
35500 LB
36660 LB

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

18.33

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 60 %Full

Penetrometer:_____

pH:_____

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MW

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
)- Secure Landfill
501 - Container Building
T21 - Stabilization

Bin: 1 2 3 4

Operator:_____

AT# 01 02 03

Operator:_____

Coordinates: 2 10-13-B-13 0.5

RCRA MT.

2 4 1107

/ CENTER LANDFILL/FT WAYNE ***** Receipt # 9406107 ***** Page - 1

Date/Time In 12/13/94 11:00
Load Type Dumps
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

Federal EPA ID NYD051809952

** WEIGHT SUMMARY **

Gross	77940.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 7194 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987007	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y Dump		TVHB	Check Restriction

77940 LB 12:02 PM 12/13/94 7

Sampling Hr/Date: 12-13-94 1215
Sample #: 94-9700
Sampler Initials: MW

77940 OUT 3:27 p.m.
33920
44020
22.01

FINGERPRINT ANALYSIS REPORT

cal Characteristics:
Scate:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 50 %Full

Penetrometer:_____

pH:_____

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MW

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-10-13-B-12

RCRA MT.

2 4 1103

SAM

AL. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406108 ***** Page - 1

Date/Time In 12/13/94 11:20
Load Type Dumps Federal EPA ID NYD051809952
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

Truck Number 6784 Trailer/Contnr #1 #2 #3

** WEIGHT SUMMARY **
Gross 77900.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status	
1	1	INA0987143	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CN	22.00 P.O. Num	Y	Dump		TVNB	Check Restriction	
												77920 LB 12:23 PM 12/13/94	67E

==========

Sampling Hr/Date: 12-13-94 1235
Sample #: 94-4100
Sampler Initials: KW

77920 LB KEYBOARD REENTRY 67
32740 LB 04:32 PM 12/13/94

77920 LB
32740 LB
45180 LB

FINGERPRINT ANALYSIS REPORT

P. al Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

22.59

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 70 %Full

Penetrometer:_____

pH:_____

Acceptance Status (Conforming Non-conforming Accepted Rejected)

Comments: 1:10

Lab Sign Off: MA

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
- Secure Landfill
501 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12,13 B-13 N.O.

RCRA EMPTY

2 4 1109

A CENTER LANDFILL/FT WAYNE ***** Receipt # 9406109 ***** Page - 1

Date/Time In 12/13/94 11:44
Load Type Dumps
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

Federal EPA ID NYD051809952

** WEIGHT SUMMARY **

Gross	79680.00
Tare	.00
Net	.00
Adj.	.00
Adj. Net	.00

Truck Number 429 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987144	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CH	22.00 P.O. Num	Y	Dump		TVMB	Check Restriction

==========

3:25 pm OUT

Sampling Hr/Date: 12/13/94 1:00 pm
Sample #: 94-4700
Sampler Initials: AO

79680
33380
46300
23.15

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 55 %Full

Penetrometer:_____

pH: 6

Acceptance Status
(Conforming Non-conforming Accepted Rejected)

Comments:_____

Lab Sign Off: AO

==========

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
Secure Landfill
- Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12/13-B-13 NO

RCRA EMTY

2 4 1113

A. CENTER LANDFILL/FT WAYNE ***** Receipt # 9406110 ***** Page - 1

Date/Time In 12/13/94 11:53
Load Type Dumps
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

Federal EPA ID NYD051809952

** WEIGHT SUMMARY **
Gross 67640.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 7206 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W DCS V Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987146	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CN	20.00 P.O. Num	Y Dump		TVMB	Check Restriction

67620 LB 12:56 PM 12/13/94 7

Sampling Hr/Date: 12/13/94 1:20 pm
Sample #: 94-4300
Sampler Initials: AD

67620
35980
31640
15.82
3:33 pm

FINGERPRINT ANALYSIS REPORT

Physical Characteristics:
State:_____ Layers:_____
Color:_____ Odor:_____

Water Mix:
Generation of Gasses: Y N
Density:_____

Reactive Sulfide Screen: (Pass Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail N/A)

Temp Change: Y N
Solubility: Soluble Insoluble Slightly Soluble

Reactive Cyanide Screen: (Pass Fail N/A)

Flammability Potential (Positive Negative)

Bulk Container: 80 %Full

Penetrometer:_____ pH: 6

Acceptance Status
(Conforming Non-conforming (Accepted Rejected)

Comments:_____

Lab Sign Off: AD

MANAGEMENT METHOD

Special Handling Instructions:_____

Destination:
(Secure Landfill)
S01 - Container Building
T21 - Stabilization

Bin: 1 2 3 4 Operator:_____

AT# 01 02 03 Operator:_____

Coordinates: 2-12,-13 B-13 N.O.
RCRA E MTY

2 4 1111

AD ENTER LANDFILL/FT WAYNE ***** Receipt # 9406111 ***** Page - 1

K-W.

Date/Time In 12/13/94 12:01
Load Type Dumps
Transporter Name BUFFALO FUEL CORP
NIAGARA FALLS NY

Federal EPA ID NYD051809952

** WEIGHT SUMMARY **
Gross 75820.00
Tare .00
Net .00
Adj. .00
Adj. Net .00

Truck Number 3143 Trailer/Contnr #1 #2 #3

Rcpt Ln#	Doc Ln#	Document Number	Profile Sales	Profile Generator Invoicing Customer	Cnt #	Cnt Code	Total Quan.	W V	DCS Units	PCB	Sched Cat	Federal EPA Waste Status
1	1	INA0987141	AF1399	JOHN P SAAD & SONS I CCC GROUP INC	1	CM	22.00 P.O. Num	Y	Dump		TVHB	Check Restriction

75840 LB 01:04 PM 12/13/94 31

==========

Sampling Hr/Date: 12/13/94 1:40 pm
Sample #: 94-4701
Sampler Initials: AD

75840 LB KEYBOARD REENTRY 31
29840 LB 04:42 PM 12/13/94

75840 LB
29840 LB
46000 LB

23.00

FINGERPRINT ANALYSIS REPORT

P al Characteristics:
State: S Layers: 1
Color: Brown Odor: N

Water Mix:
Generation of Gasses: Y (N)
Density: S/F

Reactive Sulfide Screen: (Pass) Fail N/A)

Radioactivity Screen (=Backgrnd >Backgrnd)

Paint Filter Test: (Pass Fail (N/A)

Temp Change: Y (N)
Solubility: Soluble Insoluble (Slightly Soluble)

Reactive Cyanide Screen: (Pass) Fail N/A)

Flammability Potential (Positive (Negative)

Bulk Container: 80 %Full

Penetrometer: NA

pH: 6

Acceptance Status (Conforming Non-conforming (Accepted Rejected)

Comments:

Lab Sign Off: AD

==========

MANAGEMENT METHOD

Special Handling Instructions:

Destination:
1 - Secure Landfill
[illegible] - Container Building
T21 - Stabilization

Bin: 1 2 3 4

Operator:

AT# 01 02 03

Operator:

Coordinates: 2-12,13 B-14 N.C
RCRA EMTY

APPENDIX D

2 4 1113

DAILY PROGRESS REPORT AND DIARY

COMPANY _____

REPORT FOR DATE 12/15/94

JOB NO. BBH-4791 CITY Nashville

TEMP. 33 MIN. 40 MAX.

ptly cloudy

WEATHER A.M. WEATHER P.M. Cloudy

VISITORS Ogden Dutate, Fred EPA, Bob K.

EMPLOYEES	NO.	ACTIVITY DESCRIPTION
SUPERVISION	1	
LABORERS	1	
IRONWORKERS		
CARPENTERS		
CEMENT MASON		
OPERATORS	1	
PIPEFITTTERS		
consultant	1	
SUBCONTRACTORS	2	H.O.H + Vulcan → 6 Dumps Tri Axle surge rock added additl truck @ 9:00
		Charcoal Tubes C-1 5 hrs 1st day (3th) excavation C-2 8 hrs 38 min 3rd day (14th) backfill (background?)
		Rinsate from Clean hoe bucket - 3 jars R-1

Number of Working days lapsed ☐

Number of Calendar days lapsed ☐ On Schedule _____ ☒ YES ☐ No

COMMENTS A.M. → sign in Decon Hoe called for final vacuum truck + Frac pull. maybe tomorrow crew will be here.

water appears to have dropped ≈ 8 in

→ U-Haul Nolensville #182 for 5 days 20 deposit to SA, TX paid w/check

32 loads of rock (surge rock) includes 3 loads of 3/4" rock to top off excavation

Deconed Hoe with Pressure washer ~~pt~~ water drained back into open excavation deconned on top of plastic plastic + PPE placed into 55-gal drum (signed). left on-site - 2 booms in water left on-site trailer/outhouse/decon pad left on-sight

9th TT came turned around NO load deconned Frac Tank put into 8th load finished @ 2:30 came to pickup Trackhoe @ 2:35 hauled off trackhoe 3:00pm

EQUIPMENT PC300 Komatsu

BUILDING MATERIAL REQUIRED none

MAN HOURS TODAY _____

MAN HOURS TO DATE _____

SIGNED _____ PROJECT SUPERINTENDENT

CIRCULATION COPY

FORM FE 042 (7-92)

2 4 1114

DAILY PROGRESS REPORT AND DIARY

COMPANY CCC G

REPORT FOR DATE 12/14/94

JOB NO. BBH-4791 CITY Nashville, TN

TEMP. 25 MIN. ____ MAX.

WEATHER A.M. clear WEATHER P.M. calm

VISITORS Bob R. Fred S. Greg Powell

EMPLOYEES	NO.	ACTIVITY DESCRIPTION
SUPERVISION	1	
LABORERS	1	
IRONWORKERS		10 hrs for consultant
CARPENTERS		
CEMENT MASON		
OPERATORS	1	Turned away ≈ 10 trucks this AM
PIPEFITTTERS		
consultant	1	
		2 Vacuum Trucks 10:45
		1 vacuum @ 3:30 total of (7) vacuums
		@ 3:10 → (6) Loads Vulcan
		(2) Loads OH Trucking
SUBCONTRACTORS		of surge rock
		Received OK from Pete to backfill signal hole buttress for building OK'd with Fred
		Fred suggested test pits with hoe to determine extent visually - will check with Pete
		No smell this am confirmed w/ Bob + Fred Ran Perimeter Sample 8 hrs 38 min on North Fe.

Number of Working days lapsed 4

Number of Calendar days lapsed 5

On Schedule ____ ☒ YES ☐ No

COMMENTS Pumping water to backfill placed boulders and on-site fill into larger excavation - pumping water into other side to backfill ordered surge rock from Vulcan

→ called J. Bollenbacher left Message + Pgr

" R. Yester " "

↳ 5 loads of water ≈ $2000 each signal cost to us 33 ¢/g

Need to pump 4 loads from frac tank

→ Indecision about backfill Fred said bring in 1000 place in signal or our excavation doesn't matter!

→ Began backfilling Northern excavation 3:00 filled ½ way

→ skimmed oil with (2) booms contained oily film on northern area of southern excavation used some hay to absorb film, left on water in 25 sq ft area

≈ 14 loads of Surge Rock 3 were billed to signal used Alley-Cassidy + Vulcan

Fuel the hoe 40 gallons

ND on field screen (see data)

EQUIPMENT Trackhoe PC 300

BUILDING MATERIAL REQUIRED Dump Trucks

MAN HOURS TODAY 31.5

MAN HOURS TO DATE 104.5

SIGNED [signature] PROJECT SUPERINTENDENT

CIRCULATION COPY

FORM FE 042 (7-92)

2 4 1115

DAILY PROGRESS REPORT AND DIARY

COMPANY CCCG

REPORT FOR DATE 12/13/94

JOB NO. B5H-4791 CITY Nashville

TEMP 25 MIN 45 MAX wind N-NE

WEATHER A.M. Clear WEATHER P.M.

VISITORS F. Stroud, Bob Kowalski, Tim w/state Greg EPA Jeff Gipson

EMPLOYEES	NO.	ACTIVITY DESCRIPTION
SUPERVISION	1	Manifests, Notes
LABORERS	1	Decon
IRONWORKERS		
CARPENTERS		
CEMENT MASON		
OPERATORS	1	Trackhoe 300 PC
PIPEFITTTERS		
consultant	1	Monitor
		1 vacuum truck 9:15
		1 vacuum truck @ 11:50
		@ 11:50 35 trucks total
SUBCONTRACTORS		
		PM → 200,000 gallons of water in 5' from grade
		Call @ 4:30 → Ballenbacher stop work if comfortable with quantity

Number of Working days lapsed 3

Number of Calendar days lapsed 4 On Schedule ☒ YES ☐ No

COMMENTS A 7:00 AM on-site appears to be in 100,000 gallons of water in excavation

vacuum truck 8:15 5000 gal (yesterday 5000 gal ~~called~~ Pete / T. George Fred ok to backfill to 12' below grade excavate "L" toward previous excavation use existing material

→ excavate ~~1000~~ assume 1000 in-place yards going to check

— Gas locate "OK"

Not to exceed 1400 truck yards

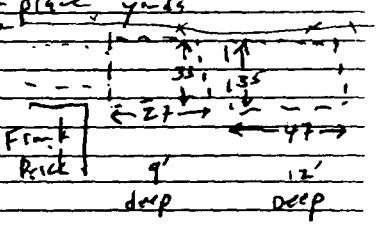
In-place 1000 bank yards

(27' X 33' X 9') ÷ 27 ⇒ 297 cy

(47 X 35 X 12) ÷ 27 ⇒ 731 cy

1028 cy total In place

110 C estimated truck yards Fred [signature]



EQUIPMENT Komatsu 300 PC

BUILDING MATERIAL REQUIRED

MAN HOURS TODAY 30

MAN HOURS TO DATE 73

SIGNED [signature] PROJECT SUPERINTENDENT

CIRCULATION COPY

FORM FE 042 (7-92)

2 4 1116

DAILY PROGRESS REPORT AND DIARY

COMPANY LCLG

REPORT FOR DATE 12/12/94

JOB NO. BBH-4791 CITY Nashville

TEMP. 25 MIN. 45 MAX. wind 5-10 to North

WEATHER A.M. Frost WEATHER P.M. Clear

VISITORS Fred Strood, Greg Veal, Greg Tate, News, J. Seed, Bob Kowalski

EMPLOYEES	NO.	ACTIVITY DESCRIPTION
SUPERVISION	1	Sign Manifest, Procurement
LABORERS	1	Decon equipment Flagman
IRONWORKERS		
CARPENTERS		
CEMENT MASON		
OPERATORS	1	Trachoe operator
PIPEFITTTERS		
consultant	1	Monitoring 11 hrs
		called Pete Am, Conf call 2pm
		backfill disp of water laidlaw drainage
SUBCONTRACTORS		Onsite @ 7:00 Am HASP till 8
		shaped material 9:00 waited
		for excavated said it broke
		down on highway
		Did Air monitoring w/Pid greg V.
		ND-13 was average
		material in bucket > 250
		Did real time monitor on fence* 6 hrs

Number of Working days lapsed 2

Number of Calendar days lapsed 3 On Schedule ☒ YES ☐ No

COMMENTS

10:05 Excavator Arrived - informed that $1,000 demurg

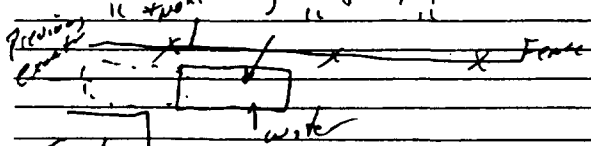
10:00 33 trucks lined up

Made deal $50/day using parking, scale, food
Eric

Loaded out 17 loads very wet material

Water monitor gushed into excavation from berm for 2 hours

" " " " from other side " "



News showed up Fred talked to them

talked to fred cant dewater, need fill,

EQUIPMENT Trachoe

BUILDING MATERIAL REQUIRED None

MAN HOURS TODAY 33

MAN HOURS TO DATE 43

SIGNED [signature] PROJECT SUPERINTENDENT

CIRCULATION COPY

FORM FE 042 (7-92)

2 4 1117

SAFETY MEETING REPORT

COMPANY CCC Group Inc.

CONTRACT NUMBER AND EWT 6B14791 Alcoa DATE OF MEETING 12/14/94

PROJECT Alcoa

TOPIC DISCUSSED

CRAFTS PRESENT operators Laborers

EMPLOYEES SIGNATURE WHO ATTENDED MEETING:

R A Kramer

Calvin Ferguson

SPECIAL PROBLEMS

PERSON CONDUCTING MEETING & TITLE Supt

SIGNATURE OF PERSON CONDUCTING MEETING R A Kramer

CCC 207

APPENDIX E

2 4 1119

CHEMRON
INCORPORATED

5496

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

CHAIN OF CUSTODY RECORD

Client: CCC Group, Inc. San Antonio (Dave Newman)

Project Name & Location: ALCOA - Nashville

Project Number: BBH-4791 COC Number:

P.O. #: n/a Chemron Job ID:

Sample ID	Date & Time Sampled	Sample Description	Analyses Required	Chemron Sample #
C-1	12/13/94 (5 hrs)	charcoal	Trichlor, Vinyl chloride	41695
C-2	12/14/94 (8 hrs 38m)	"	" "	41696
R-1	12/15/94 (3:00 pm)	Rinsate	111 trichloroethylene	4169[illegible]

COMMENTS:

Standard turnaround, fax results to Dave Newman @ 661-6060

RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME	SAMPLE CONDITION
[signature]	12/19/94 2:30pm	[signature]	12/19/94 2:30	Intact

CHEMRON
INCORPORATED

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41695, Front
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/13/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-1

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
Acetone	<1.0	1.0	Total, ug	12/27/94	8260
Acrolein	<0.50	0.50	Total, ug	12/27/94	8260
Acrylonitrile	<0.40	0.40	Total, ug	12/27/94	8260
Allyl chloride	<0.30	0.30	Total, ug	12/27/94	8260
Benzene	<0.30	0.30	Total, ug	12/27/94	8260
Bromodichloromethane	<0.30	0.30	Total, ug	12/27/94	8260
Bromoform	<0.20	0.20	Total, ug	12/27/94	8260
Bromomethane	<0.60	0.60	Total, ug	12/27/94	8260
2-Butanone (MEK)	<1.0	1.0	Total, ug	12/27/94	8260
Carbon tetrachloride	<0.30	0.30	Total, ug	12/27/94	8260
Chlorobenzene	<0.40	0.40	Total, ug	12/27/94	8260
Chloroethane	<0.20	0.20	Total, ug	12/27/94	8260
2-Chloroethyl vinyl ether	<1.0	1.0	Total, ug	12/27/94	8260
Chloroform	<0.30	0.30	Total, ug	12/27/94	8260
Chloromethane	<0.50	0.50	Total, ug	12/27/94	8260
Dibromochloromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dibromo-3-chloropropane (DBCP)	<0.60	0.60	Total, ug	12/27/94	8260
1,2-Dibromoethane (EDB)	<0.30	0.30	Total, ug	12/27/94	8260
Dibromomethane	<0.20	0.20	Total, ug	12/27/94	8260
1,2-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,3-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,4-Dichlorobenzene	<0.60	0.60	Total, ug	12/27/94	8260
trans-1,4-Dichloro-2-butene	<0.40	0.40	Total, ug	12/27/94	8260
Dichlorodifluoromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dichloroethane (EDC)	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethene	<0.50	0.50	Total, ug	12/27/94	8260
cis-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
trans-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
Dichloromethane (Methylene chloride)	<0.40	0.40	Total, ug	12/27/94	8260
1,2-Dichloropropane	<0.20	0.20	Total, ug	12/27/94	8260
cis-1,3-Dichloropropene	<0.20	0.20	Total, ug	12/27/94	8260
trans-1,3-Dichloropropene	<0.30	0.30	Total, ug	12/27/94	8260
Diethyl ether	<0.50	0.50	Total, ug	12/27/94	8260
Ethylbenzene	<0.50	0.50	Total, ug	12/27/94	8260
Ethyl methacrylate	<0.50	0.50	Total, ug	12/27/94	8260
2-Hexanone	<0.60	0.60	Total, ug	12/27/94	8260
Methacrylonitrile	<0.50	0.50	Total, ug	12/27/94	8260
Methyl iodide (Iodomethane)	<0.50	0.50	Total, ug	12/27/94	8260
Methyl methacrylate	<0.40	0.40	Total, ug	12/27/94	8260
4-Methyl-2-pentanone (MIBK)	<1.0	1.0	Total, ug	12/27/94	8260
Propionitrile (Ethyl cyanide)	<1.0	1.0	Total, ug	12/27/94	8260
Styrene	<0.40	0.40	Total, ug	12/27/94	8260
1,1,1,2-Tetrachloroethane	<0.50	0.50	Total, ug	12/27/94	8260

CHEMRON
INCORPORATED

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41695, Front
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/13/94
Date & Time Received:
12/19/94 14:30

Sample Description:
BBH-4791 Alcoa - Nashville
C-1

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
1,1,2,2-Tetrachloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Tetrachloroethene	<0.50	0.50	Total, ug	12/27/94	8260
Toluene	<0.30	0.30	Total, ug	12/27/94	8260
1,1,1-Trichloroethane	<0.50	0.50	Total, ug	12/27/94	8260
1,1,2-Trichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Trichloroethene	<0.20	0.20	Total, ug	12/27/94	8260
Trichlorofluoromethane	<0.50	0.50	Total, ug	12/27/94	8260
1,2,3-Trichloropropane	<0.30	0.30	Total, ug	12/27/94	8260
Vinyl chloride	<0.30	0.30	Total, ug	12/27/94	8260
m,p-Xylene	<0.50	0.50	Total, ug	12/27/94	8260
o-Xylene	<0.40	0.40	Total, ug	12/27/94	8260

Approved by: _____

All test method numbers are references to U.S. Environmental Protection Agency methods unless otherwise noted. If an analytical value is shown with the less than sign ("<"), this indicates that the parameter was not detected. The corresponding number then represents the nominal practical quantitation limit for the analytical procedure employed.

2 4 1122

CHEMRON
INCORPORATED

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41695, Back
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/13/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-1

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
Acetone	<1.0	1.0	Total, ug	12/27/94	8260
Acrolein	<0.50	0.50	Total, ug	12/27/94	8260
Acrylonitrile	<0.40	0.40	Total, ug	12/27/94	8260
Allyl chloride	<0.30	0.30	Total, ug	12/27/94	8260
Benzene	<0.30	0.30	Total, ug	12/27/94	8260
Bromodichloromethane	<0.30	0.30	Total, ug	12/27/94	8260
Bromoform	<0.20	0.20	Total, ug	12/27/94	8260
Bromomethane	<0.60	0.60	Total, ug	12/27/94	8260
2-Butanone (MEK)	<1.0	1.0	Total, ug	12/27/94	8260
Carbon tetrachloride	<0.30	0.30	Total, ug	12/27/94	8260
Chlorobenzene	<0.40	0.40	Total, ug	12/27/94	8260
Chloroethane	<0.20	0.20	Total, ug	12/27/94	8260
2-Chloroethyl vinyl ether	<1.0	1.0	Total, ug	12/27/94	8260
Chloroform	<0.30	0.30	Total, ug	12/27/94	8260
Chloromethane	<0.50	0.50	Total, ug	12/27/94	8260
Dibromochloromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dibromo-3-chloropropane (DBCP)	<0.60	0.60	Total, ug	12/27/94	8260
1,2-Dibromoethane (EDB)	<0.30	0.30	Total, ug	12/27/94	8260
Dibromomethane	<0.20	0.20	Total, ug	12/27/94	8260
1,2-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,3-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,4-Dichlorobenzene	<0.60	0.60	Total, ug	12/27/94	8260
trans-1,4-Dichloro-2-butene	<0.40	0.40	Total, ug	12/27/94	8260
Dichlorodifluoromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dichloroethane (EDC)	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethene	<0.50	0.50	Total, ug	12/27/94	8260
cis-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
trans-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
Dichloromethane (Methylene chloride)	<0.40	0.40	Total, ug	12/27/94	8260
1,2-Dichloropropane	<0.20	0.20	Total, ug	12/27/94	8260
cis-1,3-Dichloropropene	<0.20	0.20	Total, ug	12/27/94	8260
trans-1,3-Dichloropropene	<0.30	0.30	Total, ug	12/27/94	8260
Diethyl ether	<0.50	0.50	Total, ug	12/27/94	8260
Ethylbenzene	<0.50	0.50	Total, ug	12/27/94	8260
Ethyl methacrylate	<0.50	0.50	Total, ug	12/27/94	8260
2-Hexanone	<0.60	0.60	Total, ug	12/27/94	8260
Methacrylonitrile	<0.50	0.50	Total, ug	12/27/94	8260
Methyl iodide (Iodomethane)	<0.50	0.50	Total, ug	12/27/94	8260
Methyl methacrylate	<0.40	0.40	Total, ug	12/27/94	8260
4-Methyl-2-pentanone (MIBK)	<1.0	1.0	Total, ug	12/27/94	8260
Propionitrile (Ethyl cyanide)	<1.0	1.0	Total, ug	12/27/94	8260
Styrene	<0.40	0.40	Total, ug	12/27/94	8260
1,1,1,2-Tetrachloroethane	<0.50	0.50	Total, ug	12/27/94	8260

CHEMRON
INCORPORATED

2 4 1123

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41695, Back
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/13/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-1

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
1,1,2,2-Tetrachloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Tetrachloroethene	<0.50	0.50	Total, ug	12/27/94	8260
Toluene	<0.30	0.30	Total, ug	12/27/94	8260
1,1,1-Trichloroethane	<0.50	0.50	Total, ug	12/27/94	8260
1,1,2-Trichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Trichloroethene	<0.20	0.20	Total, ug	12/27/94	8260
Trichlorofluoromethane	<0.50	0.50	Total, ug	12/27/94	8260
1,2,3-Trichloropropane	<0.30	0.30	Total, ug	12/27/94	8260
Vinyl chloride	<0.30	0.30	Total, ug	12/27/94	8260
m,p-Xylene	<0.50	0.50	Total, ug	12/27/94	8260
o-Xylene	<0.40	0.40	Total, ug	12/27/94	8260

Approved by:

All test method numbers are references to U.S. Environmental Protection Agency methods unless otherwise noted. If an analytical value is shown with the less than sign ("<"), this indicates that the parameter was not detected. The corresponding number then represents the nominal practical quantitation limit for the analytical procedure employed.

CHEMRON
INCORPORATED

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41696,Front
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/14/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-2

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
Acetone	<1.0	1.0	Total, ug	12/27/94	8260
Acrolein	<0.50	0.50	Total, ug	12/27/94	8260
Acrylonitrile	<0.40	0.40	Total, ug	12/27/94	8260
Allyl chloride	<0.30	0.30	Total, ug	12/27/94	8260
Benzene	<0.30	0.30	Total, ug	12/27/94	8260
Bromodichloromethane	<0.30	0.30	Total, ug	12/27/94	8260
Bromoform	<0.20	0.20	Total, ug	12/27/94	8260
Bromomethane	<0.60	0.60	Total, ug	12/27/94	8260
2-Butanone (MEK)	<1.0	1.0	Total, ug	12/27/94	8260
Carbon tetrachloride	<0.30	0.30	Total, ug	12/27/94	8260
Chlorobenzene	<0.40	0.40	Total, ug	12/27/94	8260
Chloroethane	<0.20	0.20	Total, ug	12/27/94	8260
2-Chloroethyl vinyl ether	<1.0	1.0	Total, ug	12/27/94	8260
Chloroform	<0.30	0.30	Total, ug	12/27/94	8260
Chloromethane	<0.50	0.50	Total, ug	12/27/94	8260
Dibromochloromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dibromo-3-chloropropane (DBCP)	<0.60	0.60	Total, ug	12/27/94	8260
1,2-Dibromoethane (EDB)	<0.30	0.30	Total, ug	12/27/94	8260
Dibromomethane	<0.20	0.20	Total, ug	12/27/94	8260
1,2-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,3-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,4-Dichlorobenzene	<0.60	0.60	Total, ug	12/27/94	8260
trans-1,4-Dichloro-2-butene	<0.40	0.40	Total, ug	12/27/94	8260
Dichlorodifluoromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethane	1.7	0.30	Total, ug	12/27/94	8260
1,2-Dichloroethane (EDC)	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethene	<0.50	0.50	Total, ug	12/27/94	8260
cis-1,2-Dichloroethene	22	0.40	Total, ug	12/27/94	8260
trans-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
Dichloromethane (Methylene chloride)	<0.40	0.40	Total, ug	12/27/94	8260
1,2-Dichloropropane	<0.20	0.20	Total, ug	12/27/94	8260
cis-1,3-Dichloropropene	<0.20	0.20	Total, ug	12/27/94	8260
trans-1,3-Dichloropropene	<0.30	0.30	Total, ug	12/27/94	8260
Diethyl ether	<0.50	0.50	Total, ug	12/27/94	8260
Ethylbenzene	<0.50	0.50	Total, ug	12/27/94	8260
Ethyl methacrylate	<0.50	0.50	Total, ug	12/27/94	8260
2-Hexanone	<0.60	0.60	Total, ug	12/27/94	8260
Methacrylonitrile	<0.50	0.50	Total, ug	12/27/94	8260
Methyl iodide (Iodomethane)	<0.50	0.50	Total, ug	12/27/94	8260
Methyl methacrylate	<0.40	0.40	Total, ug	12/27/94	8260
4-Methyl-2-pentanone (MIBK)	<1.0	1.0	Total, ug	12/27/94	8260
Propionitrile (Ethyl cyanide)	<1.0	1.0	Total, ug	12/27/94	8260
Styrene	<0.40	0.40	Total, ug	12/27/94	8260
1,1,1,2-Tetrachloroethane	<0.50	0.50	Total, ug	12/27/94	8260

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2 4 1125

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41696,Front
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/14/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-2

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
1,1,2,2-Tetrachloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Tetrachloroethene	0.34	0.50	Total, ug	12/27/94	8260
Toluene	1.9	0.30	Total, ug	12/27/94	8260
1,1,1-Trichloroethane	2.9	0.50	Total, ug	12/27/94	8260
1,1,2-Trichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Trichloroethene	12	0.20	Total, ug	12/27/94	8260
Trichlorofluoromethane	<0.50	0.50	Total, ug	12/27/94	8260
1,2,3-Trichloropropane	<0.30	0.30	Total, ug	12/27/94	8260
Vinyl chloride	0.61	0.30	Total, ug	12/27/94	8260
m,p-Xylene	0.27	0.50	Total, ug	12/27/94	8260
o-Xylene	<0.40	0.40	Total, ug	12/27/94	8260

Approved by:

All test method numbers are references to U.S. Environmental Protection Agency methods unless otherwise noted. If an analytical value is shown with the less than sign ("<"), this indicates that the parameter was not detected. The corresponding number then represents the nominal practical quantitation limit for the analytical procedure employed.

2 4 1126

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10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41696, Back
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/14/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-2

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
Acetone	<1.0	1.0	Total, ug	12/27/94	8260
Acrolein	<0.50	0.50	Total, ug	12/27/94	8260
Acrylonitrile	<0.40	0.40	Total, ug	12/27/94	8260
Allyl chloride	<0.30	0.30	Total, ug	12/27/94	8260
Benzene	<0.30	0.30	Total, ug	12/27/94	8260
Bromodichloromethane	<0.30	0.30	Total, ug	12/27/94	8260
Bromoform	<0.20	0.20	Total, ug	12/27/94	8260
Bromomethane	<0.60	0.60	Total, ug	12/27/94	8260
2-Butanone (MEK)	<1.0	1.0	Total, ug	12/27/94	8260
Carbon tetrachloride	<0.30	0.30	Total, ug	12/27/94	8260
Chlorobenzene	<0.40	0.40	Total, ug	12/27/94	8260
Chloroethane	<0.20	0.20	Total, ug	12/27/94	8260
2-Chloroethyl vinyl ether	<1.0	1.0	Total, ug	12/27/94	8260
Chloroform	<0.30	0.30	Total, ug	12/27/94	8260
Chloromethane	<0.50	0.50	Total, ug	12/27/94	8260
Dibromochloromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dibromo-3-chloropropane (DBCP)	<0.60	0.60	Total, ug	12/27/94	8260
1,2-Dibromoethane (EDB)	<0.30	0.30	Total, ug	12/27/94	8260
Dibromomethane	<0.20	0.20	Total, ug	12/27/94	8260
1,2-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,3-Dichlorobenzene	<0.50	0.50	Total, ug	12/27/94	8260
1,4-Dichlorobenzene	<0.60	0.60	Total, ug	12/27/94	8260
trans-1,4-Dichloro-2-butene	<0.40	0.40	Total, ug	12/27/94	8260
Dichlorodifluoromethane	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
1,2-Dichloroethane (EDC)	<0.30	0.30	Total, ug	12/27/94	8260
1,1-Dichloroethene	<0.50	0.50	Total, ug	12/27/94	8260
cis-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
trans-1,2-Dichloroethene	<0.40	0.40	Total, ug	12/27/94	8260
Dichloromethane (Methylene chloride)	<0.40	0.40	Total, ug	12/27/94	8260
1,2-Dichloropropane	<0.20	0.20	Total, ug	12/27/94	8260
cis-1,3-Dichloropropene	<0.20	0.20	Total, ug	12/27/94	8260
trans-1,3-Dichloropropene	<0.30	0.30	Total, ug	12/27/94	8260
Diethyl ether	<0.50	0.50	Total, ug	12/27/94	8260
Ethylbenzene	<0.50	0.50	Total, ug	12/27/94	8260
Ethyl methacrylate	<0.50	0.50	Total, ug	12/27/94	8260
2-Hexanone	<0.60	0.60	Total, ug	12/27/94	8260
Methacrylonitrile	<0.50	0.50	Total, ug	12/27/94	8260
Methyl iodide (Iodomethane)	<0.50	0.50	Total, ug	12/27/94	8260
Methyl methacrylate	<0.40	0.40	Total, ug	12/27/94	8260
4-Methyl-2-pentanone (MIBK)	<1.0	1.0	Total, ug	12/27/94	8260
Propionitrile (Ethyl cyanide)	<1.0	1.0	Total, ug	12/27/94	8260
Styrene	<0.40	0.40	Total, ug	12/27/94	8260
1,1,1,2-Tetrachloroethane	<0.50	0.50	Total, ug	12/27/94	8260

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10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41696, Back
Sample Matrix: Waste
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/14/94

Sample Description:
BBH-4791 Alcoa - Nashville
C-2

Date & Time Received:
12/19/94 14:30

CHEMICAL ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
1,1,2,2-Tetrachloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Tetrachloroethene	<0.50	0.50	Total, ug	12/27/94	8260
Toluene	<0.30	0.30	Total, ug	12/27/94	8260
1,1,1-Trichloroethane	<0.50	0.50	Total, ug	12/27/94	8260
1,1,2-Trichloroethane	<0.30	0.30	Total, ug	12/27/94	8260
Trichloroethene	<0.20	0.20	Total, ug	12/27/94	8260
Trichlorofluoromethane	<0.50	0.50	Total, ug	12/27/94	8260
1,2,3-Trichloropropane	<0.30	0.30	Total, ug	12/27/94	8260
Vinyl chloride	0.58	0.30	Total, ug	12/27/94	8260
m,p-Xylene	<0.50	0.50	Total, ug	12/27/94	8260
o-Xylene	<0.40	0.40	Total, ug	12/27/94	8260

Approved by: _____

All test method numbers are references to U.S. Environmental Protection Agency methods unless otherwise noted. If an analytical value is shown with the less than sign ("<"), this indicates that the parameter was not detected. The corresponding number then represents the nominal practical quantitation limit for the analytical procedure employed.

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INCORPORATED

10526 Gulfdale • San Antonio, Texas 78216-3601 • (210) 340-8121

2 4 1128

Client:
CCC Group, Inc.
P.O. Box 200350
San Antonio, TX 78220-0350

Report Date: 12/29/94
Chemron Sample #: 41697
Sample Matrix: Water
Client's Job #: BBH 4791
COC #:
Date Sampled: 12/15/94

Sample Description:
BBH-4791 Alcoa - Nashville
R-1

Date & Time Received:
12/19/94 14:30

VOLATILE ORGANICS ANALYSIS REPORT

Parameter	Results	Quant. Limit	Units	Date Analyzed	Method
Trichloroethene	<0.002	0.002	mg/l	12/27/94	8260

Approved by: _____

All test method numbers are references to U.S. Environmental Protection Agency methods unless otherwise noted. If an analytical value is shown with the less than sign ("<"), this indicates that the parameter was not detected. The corresponding number then represents the nominal practical quantitation limit for the analytical procedure employed.

2 4 1129

CALIBRATION CERTIFICATE
SIGNAL ENVIRONMENTAL SERVICES, INC.
900 MANUFACTURERS ROAD
CHATTANOOGA, TN.

DATE

DEC. 19, 1994

EQUIPMENT

AIR SAMPLE PUMP

EQUIPMENT IDENTIFICATION NUMBER

#1

CALIBRATION PERFORMED BY

Michael Matthews / DAN McCLERAN

METHOD USED

CALIBRATION BURETTE

CALIBRATED TO WHAT (FLOW RATE, GAS, ETC.)

FLOW RATE = 1.5 Liters/min

2 4 11301

CCC GROUP, INC.

January 26, 1995

Aluminum Company of America
425 Sixth Avenue, 1244 Alcoa building
Pittsburgh, Pennsylvania 15219

Attn: Jim Bollenbacher

Dear Mr. Bollenbacher:

The attached report describes the remediation activities recently performed by CCC Group, Inc. at the Saad Site in Nashville, Tennessee. This report is intended to serve as the closure report for the work performed at the Saad Site in December 1994.

We appreciate the opportunity to provide environmental services to ALCOA. If you have any questions with this report or require further information, please don't hesitate to call us at (210) 661-4251.

Sincerely,

David Newman
CCC Group, Inc.

P.O. BOX 200350, 5797 DIETRICH RD., SAN ANTONIO, TX 78220-0350
210/661-4251 FAX: 210/661-6060