AWLT

WORK ORDER

LAIDLAW ENVIRONMENTAL SERVICES

221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT. NO 240120

WORK ORDER NO. 09129

BILLING ADDRESS

SERVICE ADDRESS
DOUGLAS AR
150TH X NORMANDIE
TORRANCE CAL

ORDER DATE	DATE TO BE DONE	CUSTOMER P.O. #	ORDERED BY	TELEPHONE#	CONTACT PERSON
12-2-94	12-5-94	27064-H6288	CUR		
REP.	**DIV. #**	**DEPARTMENT**	**CUSTOMER'S EPA #**	**CUSTOMER'S BD OF EQUAL #**	**CONTACT PHONE #**

1- PETRO TO WORK ON SITE AS DIRECTED

McDonnell Douglas
On site - 0530
Leave Site - ~~1500~~ 1400 RSJ 12-06-94

DRIVER COMPLETE:

SERVICES PERFORMED Pump out sump and flow drains, In building 2. (Leave trailer on Site, as directed)

START TIME 0530 STOP TIME 1500 START MILES 28630 END MILES 28650 TRUCK NUMBER 16032 TRAILER NUMBER K040

Manifest Number Ø Date Completed 12-5-94 Drivers Name [illegible]

Comments

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature Robert G. Tuell, Jr. 12-06-94

BOE-C6-0207813

PRICING INSTRUCTIONS - DRUMS

Clerical _____ Hrs. @ _____ Per Hr. _____

Project Manager _____ Hrs. @ _____ Per Hr. _____

First Technician _____ Hrs. @ _____ Per Hr. _____

Second Technician _____ Hrs. @ _____ Per Hr. _____

Third Technician _____ Hrs. @ _____ Per Hr. _____

Fourth Technician _____ Hrs. @ _____ Per Hr. _____

Fifth Technician _____ Hrs. @ _____ Per Hr. _____

Truck # _____ Hrs. @ _____ Per Hr. _____

Truck # _____ Hrs. @ _____ Per Hr. _____

Truck # _____ Hrs. @ _____ Per Hr. _____

Sundays, Holidays, and After Hours @ _____% = _____

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

_____ 5 Gal. Cans Liquid @ _____ Each _____

_____ 5 Gal. Cans Solid @ _____ Each _____

_____ 5 Gal. Cans Lab Packed @ _____ Each _____

_____ 55 Gal. Drums Liquid @ _____ Each _____

_____ 55 Gal. Drums Solid @ _____ Each _____

_____ 55 Gal. Drums Lab Packed _____ Each _____

_____ Empty 5 Gal. Cans @ _____ Each _____

_____ Empty 55 Gal. Cans @ _____ Each _____

County Tax _____ _____

MATERIALS USED

_____ 5 Gal. Cans @ _____ Each _____

_____ 55 Gal. Drums @ _____ Each _____

_____ Recovery Drums @ _____ Each _____

_____ Bags Vermiculite @ _____ Each _____

_____ Bags (Other Describe) @ _____ @ _____= _____

_____ Hazardous Waste Labels @ _____Each _____

_____ Drum Liners @ _____Each _____

Safety Equipment Number of Sets _____ @ _____= _____

_____ _____

_____ _____

_____ _____

PRICING INSTRUCTIONS - PUMPING

Compensation _____ Hrs. @ _____ Per Hr. _____

_____ _____

_____ _____

Washout Fee _____

Dump Fee _____

TOTAL _____