LINN CO. 1343

RCRIS HANDLER INFORMATION REPORT

May 10, 1994

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - RCRA/IOWA
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible.

RECEIVED
JAN 12 1995
IOWA SECTION

EPA RCRA ID Number:	IA0000111708
Name of Company/Installation:	J N FAUVER SERVICE CENTER
Location of Installation:	6700 6TH ST SW
City/State/Zip:	CEDAR RAPIDS, IA 52404
County:	LINN
Mailing Address:	6700 6TH ST SW
City/State/Zip:	CEDAR RAPIDS, IA 52404
Land Type:	Private
Installation Contact:	~~KEVIN HACKER~~ ORRIN PRINS
Job Title:	SERVICE MANAGER
Phone Number:	(319)366-6346
Contact's Address:	6700 6TH ST SW
City/State/Zip:	CEDAR RAPIDS, IA 52404
Current Owner of Installation:	ALL IOWA BODY
Owner's Address:	6738 6TH ST SW CEDAR RAPIDS, IA 52404
Phone Number:	(319)366-6346
Owner Type:	Private
Type(s) of Regulated Activity:	SMALL QUANTITY GENERATOR
Hazardous Wastes Handled:	D001, ~~D002~~, D018, D039 D040 D006 D008 D035 SAFETY - Kleen

R00048752
RCRA Records Center

Orrin Prins
Signature

ORRIN PRINS MANAGER
Name and Official Title

1/5/95
Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

RCRIS data entered
BY AARP/SEE
ON 1/17/95

RCRA FILE COPY
IA0000111708
DOCUMENT #

777 Big Timber Road
Elgin, Illinois 60123

safety-kleen

FOR SERVICE CALL
TRANSPORTER

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 25	01-08	564635

MANIFEST NUMBER XXXXX

CUSTOMER GENERATOR

319-386-3024 DAN JENNINGS SR
5-047-01-8262-2 LOR ON FILE
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO

220-2200 PP
5-047-01-0320
JW FAUVER
2500 E AVE DR
MADISON HEIGHTS MI

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
6-18-93	469	XXXX			C			

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-366-6344	YES	913	001	.05	.05	.05

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) INITIAL	CHANGE SCHEDULE DATE YY WW	REMARKS 0055
1	520-37934	73.50	3.68	77.18	08			
2								
3								
4								
5								
6								
7								
8								
9								
0								
1								
2								
TOTAL SERVICE SECTION		73.50	3.68	77.18				

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

GENERATOR USA EPA ID NO. IAD984599290

GENERATOR STATE ID NO.

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
			1	13	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month	Initials
220 lbs. to 2,200 lbs./month	MAF Initials
Greater than 2,200 lbs./month	Initials

Total Quantity = Number of Drums x Ave. Wt/Drum or Rails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027532
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X Matt Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name Matt Frerichs

TOTAL SERVICE AMOUNT (FROM ABOVE) 77.18

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

SERVICE/SALES ACKNOWLEDGEMENT

CUSTOMER

FORM NO. 700-08-12 (REV. 1/93)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

777 Big Timber Road
Elgin, Illinois 60123

[redacted] NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
319-366-3024 DAN JENNINGS SR

FED. ID NO. 39-6090015

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 1	01-08	514593

MANIFEST NUMBER XXXXX

CUSTOMER / GENERATOR
5-047-01-8262-2 LOR ON FILE
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO
220-2200 PO
5-047-01-0320
JW FAUVER
1500 E AVE OR
MADISON HEIGHTS MI 48071

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
1-6-93	4049	XXXX			C		241.51	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-366-6346		YES	813	001	.05	.05	.05

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YYWW)	REMARKS 0055
1	520-37934	73.50	3.68	77.18	08			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
TOTAL SERVICE SECTION		73.50	3.68	77.18				

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

GENERATOR USA EPA ID NO. IAD984599290
GENERATOR STATE ID NO.
16-285-1404

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
			1	18	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month _____ Initials
220 lbs. to 2,200 lbs./month MAF Initials
Greater than 2,200 lbs./month _____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 4.5, SSPW TANKS XXXXX, 16 Gal. 7 XXXXXXXXXXX, 30 Gal.

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X Matt Francks
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE
Print Name Matt Francks

TOTAL SERVICE AMOUNT (FROM ABOVE) 77.18
TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 9/92)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

777 Big Timber Road
Elgin, Illinois 60123

BRANS NO. 05106-0408

FOR SERVICE CALL
TRANSPORTER
319-386-3024 DAN JENNINGS SR

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 5	01-08	918991

MANIFEST NUMBER: XXXXX

047-01-8262-2 LDR ON FILE 220-2200 PP
FAUVER CEDAR RAPIDS SL
3300 AVE SW
CEDAR RAPIDS IA 52404

Feb PM L

BILL TO
5-047-01-C320
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
93	4049	XXXX			C		77.18	

CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
NO	007	319-366-6346		YES	813	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0055
85893	73.50	3.68	77.18	12				/ZEP
TOTAL SERVICE SECTION	73.50	3.68	77.18					

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

GENERATOR USA EPA ID NO. IAD984599290

GENERATOR STATE ID NO.

16-285-1464

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: SSPW TANKS OF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		1	11	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)
				RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 599

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month	Initials
220 lbs. to 2,200 lbs./month	MAF Initials
Greater than 2,200 lbs./month	Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 5.0, SSPW TANKS XXXXX, 16 Gal. 6, 30 Gal. XXXXXXX

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
1035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
				☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X Matt Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name Matt Frerichs

TOTAL SERVICE AMOUNT (FROM ABOVE) 77.18

TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 9/92)

777 Big Timber Road
Elgin, Illinois 60123

FOR SERVICE CALL
TRANSPORTER
319-386-3024 DAN JENNINGS SR

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 9	01-08	248053

MANIFEST NUMBER: XXXXX

5-047-01-8262-2 LDR ON FILE 220-2200 PP
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

5-047-01-0320
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

BILL TO

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
03-05-93	3937	XXXX			C		77.18	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-386-0340	YES	813	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0052
520-37934	73.50	3.68	77.18	08				7 gallons
520-85824	73.50	3.68	77.18	12				11 gallons
550-85825	150.50	7.83	164.33	12				1 GRAY MILLS
TOTAL SERVICE SECTION	303.50	15.19	318.69					

GENERATOR USA EPA ID NO. IAD984599290
GENERATOR STATE ID NO.
10-285-1404

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED	✓	
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
			2	18 gal	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

	Initials
0 to 220 lbs./month	
220 lbs. to 2,200 lbs./month	MAF
Greater than 2,200 lbs./month	

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 5.0 XXXXXXX 0 XXXXXXXXXXX

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X Matt Freeds
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 318.69

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Print Name Matt Freeds

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 1/93)

777 Big Timber Road
Elgin, Illinois 60123

FOR SERVICE CALL
TRANSPORTER

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 17	01-08	907534

MANIFEST NUMBER XXXXX

319-386-3024 DAN JENNINGS SR
LDR ON FILE 220-2200 PP
5-047-01-8262-2 5-047-01-0320

CUSTOMER / GENERATOR
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
4-27-93	4049	XXXX			C			

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-366-6346		YES	913	001	.05	.05	.05

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SERVICE TERM (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0063
1	520-37934	73.50	3.68	77.18	08		10		
2	520-85893	73.50	3.68	77.18	12		10		/ZEP
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
TOTAL SERVICE SECTION		147.00	7.36	154.36					

GENERATOR USA EPA ID NO. IAD984599290
GENERATOR STATE ID NO. 16-285-1464

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
			2	20	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month ____ Initials
220 lbs. to 2,200 lbs./month MAF Initials
Greater than 2,200 lbs./month ____ Initials

Total Quantity = Number of Drums x Ave. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X Matt Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

TOTAL SERVICE AMOUNT (FROM ABOVE) 154.36
TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Print Name Matt Frerichs

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO 700-08-12 (REV 1/93)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

777 Big Timber Road
Elgin, Illinois 60123

FOR SERVICE CALL
TRANSPORTER

June

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 21	01-08	236108

MANIFEST NUMBER XXXXX

CUSTOMER / GENERATOR
5-047-01-8262-2
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

31[redacted]3024 DAN JENNINGS SR
LDR ON FILE 220-2200 PP

BILL TO
5-047-01-0320
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5-25-93	4049	XXXX			C		154.36	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-366-6346		YES	913	001	.05	.05	.05

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0047
1	520-85824	73.50	3.68	77.18	12		9		
2	550-85825	156.50	7.83	164.33	12		5X	18	/GRAYMILLS
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
	TOTAL SERVICE SECTION	230.00	11.51	241.51					

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	
IAD984599290		16-285-1464

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

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

PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	USEPA TRANSPORTER ID# ILD051060408
			6	99	Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)	(IN GALLONS)
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	IN GALS PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

	Initials
0 to 220 lbs./month	
220 lbs. to 2,200 lbs./month	MAF
Greater than 2,200 lbs./month	

Total Quantity = Number of Drums x Aver. Wt/Drum of Pails
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

SERVICE/SALES ACKNOWLEDGEMENT

CUSTOMER

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
			632	W-OH GRIT	☐	8.65	EA	1			N/C
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO: ☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ______________ AMOUNT $ ______________
INV. # ______________ AMOUNT $ ______________
INV. # ______________ AMOUNT $ ______________

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	241.51
TOTAL DUE	

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Matthew Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name Matthew Frerichs

FORM NO. 700 08-12 (REV. 1/93)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 Randall Road
Elgin, Illinois 60123

safety-kleen

FOR SERVICE CALL
TRANSPORTER
319-366-3024 DAN JENNINGS SR
LDR ON FILE 220-2200 PP

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 29	01-08	894201

MANIFEST NUMBER XXXXX

CUSTOMER GENERATOR
5-047-01-8262-2
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO
5-047-01-0320
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
7-20-93	4049	XXXX			C		77.18	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-366-6346		YES	913	001	.05	.05	.05

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS
1	520-85893	73.50	3.68	77.18	12				/TED
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
TOTAL SERVICE SECTION		73.50	3.68	77.18					

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

GENERATOR USA EPA ID NO. IAD984599290
GENERATOR STATE ID NO. 16-285-1464

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)		
			1	9	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27)	(IN GALLONS)	16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27)	(IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	IN GALS	PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month ____ Initials
220 lbs. to 2,200 lbs./month ____ Initials
Greater than 2,200 lbs./month ____ Initials

~~Total Quantity X Number of Drums X Ave. Wt/Drum of Pails~~

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3225 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	1		632	CLEANER,HAND W/CH	☐	3.65	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X [signature]
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

TOTAL SERVICE AMOUNT (FROM ABOVE) 77.18
TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Print Name [signature]

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 4/93)

1000 Randall Road
Elgin, Illinois 60123

FOR SERVICE CALL
TRANSPORTER
319-386-3024 STEVE RAMAEKERS

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 33	01-08	233990

MANIFEST NUMBER: XXXXX

CUSTOMER / GENERATOR
5-047-01-8202-2
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

LDR ON FILE
Aug X

BILL TO
JN FAUVER
[illegible] AVE SW
MADISON HEIGHTS MI [illegible]

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5-20-93	1163	XXXX					77.18	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NC	007	319-366-6348	YES	[illegible]	[illegible]	.05	.05	.25

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	INITIAL	CHANGE SCHEDULE DATE (MMDD)	REMARKS 0055
1	520-37934	73.50	3.68	77.18	08				7
2	520-8862-	73.5	3.68	77.18	12				7
3	502-33325	156.57	7.83	164.33	12				1 DRAIN PAILS
4									
5									
6									
7									
8									
9									
10									
11									
12									

TOTAL SERVICE SECTION: 303.50 | 15.19 | 318.69

GENERATOR USA EPA ID NO.: IAD984[illegible]
GENERATOR STATE ID NO.: 16-285-246-

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED		
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	
			2	14	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) (IN GALLONS)	PRODUCT NO. 699

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month	initials
220 lbs. to 2,200 lbs./month	MAF initials
Greater than 2,200 lbs./month	initials

Total Quantity = Number of Drums x Ave. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027512
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
1			632	CLEANER, HAND W/CH	☐	8.65	EA				
			616	Hose	☐	3.15	EA	2	6.30	.31	7.26
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAYS SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS: 7.26

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE): 318.69
TOTAL DUE: 325.95

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Matt Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name Matt Frerichs

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO 700-03 12 (REV 4/91)

1000 Randall Road
Elgin, Illinois 60123

Safety-Kleen®

FOR SERVICE CALL
TRANSPORTER
319-386-3024 STEVE RAMAEKERS
LOR ON FILE 320-2230 PP

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 41	01-08	973914

MANIFEST NUMBER XXXXX

CUSTOMER / GENERATOR
5-047-01-8262-2
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO
5-047-01-0320
JW FAUVER
1500 E AVE OR
MADISON HEIGHTS MI 48071

Out Pay L

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
10-11-93	4049	XXXX			C			

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	00	007	319-366-6346		YES	913	001	.05	.05	.05

MACHINE SERVICE SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0068
1	520-3793+	35.50	4.28	39.78	08				
2	520-85893	35.50	4.28	39.78	12				VZEP
3									
4									
5									
6									
7									
8									
9									
0									
1									
2									
TOTAL SERVICE SECTION		171.00	8.56	179.56					

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION	✓	

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED	✓	
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

GENERATOR USA EPA ID NO. IAD984599290
GENERATOR STATE ID NO. 16-265-1454

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
					Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 16 GAL. DRUMS
			2	18	RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27) (IN GALLONS) 30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 699
			1@7	1@11	

USEPA TRANSPORTER ID# ILD051060408

I certify that my total waste streams are within one of the following categories:

	Initials
0 to 220 lbs./month	
220 lbs. to 2,200 lbs./month	MAF
Greater than 2,200 lbs./month	

Total Quantity = Number of Drums x Avg. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
		2	616	HOSE,FLO-THRU BRU	☐	3.45	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 179.56
TOTAL DUE

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Matthew Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE
Print Name Matthew Frerichs

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 4/93)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

1000 North Randall Road
Elgin, Illinois 60123-7857
safety-kleen®

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

R SERVICE CALL
TRANSPORTER
319-366 STEVE RAMAEKERS
LDR REQ'D 220-2200 PP

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 45	01-08	198895
MANIFEST NUMBER	XXXXX	

GENERATOR
5-047-01-8262-2
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO
5-047-01-0320
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

Nov P&L

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
11-8-93	4049	XXXX			3		179.56	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
05	NO	007	319-366-6346	YES	13	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0039
520-85624	19.50 ~~45.50~~	.91 ~~2.28~~	13.41 ~~48.78~~	12				
520-85625	19.50 ~~22.50~~	.97 ~~1.13~~	13.47 ~~23.63~~	12				/GRAY MILLS
TOTAL SERVICE SECTION	249.00 ~~268.00~~	12.44 ~~13.41~~	261.44 ~~281.41~~					

OK to pay
Shop Supplies
BR43
Kevin Hacker 11/09/93

GENERATOR USA EPA ID NO. IAD98599290
GENERATOR STATE ID NO.
16-285-1464

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS. AND ID.)	USEPA TRANSPORTER ID#: ILD984908202 ILD984908202
					Waste Combustible Liquid. N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA. D001. D018. DO39) (ERG #27) (IN GALLONS)	SSPW AND/OR 16 GAL. DRUMS
			4	60	RQ Waste Combustible Liquid. N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA. D001. D018. DO39) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
					RQ Waste Compounds. Cleaning Liquid. (Monoethanolamine) 8. NA1760 PGIII (EPA. D006. D007. D008. D018. D021. D027. D039. D040) (ERG #60) IN GALS	PRODUCT NO. 699
					16.17 16.15 16.17 16.17	

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month	Initials
220 lbs. to 2,200 lbs./month	ETP Initials
Greater than 2,200 lbs./month	Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	2		616	HOSE, FLO-THRU BRU	☐	3.45	EA				
					☐						
			632	hand cleaner	☐	3.192		12	63.84	3.19	67.03
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS	67.03
TOTAL SERVICE AMOUNT (FROM ABOVE)	261.44
TOTAL DUE	328.47

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X _____
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name Eric Bernstein

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700.08.12 (REV. 11/93)

1000 North Randall Road
Elgin, Illinois 60123-7857

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

FOR SERVICE CALL
TRANSPORTER
319-386-3024 STEVE RAMAEKERS

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 49	01-08	522728

MANIFEST NUMBER XXXXX

GENERATOR
5-047-01-8262-2 LDR REQ'D
J N FAUVER CEDAR RAPIDS SL
955 33RD AVE SW
CEDAR RAPIDS IA 52404

BILL TO
220-2200 PP
5-047-01-0320
JW FAUVER
1500 E AVE DR
MADISON HEIGHTS MI 48071

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
12-6-93	4049	XXXX			C		328.47	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
06	NO	007	319-366-6346	YES	913	001	.05	.05	.05

CUSTOMER

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS 0053
520-37934	79.50	3.98	83.48	08				1
OK to pay.								
shop supplies								
BP43 Kevin Hackel								
12/06/93								
TOTAL SERVICE SECTION	79.50	3.98	83.48	GENERATOR USA EPA ID NO. IAD984599290			GENERATOR STATE ID NO.	16-285-1464

WECARE

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	✓	
LAMP ASSEMBLY CONDITION		

	YES	NO
DECALS IN PLACE AND LEGIBLE	✓	
FUSIBLE LINK INSTALLED		
EMERGENCY CLOSING OF LID UNOBSTRUCTED		
MACHINE PROPERLY GROUNDED	✓	
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	✓	
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	✓	

HAZARDOUS WASTE INFORMATION:

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

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	USEPA TRANSPORTER ID# ILD984908202
					Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, DO39) (ERG #27)	(IN GALLONS) SSPW AND/OR 16 GAL. DRUMS
		1		12	RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, DO39) (ERG #27)	(IN GALLONS) 30 GAL. DRUMS
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	IN GALS PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month _____ Initials

220 lbs. to 2,200 lbs./month M.A.F Initials

Greater than 2,200 lbs./month _____ Initials

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total Quantity = Number of Drums x Ave. Wt/Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
3035 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027592
STATE ID NO.

SERVICE/SALES ACKNOWLEDGEMENT

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2			616	HOSE,FLO-THRU BRU	☐	3.45	EA				
		12	632	CLEANER,HAND W/CH	☐	5.32	EA				
					☐						
				gloves	☐	11.30	EA	1		.56	11.86
					☐	8.90					9.34
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐ TOTAL RECEIVED APPLY PAYMENT TO:
CHECK NUMBER ☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

9.34
11.86

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 83.48

TOTAL DUE 92.82

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Matt Frerichs
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name Matt Frerichs

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

FORM NO. 700-08 12 (REV. 11/93)

Memo from:
ORRIN PRINS
Manager
Cedar Rapids Service Center

KEITH:

These are the copies of all of our '93' MANIFESTS.

As you can see we are using less than a small Qty Generator. We have changed our Safety-Kleen changes from 8 wks. to 12 wks so we will be using less. I think its time to change our classification to a Conditionaly Exempt Generator. Could you help with this matter?

Orrin Prins

FAUVER

O[illegible] Prins
Service Cen[illegible] Manager
Technical Field Service Representative

FAUVER

J.N. Fauver Company
6700 6th Street S.W.
Cedar Rapids, IA 52404
1-800-798-4613 • 319-366-6346
Fax 319-366-4104

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