APPENDIX A

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

ORIGINAL (Red)

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PAD004374955
I. NAME OF INSTALLATION	GTE Products Corporation ~~GTE SYLVANIA INCORPORATED~~
II. INSTALLATION MAILING ADDRESS	PLEASANT VALEY BLVD ALTOONA, PA 16603
III. LOCATION OF INSTALLATION	PLEASANT VALEY BLVD ALTOONA, PA 16603

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

EPA REGION III

AUG 18 80 C00256

INSTALLATION'S EPA I.D. NUMBER: F PAD004374955 T/A 3 C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 800818

I. NAME OF INSTALLATION

Philips ECG, INC., a North AMER Philips CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 ~~3101 Pleasant Valley Blvd~~

CITY OR TOWN: 4 ~~ALTOONA~~ ST. ~~PA~~ ZIP CODE ~~16603~~

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 ~~Same as above~~

CITY OR TOWN: 6 ST. ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 CORNELL ALAN R. ENGR Jel Asst

PHONE NO. (area code & no.): 814 243 1126

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Philips ECG, INC., a North AMER Philips CO

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL; M = NON-FEDERAL — M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [X] B. TRANSPORTATION (complete Item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

W	A	D	0	0	4	3	7	4	9	5	5	1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 D005	2 F002	3 F005	4 K019	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☒ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert N. Isacke	Robert N. Isacke Plant Manager	8-13-80

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ PAD004374955

GTE PRODUCTS CORPORATION
PLEASANT VALEY BLVD
ALTOONA PA 16603

INSTALLATION ADDRESS ➤ PLEASANT VALEY BLVD
ALTOONA PA 16603

EPA Form 8700-12B (4-80)

10/09/80

ORIGINAL (Red)

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

ORIGINAL (Red)

U.S. ENVIRONMENTAL PROTECTION AGENCY

EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PAD004374955
I. NAME OF INSTALLATION	GTE Products Corporation
II. INSTALLATION MAILING ADDRESS	Pleasant Valley Blvd., Altoona, Penna. 16603
III. LOCATION OF INSTALLATION	Pleasant Valley Blvd., Altoona, Pennsylvania 16603

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

RECEIVED
EPA REGION III
AUG 18 80 CCOOT

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F PAD004374955 T/A 3 C 1	A	800818

I. NAME OF INSTALLATION

~~GTE Products Corp.~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3

CITY OR TOWN: 4 | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5

CITY OR TOWN: 6 | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 HOPPEL THOMAS MATLS ENG

PHONE NO. *(area code & no.)*: 814-943-1126

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 GENERAL TELEPHONE & ELECTRONICS PRODUCTS CORP.

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: PAD004374955

IX. DESCRIPTION OF HAZARDOUS WASTES

Turn to the reverse of this form and provide the requested information.

FOR OFFICIAL USE ONLY

W	P	A	D	0	0	4	3	7	4	9	5	5	2	1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F003	4 F005	5 F017	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [X] 2. CORROSIVE (D002)
- [X] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

[X] Waste Oil

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert N. Isacke	Robert N. Isacke Plant Manager	10/27/80

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ *PAD004374955

GTE PRODUCTS CORP
PLEASANT VALEY BLVD
ALTOONA PA 16603

INSTALLATION ADDRESS ➤ PLEASANT VALEY BLVD
ALTOONA PA 16603

EPA Form 8700-12B (4-80)

11/07/80

Please print or type in the unshaded areas only
(Fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

EPA

GENERAL INFORMATION

(Read the "General Instructions" before starting.)

PAD004374955

I. EPA I.D. NUMBER

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if the preprinted data is absent (the label is left blank) but you are a handler of the listed hazardous waste, please provide the information in the appropriate fill-in areas below. If the preprinted data is present and correct, you need not complete Items I, III, V, and VI (but you must sign and date the certification on the reverse). If no label has been provided, refer to the instructions for completing these items and for the types of facilities for which this data is collected.

II. EPA I.D. NUMBER

PA 0 0 0 0 0 5 4 7

III. FACILITY NAME

IV. FACILITY MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

V. FACILITY LOCATION

VI. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If the answer "yes" to questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also Section D of the instructions for definitions of bold-faced words.

SPECIFIC QUESTIONS	Mark "X"		
	Yes	No	Attached
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2A)	X		
C. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
D. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of hydrocarbons? (FORM 4)		X	
E. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area?		X	

SPECIFIC QUESTIONS	Mark "X"		
	Yes	No	Attached
F. Is this facility a proposal stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area?		X	
G. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2B)		X	
H. For agricultural and silvicultural activities: Does your farm, ranch, or silviculture operation discharge pollutants into waters of the U.S.? (FORM 2D)		X	
I. For a concentrated animal feeding operation or aquatic animal production facility: Does your facility discharge pollutants into waters of the U.S.? (FORM 2E)		X	
J. For a facility proposed to be sited in coastal waters and which may affect a discharge to waters of the U.S.? (FORM 2F)		X	

VII. NAME OF FACILITY

PHILIPS ECG, INC., FORMERLY AMER PHILIPS CO

VIII. FACILITY CONTACT

HOPPEL THOMAS MATERIALS ENGR 814 943 1126

IX. FACILITY MAILING ADDRESS

3101 PLEASANT VALLEY BLVD

ALTOONA PA 16603

X. FACILITY LOCATION

3101 PLEASANT VALLEY BLVD

BLAIR

ALTOONA PA 16603

CONTINUED FROM THE FRONT

36 71 (specify) ELECTRONIC RECEIVING TUBES	(specify)
(specify)	(specify)

ORIGINAL

VIII. OPERATOR INFORMATION

A. NAME: PHILIPS ECG, INC., a N. AMER PHILIPS CO

B. Is the name in Item VIII-A also owner? YES NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): 315 568 5881

E. STREET OR P.O. BOX: JOHNSTON STREET

F. CITY OR TOWN: SENECA FALLS, NEW YORK

G. STATE

H. ZIP CODE: 13148

I. INDIAN LAND: Is this facility located on Indian lands? YES NO

IX. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 0772204

B. UIC (All Injections from Proposed Sources)

C. RCRA (Hazardous Waste Treatment, Storage, or Disposal Facilities)

D. PSD (Air Emissions from Proposed Sources)

E. OTHER (specify): 15 05 8 20 85 (specify) Pa. DER Air Pollution Cont

F. NDS (Non-Hazardous Waste Treatment, Storage, or Disposal Facilities)

G. OTHER (specify) (specify)

X. NATURE OF BUSINESS (provide a brief description)

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

MANUFACTURE ELECTRONIC RECEIVING TUBES

XI. CERTIFICATION (Ownership & Signature)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. W. SLINKMAN V.P. ECG	RW Slinkman	11-12-8

Print or type in the unshaded areas only
(Unshaded areas are spaced for elite type, i.e. 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												
F	P	A	D	0	0	4	3	7	4	9	5	5

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

ORIGINAL (Red)

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

X 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

C 8 — YR. 58 — MO. 08 — DAY 04

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

☐ 2. NEW FACILITY *(Complete item below.)*

YR. — MO. — DAY

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S01	1000	G	
2	S02	3000	G	
3				
4				
5				
6				
7				
8				
9				
10				

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
S W PA D 004 374955 T/A C 1	S W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F001	970	K	S01	
2	F002				INCLUDED WITH ABOVE
3	~~N0NE~~	~~1716~~	~~K~~	~~S01~~	~~(WASTE OIL)~~ NON-REGULATED WASTE. WW
4	D005	8500	K	S01	
5	F005	34,000	K	S02	
6	D001				INCLUDED WITH ABOVE
7	~~F017~~	0-100	K	S01 → SEE LINES 19 & 20	
8	D001				INCLUDED WITH ABOVE (LINES 1?
9	F003	500	K	S01	
10	D001				INCLUDED WITH ABOVE
11	~~N0NE~~	~~20 EMPTY DRUMS~~		~~S01~~ NON-REGULATED AS PER 261.33 WW	~~(EMPTY CONTAMINATED DRUMS)~~
12	~~D001~~				~~INCLUDED WITH ABOVE~~
13	~~D002~~				~~INCLUDED WITH ABOVE~~
14	D003	0-50	K	S01	(WASTE LAB.CHEMICALS)
15	D001				INCLUDED WITH ABOVE
16	D002				INCLUDED WITH ABOVE
17	D000				INCLUDED WITH ABOVE
18	~~N0NE~~	~~0-100~~	~~K~~	~~S01~~	~~(PCB CONTAMINATED MATERIALS)~~ NON-REGULATED WASTE. WW
19	F003	0-100	K	S01	
20	F005				INCLUDED WITH ABOVE
21	→ F017 CHANGED TO THESE WASTE CODES AS PER 8/4/81 LETTER. WW				
22					
23					
24					
25					
26					

CONTINUE ON REVERSE

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

P A D 0 0 4 3 7 4 9 5 5 T/A C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground—level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
40 29 10 N	78 23 54 W

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
North American Philips (See letter 2/5/81)	212-697-3600

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
100 East 42nd St	C G New York	NY	10017

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R. W. SLINKMAN	RW Slinkman	11-12-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

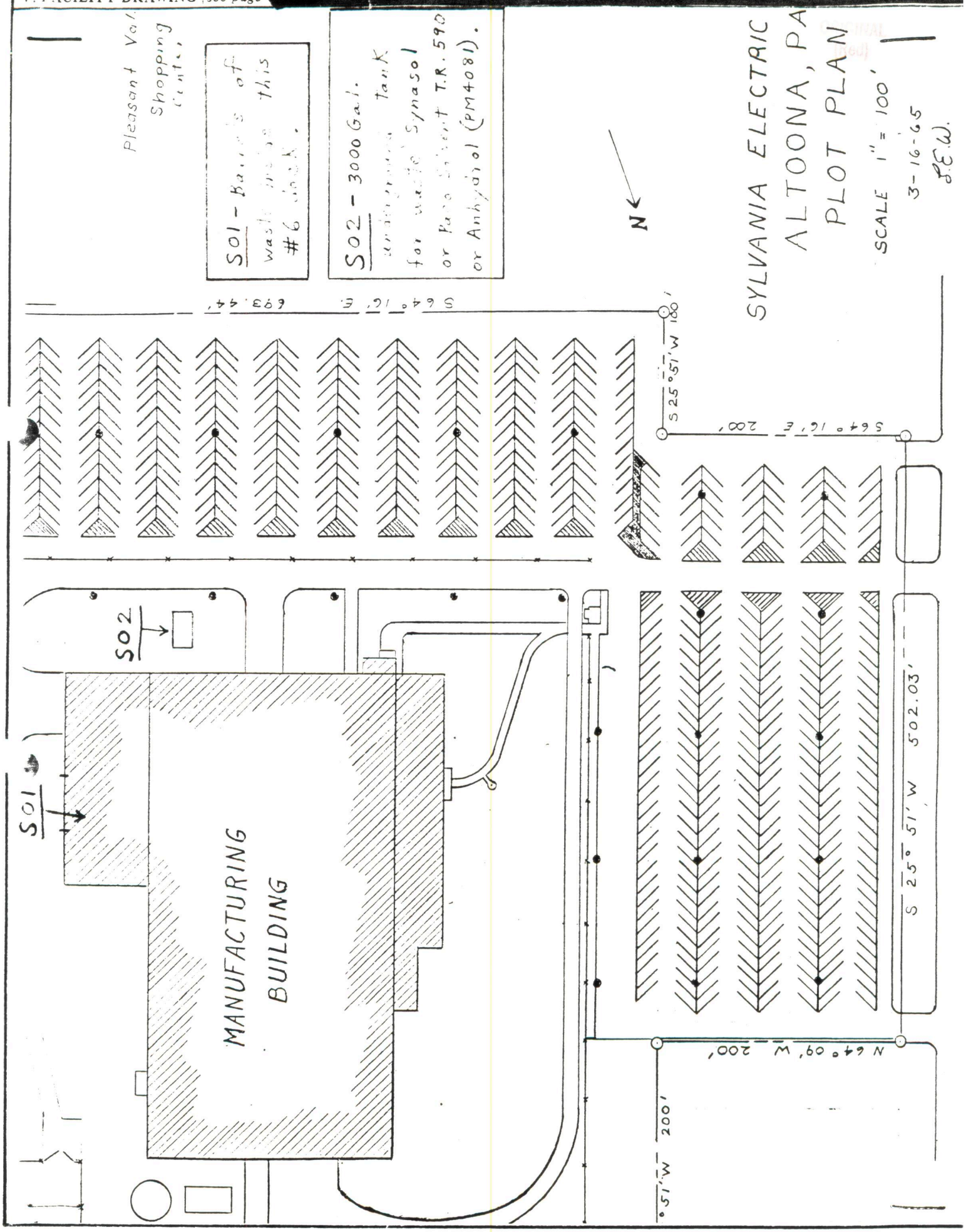
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R. N. ISACKE PLANT MANAGER	R. N. Isacke	11/10/80

CONTINUE ON PAGE 5

Continued from page 4.

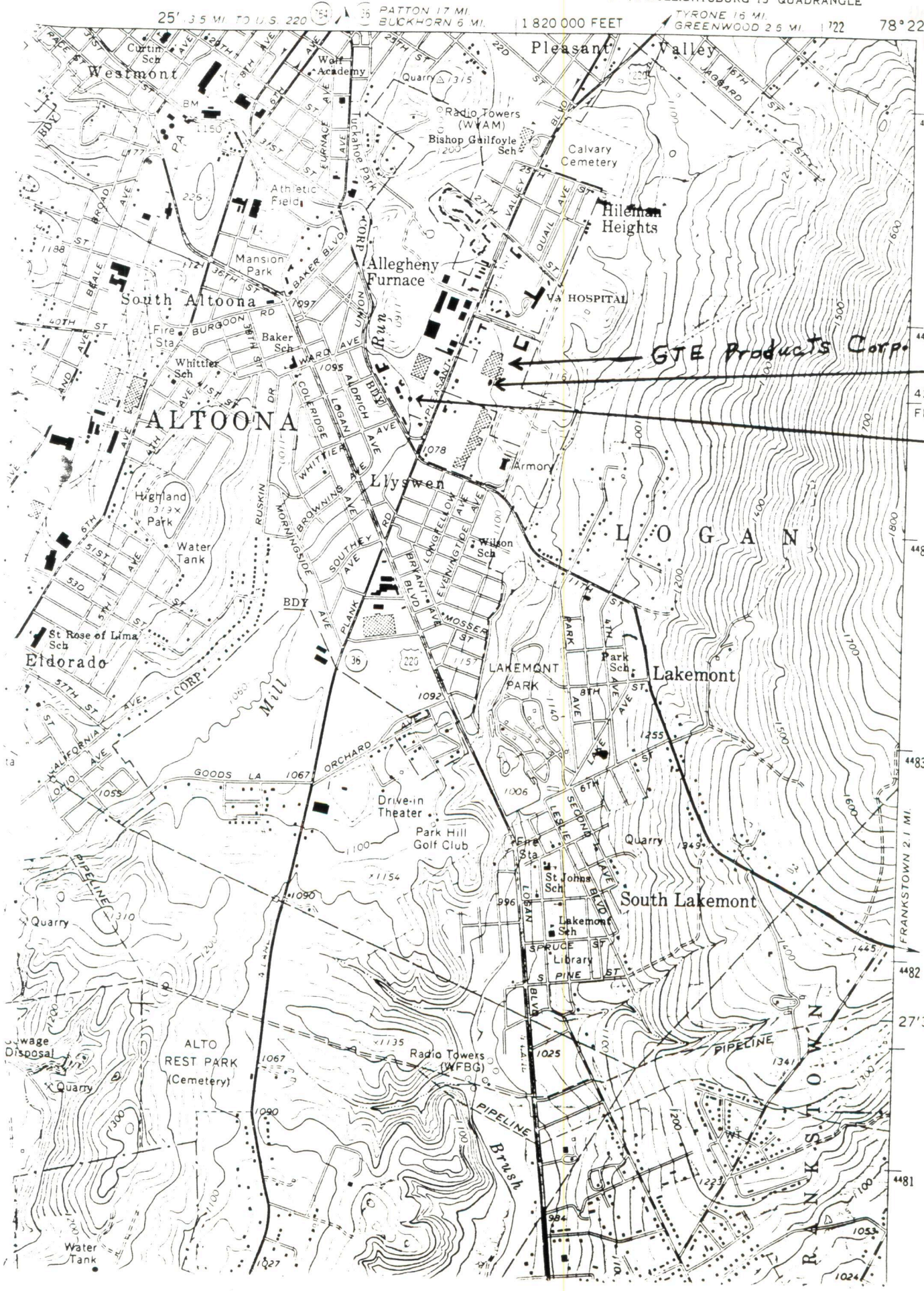
Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page*



HOLLIDAYSBURG QUADRANGLE
PENNSYLVANIA–BLAIR CO
7.5 MINUTE SERIES (TOPOGRAPHIC)
NW/4 HOLLIDAYSBURG 15' QUADRANGLE

5365 III SE (BELLWOOD)



ER-SWM-55A:11/80
Please print or type with ELITE type (12 characters/inch)

ORIGINAL (Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED: ___ - ___ - 19__

2. RECEIVED BY:

X. GENERATOR'S I.D. NO.: PAD004374955

XI. FACILITY'S I.D. NO.: NYD043815703

XII. FACILITY NAME (specify): Frontier Chemical Waste Process Inc.

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)
4626 Royal Ave.
Main P.O. Box 1471
Niagara Falls, N.Y. 14302

MUN.:

COUNTY:

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Waste Poisonous Solid, n.o.s. (Barium Compounds)	15	D005	1500	K	AH0153
	MDN- PA A0425180					
	Waste Trichloroethylene -RQ	ORM	F002	460	K	AH0153
	MDN- PA A0425180	77				
3	Waste Solvents, n.o.s.	07	F005	600	K	AH0153
	MDN- PA A0425180					
4						
	MDN-					
5						
	MDN-					
	MDN-					
7						
	MDN-					
8						
	MDN-					
9						
	MDN-					
0						
	MDN-					

RECEIVED
APR 8 1983
Div. of Hazardous Wastes

XV. COMMENTS (enter information by line number-see instructions.)

ER-SWM-55A:11/80
Please print or type with ELITE type (12 characters/inch)

ORIGINAL (Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED ___ - ___ - 19 __

2. RECEIVED BY

X. GENERATOR'S I.D. NO. PAD004374955

XI. FACILITY'S I.D. NO. PAR000060003

XII. FACILITY NAME (specify). American Products Co.

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.
R.D. 1, Box 195
Kempton, PA 19529

MUN. Albany Twp. COUNTY Berks

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Ethyl Alcohol MDN- PA A 0425110	07	D001	6581	K	
	MDN-					
3	MDN-					
4	MDN-					
5	MDN-					
	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
0	MDN-					

APR 1983

XV. COMMENTS (enter information by line number-see instructions.)

1. This alcohol is collected by American Products Co. for reuse by American Products Co.

ER-SWM-55:11/80

3

JAG 7-11-83

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

ORIGINAL (Red)

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING 6-30-1983

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING --1 9

II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd.

CITY OR TOWN: Altoona | ST.: PA | ZIP CODE: 16602

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY: Altoona

CITY OR TOWN | ST. | ZIP CODE

COUNTY: Blair

VI. INSTALLATION CONTACT

NAME *(last and first)*: Hoppel Thomas

PHONE NO. *(area code & no.)*: 814 943 1126

VII. TRANSPORTATION SERVICES USED *(for Part A reports only)*

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NYD043815703

PAR000060003

VIII. ANNUAL COST ESTIMATES FOR FACILITIES *(for Part B reports only)*

A. COST ESTIMATE FOR FACILITY CLOSURE: $ 12,500

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only): $

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

A. Print or Type Name: Thomas O. Hoppel

B. Signature: Thomas O. Hoppel

C. Date Signed: 7-5-83

ER-SWM-55A:11/80
Please print or type with ELITE type (12 characters/inch)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED ___ - ___ - 19 __
2. RECEIVED BY

X. GENERATOR'S I.D. NO. PAD004374955

XI. FACILITY'S I.D. NO. NYD043815703

XII. FACILITY NAME (specify). Frontier Chemical Waste Process Inc.

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.
4626 Royal Ave.
Main P.O. Box 1471
Niagara Falls, NY 14302

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Waste Poisonous Solid, n.o.s. (Barium Compounds)	15	D005	300	K	AH0153
	MDN- PA A0425191					
2	Waste Solvents, n.o.s.	07	F005	150	K	AH0153
	MDN- PA A0425191					
3						
	MDN-					
	MDN-					
	MDN-					
	MDN-					
7						
	MDN-					
8						
	MDN-					
9						
	MDN-					
	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

ORIGINAL (Red)

R-SWM-55A:11/80
Please print or type with ELITE type (12 characters/inch)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED ___ - ___ - 19__
2. RECEIVED BY

X. GENERATOR'S I.D. NO. PAD004374955

XI. FACILITY'S I.D. NO. PAR000060003

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)
R.D.1, Box 195
Kempton, PA 19529

I. FACILITY NAME (specify).
American Products Co.

MUN. Albany Twp. COUNTY Berks

V. WASTE IDENTIFICATION

NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
	Ethyl Alcohol	07	D001	5450	K	AHORRR
	MDN- PA A0425202					
	MDN-					
	MDN-					
	MDN-					
	MDN-					
	MDN-					
	MDN-					
	MDN-					
	MDN-					
	MDN-					

COMMENTS (enter information by line number-see instructions.)

1. This alcohol is collected by American Products Co. for reuse by American Products Co.

ER-SWM-55:11/80

3 10-3-83

ORIGINAL (Red)

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING 9-30-1983

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING -- - 19

II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX: 3101 Pleasant Valley Blvd.

CITY OR TOWN: Altoona ST.: PA ZIP CODE: 16602

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER:

MUNICIPALITY: Altoona

CITY OR TOWN: ST.: ZIP CODE:

COUNTY: Blair

VI. INSTALLATION CONTACT

NAME *(last and first)*: Hoppel Thomas

PHONE NO. *(area code & no.)*: 814 943 1126

VII. TRANSPORTATION SERVICES USED *(for Part A reports only)*

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NYD043815703

PAR000060003

RECEIVED OCT 3 1983

VIII. ANNUAL COST ESTIMATES FOR FACILITIES *(for Part B reports only)*

A. COST ESTIMATE FOR FACILITY CLOSURE: $ 12,500

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only): $

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe, that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

A. Print or Type Name: Thomas O. Hoppel

B. Signature: Thomas O. Hoppel

C. Date Signed: 9-30-83

ER-SWM-55A:11/80
Please print or type with ELITE type (12 characters/inch)

ORIGINAL (Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED: - - 19
2. RECEIVED BY:

X. GENERATOR'S I.D. NO.: PAD004374955

XI. FACILITY'S I.D. NO.: NYD043815703

XII. FACILITY NAME (specify): Frontier Chemical Waste Process Inc.

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)
4626 Royal Ave.
Main P.O. Box 1471
Niagara Falls, NY 14302

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Waste Poisonous Solid, n.o.s. (Barium Compounds) MDN- PA A 0425224	15	D005	600	K	AH0153
2	Waste Trichloroethylene -RQ MDN- PA A 0425224	17	F002	230	K	AH0153
3	Waste Poisonous Solid, n.o.s. (Barium Compounds) MDN- PA A 0429866	15	D005	600	K	AH0153
4	Waste Trichloroethylene -RQ MDN- PA A 0429866	17	F002	460	K	AH0153
5	Waste Solvents, n.o.s. MDN- PA A 0429866	07	F005	150	K	AH0153
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

RECEIVED OCT 3 1989 DIV. OF HAZARDOUS

ER-SWM-55A:11/80
Please print or type with ELITE type (12 characters/inch)

ORIGINAL (Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED ___ - ___ - 19__

2. RECEIVED BY

X. GENERATOR'S I.D. NO. PAD004374955

XI. FACILITY'S I.D. NO. PAR000060003

XII. FACILITY NAME (specify). American Products Co.

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.
R.D.1, Box 195
Kempton, PA 19529

MUN. Albany Twp. COUNTY Berks

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Ethyl Alcohol MDN- PA A0425213	07	D001	4821	K	AHORRR
2	MDN-					
3	MDN-					
4	MDN-					
5	MDN-					
	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

1. This alcohol is collected by American Products Co. for reuse by American Products Co.

OCT 3 1983

ER-SWM-55:REV:7/83
Please Type or Print in Ink

3 1-23-84

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT

Altoona MSE

55

QUARTERLY HAZARDOUS WASTE REPORT — GENERAL INFORMATION

I. This report is for the quarter ending (check one):

- ☐ March 31
- ☐ June 30
- ☐ September 30
- ☒ December 31

19 83 Yr.

II. EPA I.D. Number PAD004374955

III. ☐ If there is nothing to report this quarter, check this block.

IV. Name of Installation Philips ECG, Inc.

V. Mailing Address 3101 Pleasant Valley Blvd.
Altoona, PA 16602

VI. Location Same

If within PA, Altoona (Name of Municipality) ☒ City ☐ Borough ☐ Township (Check one) Blair County

VII. Contact Person Thomas Hoppel

Phone No. 814 - 943 - 1126 (Area Code)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel	Thomas O. Hoppel	1/6/84
A. Print or Type Name	B. Signature of Authorized Representative	C. Date Signed

RECEIVED JAN 23 1984 DIV. OF HAZARDOUS WASTE

R-SWM-E5A:REV:7/83
Please Type or Print in Ink

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURC
BUREAU OF SOLID WASTE MANAGEMENT

55A

GENERATOR QUARTERLY HAZARDOUS WASTE REPORT

I. Generator's EPA I.D. No. PAD004374955

II. TSD Facility's EPA I.D. No. PAR000060003

TSD Facility's Name American Products Co.

Address R.D. 1, Box 195, Kempton, PA 19529

III. WASTE SHIPPED OFF—SITE

LINE NO.	A. US DOT Proper Shipping Name of Waste and Manifest Document Number (include State Abbreviation)	B. Hazardous Waste Number	C. Weight of Shipment	D. PA. Hazardous Waste Transporter License No.
1	Ethyl Alcohol Manifest Document Number - PA A0429870	D001	5980 K	AH ORRR
2	Manifest Document Number -			AH
3	Manifest Document Number -			AH
4	Manifest Document Number -			AH
5	Manifest Document Number -			AH
6	Manifest Document Number -			AH
7	Manifest Document Number -			AH
8	Manifest Document Number -			AH
9	Manifest Document Number -			AH
10	Manifest Document Number -			AH

JAN 23 1984
DIV. OF HAZARDOUS WASTE

E. Comments: This alcohol is collected by American Products Co. for reuse by American Products Co.

ER-SWM-55:REV:7/83
Please Type or Print in Ink

3 4-9-84

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT

ORIGINAL

55

QUARTERLY HAZARDOUS WASTE REPORT — GENERAL INFORMATION

I. This report is for the quarter ending (check one):

- ☒ March 31
- ☐ June 30
- ☐ September 30
- ☐ December 31

19 84 Yr.

DER
BUREAU OF SOLID WASTE
JUN 27 1984

II. EPA I.D. Number PAD004374955

III. ☐ If there is nothing to report this quarter, check this block.

IV. Name of Installation Philips ECG, Inc. Harrisburg Region

V. Mailing Address 3101 Pleasant Valley Blvd.
Altoona, PA 16602

VI. Location Same

If within PA, Altoona (Name of Municipality) ☒ City ☐ Borough ☐ Township (Check one) Blair County

VII. Contact Person Thomas Hoppel

Phone No. 814 - 943 - 1126 (Area Code)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel	Thomas O. Hoppel	4-2-84
A. Print or Type Name	B. Signature of Authorized Representative	C. Date Signed

APR 5 1984
BUREAU OF HAZARDOUS WASTE

TSWM-55A:REV. 7/83
Use Type or Print in Ink

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURC
BUREAU OF SOLID WASTE MANAGEMENT

GENERATOR QUARTERLY HAZARDOUS WASTE REPORT

55A

I. Generator's EPA I.D. No. PAD004374955

II. TSD Facility's EPA I.D. No. NYD043815703

TSD Facility's Name Frontier Chemical Waste Process Inc.

Address 4626 Royal Ave., P.O. Box 1471, Niagara Falls, NY 14302

III. WASTE SHIPPED OFF—SITE

Line No.	A. US DOT Proper Shipping Name of Waste and Manifest Document Number (include State Abbreviation)	B. Hazardous Waste Number	C. Weight of Shipment	D. PA. Hazardous Waste Transporter License No.
1	Waste Poisonous Solid n.o.s. (Barium Compounds) Manifest Document Number - PA A0429881	D005	600 K#	AH0153
2	Waste Trichloroethylene - RQ Manifest Document Number - PA A0429881	F002	230 K#	AH0153
3	Manifest Document Number -			AH
4	Manifest Document Number -			AH
5	Manifest Document Number -			AH
	Manifest Document Number -			AH
	Manifest Document Number -			AH
	Manifest Document Number -			AH
	Manifest Document Number -			AH
	Manifest Document Number -			AH

Comments:

APR 5 1984