Superfund Records Center
SITE: SUTTON BROOK
BREAK: 11.09
OTHER: 18807

0908-4483

'85 MANIFESTS
BINNEY

0908-4484

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087939 COPY>3: GENERATOR-MAILED BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00014
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW Fasteners Division
195 Binney St., Cambridge, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087939
B. State Gen. ID: Same

5. Transporter 1 Company Name: Franklin Pumping Service, Inc.
6. US EPA ID Number: MAD084814136
C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 383-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address
Stablex Canada Inc
760 Boulevard Industriel
Sainte Therese de Blainville, Quebec
10. US EPA ID Number: WYD980756415
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-9230

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Solid N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. metal hydroxide sludge
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

Stablex code: N-SKTRW CO2
Solidification and fixation

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

Printed/Typed Name: Dennis F. Borsuk
Signature: Dennis F. Borsuk
Date: Month 12 Day 17 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY Tyler
Signature: Gary Tyler
Date: Month 12 Day 17 Year 85

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

FACILITY

19. Discrepancy Indication Space
DEC 18/85 12:58
T 37040 N 18260 1b

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Sylvia Trembley
Signature: Sylvia Trembley
Date: Month 12 Day 18 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED

0908-4485

TRW-03080

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MA[illegible] Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW [illegible] Division
[illegible]
4. Generator's Phone ([illegible]

A. State Manifest Document Number: MA B087939
B. State Gen. ID: Same

5. Transporter 1 Company Name: Franklin Pumping Service, Inc.
6. US EPA ID Number: MAD[illegible]
C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 383-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address
Stablex Canada Inc
[illegible] Boulevard Industriel
Sainte Therese de Blainville, Quebec
10. US EPA ID Number: NYD[illegible]
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-[illegible]

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Sld N.U.S., ORM-E, NA 3189	001	04	00030	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. metal hydroxide sludge
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(a) of SCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

Stablex code: N-[illegible]TRW [illegible]
[illegible]

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

Printed/Typed Name	Signature	Date Month Day Year
[illegible]	[illegible]	12 17 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
[illegible]	[illegible]	12 17 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802

MA B087939 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4486

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03081

MANIFEST
MANIFESTE

Manifest Reference No. / N° de référence du manifeste: A **537761**

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TRW Fasteners Division

Address - Adresse: 195 Binney Street

Shipping Site Address - Origine de l'expédition: Same

City - Ville: Cambridge | Prov.: Massachusetts | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: Stablex Canada Inc | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 Boulevard Industriel

Receiving Site Address - Destination de l'expédition: Same

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7E4J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping

Provincial No. - N° provincial:

Address - Adresse: Industrial Road

City - Ville: Wrentham | Prov.: Massachusetts | Postal Code - Code postal: 02093

Registration / Immatriculation des véhicules	License No. / Immatriculation	Province
Vehicle - Véhicule moteur	A 22203	MA
Trailer #1 - Remorque #1	8199	MA
Trailer #2 - Remorque #2		

Point of Entry / Point d'entrée:

Point of Exit / Point de sortie:

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): Gary Tyler

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 384-7134

Signature: Gary Tyler

Date (Y/M/D - A/M/J): 85/11/11

Circulation No. - Quebec only / N° de circulation - Réservée au Québec:

Reference No.'s of Other Manifest(s) used / N°'s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise: Stablex Canada Inc.

Provincial No. - N° provincial:

Address - Adresse: 760 Boulevard Industriel

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7E4J7

Receiving Site Address - Destination de l'expédition:

City - Ville: | Prov.: | Postal Code - Code postal:

Received - Réception / Time / Heure: 07:32 AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 85/11/11

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police / Police locale
1-800-222-6514

British Columbia / Colombie Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick / Nouveau-Brunswick
Zenith 4-9000

Newfoundland / Terre-Neuve
(709)-772-2083

Northwest Territories / Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia / Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island / Île du Prince-Édouard
Zenith 4-9000

Quebec / Québec
(418)-643-4595

Saskatchewan
Local Police / Police locale
1-800-667-3503

Yukon Territory / Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) / Canutec (appeler à frais virés)
(613)-996-6666

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units / L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No. - Nbre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units / L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle / Véhicule Yes/Oui	Vehicle / Véhicule No/Non
S	Wastewater treatment sludge waste type 6	F006	NA9189	6.1	III	~11,500	kg	35	%	001	06	8270	kg		03				
															04				
															06				

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

Stablex Code: N-SKTRW C02

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise:

Provincial No. - N° provincial:

Address - Adresse: | Ville: | Prov.:

Shipped - Date d'expédition / Time / Heure: AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 12/17/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 12/17/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): Dennis F. Barsch

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 434-5734

Signature: Dennis F. Barsch

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): Clyde Tremblay

Tel. No. (Area Code) - N° de tél. (ind. rég.): [illegible] | Signature: [illegible]

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

0908-4487

TRW-03082

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste: A 537761

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TRW Fasteners Division

Address - Adresse: 195 Binney Street

Shipping Site Address - Origine de l'expédition: Same

City - Ville: Cambridge | Prov.: Massachusetts | Postal Code - Code postal: 02142

Intended Consignee Destinataire choisi: Stablex Canada Inc | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 Boulevard Industriel

Receiving Site Address - Destination de l'expédition: Same

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7E4J7

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping | Provincial No. - N° provincial:

Address - Adresse: Industrial Road

City - Ville: Wrentham | Prov.: Massachusetts | Postal Code - Code postal: 02093

Registration Immatriculation des véhicules | License No. Immatriculation | Province

Vehicle - Véhicule moteur: A # 9203 | MA

Trailer #1 - Remorque #1: 8194 | MA

Trailer #2 - Remorque #2:

Point of Entry Point d'entrée | Point of Exit Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) Nom du conducteur (caractères d'imprimerie): Gary Tyler | Tel. No. (Area Code) N° de tél. (ind. rég.): 1-617-384-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 85/12/17

Circulation No. - Quebec only
N° de circulation - Réservée au Québec:

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise: Stablex Canada Inc. | Provincial No. - N° provincial:

Address - Adresse: 760 Boulevard Industriel

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7E4J7

Receiving Site Address - Destination de l'expédition:

City - Ville: | Prov.: | Postal Code - Code postal:

Received - Réception Time Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J):

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta Local Police Police locale: 1-800-222-6514
British Columbia Colombie-Britannique: (604) 387-5956
Manitoba: (204) 944-4888
New Brunswick Nouveau-Brunswick: Zenith 4-9000
Newfoundland Terre-Neuve: (709)-772-2083
Northwest Territories Territoires du Nord-Ouest: (403)-920-8130
Nova Scotia Nouvelle Ecosse: Zenith 4-9000
Ontario
Prince Edward Island Ile du Prince-Edouard: Zenith 4-9000
Quebec Québec: (418)-643-4595
Saskatchewan Local Police Police locale: 1-800-667-3503
Yukon Territory Territoire du Yukon: (403)-667-7244
Canutec (Call Collect) Canutec (appeler à frais virés)

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants No. - N°	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui / No Non	Vehicle Véhicule Yes Oui / No Non
S	Wastewater treatment sludge waste type 6	F006	NA9189	6.1	III	~ 11,500	kg	35	%	001	06						

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence: Attached Ci-jointes ☐ Below Plus bas ☐

Stablex Code : N-SKTRW CO2

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise: | Provincial No. - N° provincial:

Address - Adresse: | City - Ville: | Prov.:

Shipped - Date d'expédition Time Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 12/17/85 | Scheduled Arrival Date (Y/M/D) Date prévue d'arrivée (A/M/J): 12/17/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) Nom de l'agent autorisé (caractères d'imprimerie): Dennis F. Borsuk | Tel. No. (Area Code) N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) Nom de l'agent autorisé (caractères d'imprimerie):

Tel. No. (Area Code) - N° de tél. (ind. rég.): | Signature:

ENV. 04-1917 (10-84)

TRW-03083

0908-4488

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

2

Gouvernement du Québec
Ministère de l'Environnement

SECTION B – To be filled out by the consignee and the carrier or, upon exit from Québec, by the carrier

Declaration of consignee

Hazardous waste no.	If different from Section A, describe	Refusal Total (x)	Refusal Partial (X)	Management code	Decontamination of containers Yes (X)	No (X)	Not required (X)
9386				04			X

Acceptance
Date Y M D: 85 12 18
Time: 12 58

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AH 9283	MASS			X	Entry	25090
Trailer #1	8194	MASS				Exit	16810
Trailer #2						Quantity accepted	8270

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 85/12/16
Signature: [signature]
Time: 12:58

Declaration of carrier

1. If outside Québec
Point of exit | Region | Date of exit Y M D | Time

2. In every case
Describe any event | Code

I declare that I have delivered the waste described above to the consignee specified in Section A.
Name (Please print): GARY Tyler
Date: 85/12/18
Signature: [signature]
Time: 17:23

AU MINISTÈRE
RECUE An. M Jr

	O.	N.
Conciliée		
Positif		
Adm. man.		
Leg. man.		

QC 013159

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. **SECTION B:** To be sent to the consignor

0908-4489

TRW-03084

SCHEDULE VI
(Division V)

QC 013159

Gouvernement du Québec
Ministère
de l'Environnement

Manifest for Transporting Hazardous Waste

Section A – To be filled out and signed by the consignor and the carrier

CONSIGNOR
Business no. 617-494-5500 Tel. no.
Name: TRW Fasteners
Address: 31 Ames Street
Cambridge, MASS 02142
Province / Country / Postal Code

CARRIER
Business no. 617-384-3134 Tel. no.
Name: Franklin Pumping Service, Inc.
Address: Industrial Rd. PO Box 617
Wrentham, MASS 02093
Province / Country / Postal Code

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name: Stablex Canada Inc.
Address: 760 Industrial Blvd.
Blainville, QuebecCanada J7E4J7
Province / Country / Postal Code

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
85	12	17	85	12	18								

Number of manifest cancelled with regard to this shipment, where applicable:

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH 9203	MASS	8194	MASS		

If cross-border

Expected point of entry into Québec: Phlipsburg QUE

Region of entry | Expected date of entry ▶ Y 85 M 12 D 17

Expected point of exit from Québec

Region of exit | Expected date of exit ▶ Y M D

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
9306	METAL HYDROXIDE SLUDGE	00 1,500	X	S	001	COT	PLT
			X				

Emergency instructions

Declaration of consignor

Shipping number

I declare that the information above is true.
Name (Please print): PAUL J ENRIGHT
Date: 10/17/85
Signature: Paul J Enright
Time: 11:45PM

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print): GARY TYLER
Date: 85/12/17
Signature: Gary Tyler
Time: 11:45 AM

2. **SECTION A:** To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

TRW-03085

0908-4490

FORM APPROVED — U.S. DEPARTMENT OF COMMERCE — BUREAU OF THE CENSUS — BUREAU OF EAST-WEST TRADE

7525-V
(1-1-82)

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

CONFIDENTIAL — For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): Cambridge, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) truck

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): Franklin Pumping Service, Inc., Industrial Road, Wrentham, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW Fasteners Division, 195 Binney Street, Cambridge, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE ADDRESS (Place, country): Stablex Canada, Inc., 760 Boulevard Industriel, Sainte-Therese de Blainville, Quebec J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only):

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): Stablex, Blainville, Quebec, Canada

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
one	30 cu.yd. bulk container of metal hydroxide sludge, with no commercial value	–	D	NA	–	No value. Waste is to be treated and disposed of

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB 087939

17. DATE OF EXPORTATION (Not required for shipments by vessel): 12/17/85

18. THE UNDERSIGNED HEREBY AUTHORIZES Franklin Pumping Service, Inc., Industrial Road, Wrentham, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW Fasteners Division BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) Dennis F. Borsuk

▶ 19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW Fasteners Division (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 Binney Street, Cambridge, MA 02142

▶ Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4491

TRW-03086

PC 8E
27/81/03/16

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF 1

1 VENDOR (NAME & ADDRESS)
Stablex Canada, Inc.
760 Boulevard Industriel
Blainville, Quebec, Canada

2 DATE OF DIRECT SHIPMENT TO CANADA: 12/17/85

3 INVOICE NO. AND DATE: none

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)
P.O. #4929
Manifest No.: MAB087939

5 CONSIGNEE (NAME & ADDRESS)
Stablex Canada, Inc.
760 Boulevard Industriel
Blainville, Quebec, Canada

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)
N/A

8 IMPORTER (NAME & ADDRESS)
Same as above

7 COUNTRY OF ORIGIN OF GOODS: U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA
30 cu. yd. bulk container by highway
Champlain, New York Rt. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
There is no sale involved in the conventional sense: TRW is paying Stablex to treat and dispose of waste sludge, in accordance with Canada law.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO. & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	15 TOTAL WEIGHT GROSS
	No			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
Metal finishing sludge with no commercial value Code 681, per Canadian customs	20 cu. yds.	no value	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): Dennis F. Borsuk

TITLE: Environmental Manager

PLACE AND DATE OF ISSUE: Cambridge, MA 12/17/85

SIGNATURE: Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	no	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)
TRW Fasteners Division
195 Binney Street
Cambridge, MA 02142

TRW-03087

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 SELLING PRICE: 0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

TOPS FORM 3128 REVISED

A

0908-4492

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. Carrier's No. 3453

(Name of Carrier)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA 19 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip J7E4J7 County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	25 yds. Metal hydroxide sludge			
	(trans. only) IN 2192			
	25 yard container OUT 16868			
	Polyliner			
	[redacted]			
	Pick up 7 a.m, offload next day			

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

TRW Fasteners Shipper, Per Paul J Enright

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

©1983 • PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44 301 3-PART

0908-4493

TRW-03088

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO
TH Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO
Stablex Canada Inc.
760 Industrial Blvd
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3446			Net 10 days	

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yd	Metal hydroxide sludge Transportation only		
	25 yd Container IN M2192		
	liner OUT 16868		
	~~tarp~~ No Tarp is Left with Container		
	Pick up: 7 a.m. Container is Dropped inside		
	Offload next day Building		

LOADING TIME:

ARRIVAL: 9:15

DEPARTURE: 11:45

TOTAL:

REASON FOR DELAY: ~~Load~~ Swap Containers

DRIVER SIGNATURE

AUTHORIZED SIGNATURE: Paul J. Knight

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

REASON FOR DELAY

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

0908-4494

TRW-03089

DRIVER SIGNATURE

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

[illegible]

REFERER À CE NO / REFER TO THIS NO [illegible]

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
[illegible]	85/12/16		129701		129701

FACTURE A / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPEDIE DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RECEPTION / DATE OF ARRIVAL	HEURE RECEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM. / OUR ORDER NO.	NO. MANIFESTÉ / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/12/18	85/12/18	08:00	85/12/18	6469	MAB87939	85/12/18	[illegible]:33	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0 Jr, Net 30 Jr	FOLEY, JOSEPH P.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN. / B.L. NO.	
STABLEX / BLAINVILLE	COLLECT	FRANKLIN [illegible]	[illegible]	

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	R-SNTRWC03 HYDROXIDE SLUDGE	9.13	S.T.	87.50	798.87
					Total US:	798.87

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

TRW-03090

0908-4495

STABLEX

Fiche de Route

№ 2999

ARRIVÉE TEMPS

POIDS

DEC 18/85 07:33
455300 lb
G425080

DÉPART TEMPS

POIDS

DEC 18/85 12:58
T 37040 N 18260 lb
DEC 18/85 12:58
T 16810 N 8270 kg

NO. LOT: CS-4645

CHAUFFEUR: GARY TYLER

TRANSPORTEUR: FRANKLIN

NO. CAMION: 431

NO. CONNAISSEMENT: 3453

REMARQUES: 3

NO. CONTRÔLE: B-SK TRW C03

GÉNÉRATEUR: T.R.W FASTENERS

NO. ACCUSÉ DE RÉCEPTION: 6469 12856

NO. MANIFESTE: MAB 087939
A-537761
QC 013159

PRÉPOSÉ À LA BALANCE: Sylvio Tremblay

CHAUFFEUR: Gary Tyler

COPIE DU CLIENT

TRW-03091

0908-4496

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

5777

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087832

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAA1t 8246

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma.
10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID, NA 1270	017	DM	00935	G	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	009	DM	00495	G	F001
c. WASTE CHROMIC ACID, CORROSIVE LIQUID, UN 1755	001	DM	00055	G	D002
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. Mixed Oil and Water — c. Plating Solution
b. Mixed with oil — d.

K. Handling Codes for Wastes Listed Above
a. SU/1 — c. SU/1
b. SU/1 — d. SU/1

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name	Signature	Date (Month Day Year)
~~GEORGE C~~ EUGENE RICCARDELLI	Eugene Riccardelli	12 06 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
DONALD BOZEMAN	Donald Bozeman	12 06 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
CARL MUISE	Carl Muise	12 6 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087832 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03092

0908-4497

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087832

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MA-MA-BOTH

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID, NA 1270	017	DM	00935	G	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	009	DM	00495	G	F001
c. WASTE CHROMIC ACID, CORROSIVE LIQUID, UN 1755	001	DM	00055	G	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. Mixed Oil and Water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(h) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

TRW-03093

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

0908-4498

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087832 COPY>8: GENERATOR-RETAINED BY GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. / Manifest Document No.: MAD019294867 DD013

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. Generator's Phone: 617 494-5500

A. State Manifest Document Number: MA B087938

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: AB39243

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 617 383-3135

E. State Trans. ID

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7B4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone

G. State Facility's ID: Not Required

H. Facility's Phone: 514 430-9230

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*

a. METAL HYDROXIDE SLUDGE

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. D80

b. T04

c.

d.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name: DENNIS F. BORSUK — Signature: Dennis F. Borsuk — Date: Month 12 Day 04 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RAYMOND FRANKLIN — Signature: Raymond Franklin — Date: Month 12 Day 04 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

DEC 20/85 11:36
T 37360 N 24500 1b

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

Printed/Typed Name: SYLVIE TREMBLAY — Signature: Sylvie Tremblay — Date: Month 12 Day 20 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087938 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILE

TRW-03094

0908-4499

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No. 00013

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087938

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID:

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3135

E. State Trans. ID:

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7B4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. METAL HYDROXIDE SLUDGE

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. D810

b. T104

c.

d.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK		12 04 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087938 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4500

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03095

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste
A 537878

A - CONSIGNOR (GENERATOR)
EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: THE FASTENERS DIVISION

Address - Adresse: 195 BERRY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: STANLEY CANADA, INC. | Provincial No. - N° provincial: 16008273

Address - Adresse: 700 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B4J7

B - CARRIER
TRANSPORTEUR

Company Name - Nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse

City - Ville | Prov. | Postal Code - Code postal

Registration / Immatriculation des véhicules | License No. / Immatriculation | Province

Vehicle - Véhicule moteur

Trailer #1 - Remorque #1

Trailer #2 - Remorque #2

Point of Entry / Point d'entrée | Point of Exit / Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie) | Tel. No. (Area Code) / N° de tél. (ind. rég.)

Signature | Date (Y/M/D - A/M/J)

Circulation No. - Quebec only
N° de circulation - Réservée au Québec

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER)
DESTINATAIRE

Company Name - Nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse

City - Ville | Prov. | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time / Heure: 2011 AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 25/12/84

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police / Police locale
1-800-222-6514

British Columbia / Colombie-Britannique
(604) 387 5956

Manitoba
(204) 944-4888

New Brunswick / Nouveau-Brunswick
Zenith 4-9000

Newfoundland / Terre-Neuve
(709)-772-2083

Northwest Territories / Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia / Nouvelle-Ecosse
Zenith 4-9000

Ontario

Prince Edward Island / Ile du Prince-Édouard
Zenith 4-9000

Quebec / Québec
(418)-643-4595

Saskatchewan
Local Police / Police locale
1-800-667-3503

Yukon Territory / Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) / Canutec (appeler à frais virés)
(613)-996-6666

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units / L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging / Contenants: No - Nbre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units / L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle Véhicule Yes/Oui	Vehicle Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F086	NA9189	6.1	III	11,500	kg	35	%	001	05	11111	Kg		03				
															04				
															06				

TRW-03096

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier

STANLEY CODE: N-ORTHF C02

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time / Heure: AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 12/4/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 12/4/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. DORSUK

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784

Signature: Dennis F. Dorsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): [illegible]

Tel. No. (Area Code) - N° de tél. (ind. rég.): 514-[illegible] | Signature: [illegible]

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

6

0908-4501

MANIFEST
MANIFESTE

Manifest Reference No
N° de référence du manifeste: A 537878

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. N° provincial:

Company Name - Nom de l'entreprise: TEW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: STABLEX CANADA, INC.

Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7E4J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise:

Provincial No. - N° provincial:

Address - Adresse:

City - Ville | Prov. | Postal Code - Code postal:

Registration / Immatriculation des véhicules	License No / Immatriculation	Province
Vehicle - Véhicule moteur	A.B. 39243	MASS
Trailer #1 - Remorque #1	8194	MASS
Trailer #2 - Remorque #2		

Point of Entry / Point d'entrée | Point of Exit / Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): RAYMOND FRANKLIN

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 384-3134

Signature: Raymond Franklin

Date (Y/M/D - A/M/J): 12-4-85

Circulation No - Québec only / N° de circulation - Réservée au Québec:

Reference No.'s of Other Manifest(s) used / N°'s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise: Stablex Canada Inc

Provincial No. - N° provincial:

Address - Adresse: 760 Boulevard Industriel

City - Ville | Prov. | Postal Code - Code postal:

Receiving Site Address - Destination de l'expédition:

City - Ville | Prov. | Postal Code - Code postal:

Received - Réception / Time / Heure: AM ☐ PM ☐ | Date (Y/M/D - A/M/J):

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants No - Nbre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle Véhicule Yes/Oui	Vehicle Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F006	NA9189	6.1	III	11,500	kg	35	%	001	06								

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise:

Provincial No. N° provincial:

STABLEX CODE: N-SKTEW CO2

Shipped - Date d'expédition / Time / Heure: AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 12/4/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 12/4/85

Address - Adresse | City - Ville | Prov.:

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784

Signature: Dennis F. Borsuk

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie):

Tel. No. (Area Code) / N° de tél. (ind. rég.) | Signature:

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police / Police locale
1-800-222-6514

British Columbia / Colombie Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick / Nouveau-Brunswick
Zenith 4 9000

Newfoundland / Terre-Neuve
(709)-772-2083

Northwest Territories / Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia / Nouvelle Ecosse
Zenith 4-9000

Ontario

Prince Edward Island / Ile du Prince-Edouard
Zenith 4-9000

Quebec / Québec
(418)-643-4595

Saskatchewan
Local Police / Police locale
1-800-667-3503

Yukon Territory / Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) / Canutec (appeler à frais virés)
(613) [illegible]

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4502

2

TRW-03097

SECTION B – To be filled out by the consignee and the carrier or, upon exit from Québec, by the carrier

Gouvernement du Québec
Ministère de l'Environnement

Declaration of consignee

Hazardous waste no.	If different from Section A, describe	Refusal Total (X)	Refusal Partial (X)	Management code	Decontamination of containers Yes (X)	No (X)	Not required (X)
9306CA				04			X

Acceptance
Date Y M D: 85 12 20
Time: 1135

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AC 4231	MA			X	Entry	28060
Trailer #1	8194	MASS				Exit	16950
Trailer #2						Quantity accepted	11110

I declare that the information in this declaration is true.
Name (Please print): Sylvie Tremblay — Date: 85/12/20
Signature: Sylvie Tremblay — Time: 11:35

Declaration of carrier

1. If outside Québec
Point of exit — Region — Date of exit Y M D — Time

2. In every case
Describe any event to be reported — Code

I declare that I have delivered the waste described above to the consignee specified in Section A.
Name (Please print): Gary Tyler — Date: 85/12/04
Signature: Gary Tyler — Time: 20:11

AU MINISTERE
RECUE An. M Jr
O. N.
Conciliée
Positif
Adm. man.
Leg. man.

QC 013135

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. **SECTION B:** To be sent to the consignor

0908-4503

TRW-03098

CONSIGNOR

Business no. [redacted] Tel. no. 617-494-5784

Name TRW Fasteners

Address 31 Ames St.

Cambridge, 02142

Province MA Country USA Postal Code

SCHEDULE VI
(Division V)

QC 013135

Gouvernement du Québec
Ministère de l'Environnement

Manifest for Transporting Hazardous Waste

Section A – To be filled out and signed by the consignor and the carrier

CARRIER

Business no. 617-384-3134 Tel. no.

Name Franklin Pumping Service, Inc.
Industrial Road, P.O. Box 617
Wrentham

Address

Province MA Country USA Postal Code 02093

CONSIGNEE

Business no. 514-430-9230 Tel. no.

Name Stablex Canada Inc.
760 Industrial Road
Blainville

Address

Province Québec Country Canada Postal Code J7E4J7

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]								

[illegible] to this ship-[illegible]

Vehicle registration [illegible] 427 [illegible] 308

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AC 4231 [illegible]	MA	8194 [illegible]	MASS [illegible]		

[illegible]

Expected point of entry into Québec

Champlain

Region of entry | Expected date of entry ▶ Y M D

Expected point of exit from Québec

Region of exit | Expected date of exit ▶ Y M D

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
9306CA	Metal hydroxide Sludge	40,000		5	001	COT	PLe

Emergency instructions

Declaration of consignor

Shipping number 1343-01[illegible]

I declare that the information above is true.

Name (Please print) PAUL J ENRIGHT Date 12-4-85

Signature [signature] Time

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.

Name (Please print) RAYMOND FRANKLIN Date 12-4-85

Signature Raymond Franklin Time

2. SECTION A: *To be kept by the consignor*

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-4504

TRW-03099

TOPS FORM 3575

FORM NO. 7525-V (1-1-82) U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0297

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted. (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended; P.L. 96-275).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee): TRW FASTENERS DIVISION
ADDRESS (Number, street, place, State): 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent)
ADDRESS (Number, street, place, State)

5. ULTIMATE CONSIGNEE: STABLEX CANADA, INC.,
ADDRESS (Place, country): 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE
ADDRESS (Place, country)

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures.) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE, WITH NO COMMERCIAL VALUE.	-	D	NA	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087938

17. DATE OF EXPORTATION (Not required for shipments by vessel): 12/4/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

▶ 19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

▶ Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

TRW-03100

0908-4505

RC-CE
81/03/16

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE / OF PAGES /

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA

12/4/85

3 INVOICE NO AND DATE

NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P.O. NO.: F 4564

MANIFEST NO.: MA b087938

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS

U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE QUALITY SIZE ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE.	20 CU.YDS.	NO VALUE	0	0
CODE 681, AS PER CANADIAN CUSTOMS				

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT)

DENNIS F. BORSUK

TITLE

ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE

CAMBRIDGE, MA 12/4/85

SIGNATURE

Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and brokerage charges			
Other charges (specify)			

0908-4506

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

TRW-03101

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE →

FAIR MARKET VALUE	SELLING PRICE
0	0

2/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

This Memorandum Is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3453

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA 19 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	25 yds. Metal hydroxide sludge			
	(trans. only)			
	25 yard container			
	Polyliner			
	Tarpaulin			
	Pick up 7 a.m., offload nexttday			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per Paul [illegible] Agent, Per _____

3

Permanent post-office address of shipper, _____

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WilsonJones
GRAYLINE FORM 44-301 3-PART

TRW-03102

0908-4507

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3448			Net 10 days	12-04-85

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yd	Metal hydroxide sludge - Transportation only		
	25 yd Container		
	liner		
	tarp		
	Pick up: 7 a.m.		
	Offload Next day 12-05-85		

LOADING TIME:

ARRIVAL: 9:30

DEPARTURE: 12:00

TOTAL: 2 1/2

[illegible]
DRIVER SIGNATURE

REASON FOR DELAY: Load and unload container

Paul J. Enright
AUTHORIZED SIGNATURE

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

DRIVER SIGNATURE

REASON FOR DELAY

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

0908-4508

TRW-03103

DRIVER SIGNATURE

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

RÉFÉRER À CE NO. / REFER TO THIS NO. 12773

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
F-4564	85/11/26		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM. / OUR ORDER NO.	NO. MANIFESTE / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/12/04	85/12/05	09:00	85/12/11	6263	MAR87938	85/12/11	22:10:00	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH P.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN / B/L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN PUMPING	3452

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
		AN ADDITIONAL INVOICE WILL FOLLOW TO ADJUST THE WEIGHT AND THE PRICE DUE TO HIGH CONTENT OF CYANIDE IN YOUR WASTE				
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	11.85	S.T.	87.50	1036.88
					Total US:	1036.88

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS:

0908-4509

TRW-03104

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

REFERER À CE NO / REFER TO THIS NO 12934

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO
F4564	85/12/31		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM. / OUR ORDER NO.	NO. MANIFESTE / MANIFESTE NO	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/12/04	85/12/04	09:00	85/12/31	6584	MAB87938	85/12/31	18:51:02	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRÉSENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH F.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN / B.L. NO
STABLEX / BLAINVILLE	COLLECT	FRANKLIN PUMPING	3453

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
		THIS INVOICE IS ADJUSTING THE QUANTITY ALREADY BILLED ON OUR INVOICE 12773 OF DECEMBER 11, 1985				
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	0.40	S.T.	87.50	35.00
					Total US:	35.00

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

0908-4510

TRW-03105

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 0012

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087937

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name: DENNIS F. BORSUK
Signature: Dennis F. Borsuk
Date: Month 11 Day 19 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY Tyler
Signature: Gary Tyler
Date: Month 11 Day 19 Year 85

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

19. Discrepancy Indication Space
NOV 20/85 12:45
T 37080 H 18120 lb

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Sylvie Tremblay
Signature: Sylvie Tremblay
Date: Month 11 Day 20 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (300) 424-8802.

MA B087937 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03106

0908-4511

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019486700012 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087937

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD048141136

C. State Trans. ID: 8/14

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name: DENNIS F. BORSUK — Signature — Date: Month 11 Day 19 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087937 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03107

0908-4512

MANIFEST
MANIFESTE

Manifest Reference No
N° de référence du manifeste

A 537860

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: THE FASTENERS DIVISION

Address - Adresse: 195 BIRNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee
Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16000273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B8J7

B - CARRIER TRANSPORTEUR

Circulation No - Quebec only
N° de circulation - Réservée au Québec

Company Name - Nom de l'entreprise: [illegible] | Provincial No. - N° provincial

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

Address - Adresse: [illegible]

City - Ville: [illegible] | Prov.: [illegible] | Postal Code - Code postal: [illegible]

Registration Immatriculation des véhicules	License No Immatriculation	Province
Vehicle - Véhicule moteur	[illegible]	[illegible]
Trailer #1 - Remorque #1	[illegible]	[illegible]
Trailer #2 - Remorque #2		

Point of Entry / Point d'entrée: [illegible] | Point of Exit / Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print)
Nom du conducteur (caractères d'imprimerie): [illegible]

Tel. No. (Area Code)
N° de tél. (ind. rég.): [illegible]

Signature: [illegible]

Date (Y/M/D - A/M/J): [illegible]

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise: [illegible] | Provincial No. - N° provincial

Address - Adresse: [illegible]

City - Ville: [illegible] | Prov.: [illegible] | Postal Code - Code postal: [illegible]

Receiving Site Address - Destination de l'expédition: [illegible]

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time / Heure: [illegible] AM ☐ PM ☐

Date (Y/M/D - A/M/J): [illegible]

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick
Nouveau-Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle-Ecosse
Zenith 4-9000

Ontario

Prince Edward Island
Ile du Prince-Édouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-[illegible]03

Yukon Territory
Territoire du Yukon
(403)-667-7244

Canutec (Call Collect)
Canutec (appeler à frais virés)
(613)-996-6666

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants No - Nbre	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui / No Non	Vehicle Véhicule Yes Oui / No Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	7006	NA9189	6.1	III	11,500	kg	35	Z	001	06	1,225	kg		03		
															04		
															06		

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence

Attached / Ci-jointes ☐ Below / Plus bas ☐

STABLEX CODE: N-SKYNW C02

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise

Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time / Heure: AM ☒ PM ☐

Date (Y/M/D - A/M/J): 11/19/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 11/19/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSEK

Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 494-5784

Signature: [illegible]

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): [illegible]

Tel. No. (Area Code) - N° de tél. (ind. rég.): [illegible] | Signature: [illegible]

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

TRW-03108

0908-4513

6

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste
A 537860

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. N° provincial

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7E4J7

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Printing Service | Provincial No. - N° provincial

Address - Adresse: Industrial P.O. Box 617

City - Ville: Wrentham | Prov.: MA | Postal Code - Code postal: 02093

	Registration / Immatriculation des véhicules	License No / Immatriculation	Province
Vehicle - Véhicule moteur	AH 9203		MA
Trailer #1 - Remorque #1	8194		MA
Trailer #2 - Remorque #2			

Point of Entry / Point d'entrée: Phil. PS Bung Que. | Point of Exit / Point de sortie:

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): GARY Tyler | Tel. No. (Area Code) / N° de tél. (ind. rég.): 617-784-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 85-11-19

Circulation No. - Quebec only
N° de circulation - Réservée au Québec

Reference No's of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse

City - Ville | Prov. | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition

City - Ville | Prov. | Postal Code - Code postal

Received - Réception / Time / Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J)

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police / Police locale
1-800-222-6514

British Columbia / Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick / Nouveau Brunswick
Zenith 4-9000

Newfoundland / Terre-Neuve
(709)-772-2083

Northwest Territories / Territoires du Nord Ouest
(403)-920-8130

Nova Scotia / Nouvelle Ecosse
Zenith 4-9000

Ontario

Prince Edward Island / Ile du Prince-Edouard
Zenith 4-9000

Quebec / Québec
(418)-643-4595

Saskatchewan
Local Police / Police locale
1-800-667-3503

Yukon Territory / Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) / Canutec (appeler à frais virés)
(613)-996-6666

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units / L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No - N^bre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units / L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle / Véhicule Yes/Oui	Vehicle / Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F006	NA9189	6.1	III	11,500	kg	35	%	001	06								

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

STABLEX CODE: N-SKTRW CO2

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name) / Si le déchet doit être re transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition / Time / Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 11/19/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 11/19/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie)

Tel. No. (Area Code) - N° de tél. (ind. rég.) | Signature

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4514

2

TRW-03109

SCHEDULE VI
(Division V)

QC 013126

Gouvernement du Québec
Ministère de l'Environnement

Manifest for Transporting Hazardous Waste

Section A – To be filled out and signed by the consignor and the carrier

CONSIGNOR
Business no. 617-494-5500 Tel. no.
Name TRW Fasteners
31 Ames Street
Cambridge, MA
Address
Province MA Country USA Postal Code 02142

CARRIER
Business no. 617-384-3134 Tel. no.
Name Franklin Pumping Service, Inc.
Industrial Road, P.O. Box 617
Wrentham
Address
Province MA Country 02093 Postal Code 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name Stablex Canada Inc.
760 Industrial Blvd.
Blainville
Address
Province Quebec Country Canada Postal Code J7E4J7

Shipping details

Expected shipping date (Y M D)	Expected arrival date (Y M D)	Transit region (A B C D E F G H)
85 11 19	85 11 20	

Number of manifest cancelled with regard to this shipment, where applicable

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH 9203	MA	8194	MA		

If cross-border

Expected point of entry into Québec
Phillipsburg Que

Region of entry | Expected date of entry ▶ Y M D

Expected point of exit from Québec

Region of exit | Expected date of exit ▶ Y M D

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
		0011500	X	S	001	COT	
	METAL HYDROXIDE SLUDGE						

Emergency instructions

Declaration of consignor

Shipping number 945-014

I declare that the information above is true.
Name (Please print) PAUL J ENRIGHT Date 85/11/19
Signature Paul A Enright Time 11:30 AM

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print) GARY Tyler Date 85-11-19
Signature Gary Tyler Time 11:30 AM

2. SECTION A: To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-4515

TRW-03110

SECTION B – To be filled out by the consignee and the carrier or, upon exit from Québec, by the carrier

Gouvernement du Québec
Ministère de l'Environnement

Declaration of consignee

Hazardous waste no.	If different from Section A, describe	Refusal Total (x)	Refusal Partial (X)	Management code	Decontamination of containers Yes (X)	Decontamination of containers No (X)	Decontamination of containers Not required (X)

Acceptance
Date Y M D
Time :

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH 9203	MA			
Trailer #1	8194	MA			
Trailer #2					

Quantity accepted (weight in kg)

Entry	25040
Exit	16810
Quantity accepted	8230

I declare that the information in this declaration is true.

Name (Please print): Sylvio Tremblay — Date: 85/11/20
Signature: Sylvio Tremblay — Time: 12:46

Declaration of carrier

1. If outside Québec
Point of exit — Region — Date of exit Y M D — Time

2. In every case

Describe any event to be reported — Code

I declare that I have delivered the waste described above to the consignee specified in Section A.
Name (Please print): Gary Tyler — Date: 85/11/20
Signature: Gary Tyler — Time: 07:29

AU MINISTERE
REÇUE An M Jr

	O.	N.
Conciliée	☐	☐
Positif	☐	☐
Adm. man.	☐	☐
Leg. man.	☐	☐

QC 013126

2. SECTION B: To be sent to the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-4516

TRW-03111

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.)
FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State)
TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State)

5. ULTIMATE CONSIGNEE ADDRESS (Place, country)
STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country)

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment)
STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE, WITH NO COMMERCIAL VALUE.	-	D	NA	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087937

17. DATE OF EXPORTATION (Not required for shipments by vessel): 11/19/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer; e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a]If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b]Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

TRW-03112

0908-4517

RC-CI 27/01/03/16

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, OUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 11/19/85

3 INVOICE NO. AND DATE: NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P. O. NO: F 4248

MANIFEST NO.: MA B087937

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, OUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

NA

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS: U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION: GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

E.G. SALE, CONSIGNMENT, SHIPMENT, LEASE, GOODS, ETC. WHETHER PRICE IS ASKED, ... DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO. & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE.	20 CU.YDS.	NO VALUE	0	0
CODE 681, AS PER CANADIAN CUSTOMS				

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): DENNIS F. BORSUK

TITLE: ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 11/19/85

SIGNATURE: Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 SELLING PRICE: 0

2/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE FOR FILLING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

TOPS FORM 3128 REVISED — Litho in U.S.A.

0908-4518

TRW-03113

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. Carrier's No. 3453

(Name of Carrier)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA 19 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	20 yds. Metal hydroxide sludge			
	(trans. only)			
	25 yard container			
	Polyliner			
	~~[illegible]~~			
	Pick up 7 a.m., offload next day			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per Paul J Enright

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

© 1951 PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44-302 3-PART

0908-4519

TRW-03114

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO
TRW Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO
Stablex Canada Inc.
760 Industrial Blvd
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	XXX 3447			Net 10 days	

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yd	Metal hydroxide sludge - transportation only		
	25 yd Container		
	liner		
	tarp		
	Pick up: 7 a.m.		
	Offload next day		

LOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: 9:40 — wrap containers

DEPARTURE: 11:20 am

TOTAL: _____

Jerry Taylor
DRIVER SIGNATURE

Paul A. Enright
AUTHORIZED SIGNATURE

UNLOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: _____

DEPARTURE: _____

TOTAL: _____

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY: _____ REASON FOR DELAY _____

TIME OUT: _____

TIME IN: _____

TOTAL: _____

0908-4520

DRIVER SIGNATURE

TRW-03115

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

RÉFÉRER À CE NO. / REFER TO THIS NO: 12524

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
F4248	85/11/15		129701		129701

FACTURÉ À / INVOICED TO:
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM:
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM / OUR ORDER NO.	NO. MANIFESTÉ / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/11/20	85/11/20	08:00	85/11/20	6102	MAR89937	85/11/20	22:10:44	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH P.

F.A.B / F.O.B	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN / B.L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN PUMPING	3453

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	9.08	S.T.	87.50	794.50
					Total US:	794.50

0908-4521

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

TRW-03116

STABLEX

Fiche de Route

№ 2701

ARRIVÉE TEMPS

POIDS

NOV 28/85 07:32
55200 lb
G 25040

DÉPART TEMPS

POIDS

NOV 28/85 12:45
T 37040 N 18160 lb
NOV 28/85 12:46
T 16810 N 8200 kg

NO. LOT: CS-4436

CHAUFFEUR: GARY TYLER

NO. CONTRÔLE: B-SK TRW CO3

TRANSPORTEUR: FRANKLIN

GÉNÉRATEUR: T.R.W FASTENERS

NO. CAMION: 431

NO. ACCUSÉ DE RÉCEPTION: 6102 12524

NO. CONNAISSEMENT: 3453

NO. MANIFESTE: MAB 089937

REMARQUES: (B)

A-537860

EC-013126

PRÉPOSÉ À LA BALANCE: Sylvie Lambley

CHAUFFEUR:

COPIE DU CLIENT

0908-4522

TRW-03117

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

5384

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087829

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAH 8246

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617 683-1002

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID NA 1270	020	DM	01100	G ~~GAL~~	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	007	DM	0035	G	F001
c. WASTE CHROMIC ACID, CORROSIVE LIQUID, UN 1755	002	DM	00110	G	D002
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. Mixed Oil and Water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a. S01
b. S01
c. S01
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: [redacted] EUGENE RICCARDELLI — Signature: Eugene Riccardelli — Date: Month 11 Day 14 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD BOREMAN — Signature: Donald Boreman — Date: Month 11 Day 14 Year 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 11 Day 14 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087829 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED

0908-4523

TRW-03118

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087829

B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAM 8246

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 683-1002

E. State Trans. ID:

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617 683-1002

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID NA 1270	020	DM	01100	CAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	007	DM	00385	G	F001
c. WASTE CHROMIC ACID, CORROSIVE LIQUID, UN 1755	002	DM	00110	G	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. Mixed Oil and Water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above

a. c.
b. d.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: GEORGE CLEARY — Signature: [signature] — Date: Month 11 Day 14 Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Donald [illegible] — Signature: [signature] — Date: Month 11 Day 14 Year [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087829 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4524

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03119

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 0011

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087936

B. State Gen. ID SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID 8174 MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC
J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (516) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"If I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3005(h) of RCRA, I hereby certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name: DENNIS F. BORSUK
Signature:
Date: Month 11 Day 05 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Tyler
Signature: Gary Tyler
Date: Month 11 Day 06 Year 85

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

19. Discrepancy Indication Space
26,700

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

0908-4525

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR

TRANSPORTER

FACILITY

MA B087936 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03120

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 0011

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087936

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T104
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2
SOHDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date Month Day Year
DENNIS F. BORSUK	Dennis F. Borsuk	11 06 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
GARY Tyler	Gary Tyler	11 06 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space
NOV 7/85 10:57
T 36920 N 26700 15

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

Printed/Typed Name	Signature	Date Month Day Year
Sylvie Tremblay	Sylvie Tremblay	11 07 85

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087936 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MA

TRW-03121

0908-4526

MANIFEST
MANIFESTE

Manifest Reference No
N° de référence du manifeste

A 537852

A - CONSIGNOR (GENERATOR)
EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: THE PASTENERS DIVISION

Address - Adresse: 195 KINGS STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee
Destinataire choisi: STANLEX CANADA, INC. | Provincial No. - N° provincial: 16008273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B4J7

B - CARRIER
TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Service | Provincial No. - N° provincial

Address - Adresse: Industrial Rd. PO Box 617

City - Ville: Wrentham | Prov.: MA | Postal Code - Code postal: 02093

	Registration Immatriculation des véhicules	License No Immatriculation	Province
Vehicle - Véhicule moteur	AH9203		MA
Trailer #1 - Remorque #1	8194		MA
Trailer #2 - Remorque #2			

Point of Entry
Point d'entrée | Point of Exit
Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print)
Nom du conducteur (caractères d'imprimerie): Gary Tyler | Tel. No. (Area Code)
N° de tél. (ind. rég.): 617-384-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 11/06/85

Circulation No. - Quebec only
N° de circulation - Réservée au Québec

Reference No's of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER)
DESTINATAIRE

Company Name - Nom de l'entreprise: Stanlex Canada, Inc. | Provincial No. - N° provincial

Address - Adresse: 760 Blvd Industriel

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7B 1A1

Receiving Site Address - Destination de l'expédition: MEME

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time
Heure ▶ 2:00 AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 85/11/05

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick
Nouveau-Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island
Ile du Prince-Edouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-3503

Yukon Territory
Territoire du Yukon
(403)-667-7244

Canutec (Call Collect)
Canutec (appeler à frais virés)
(613) [illegible]

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants No. - N°	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui	Packaging Contenants No Non	Vehicle Véhicule Yes Oui	Vehicle Véhicule No Non
2	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	7006	NA9189	6.1	III	11,500	kg	35	%	201	06	12,110	kg		03				
															04				
															06				

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence
Attached Ci-jointes ☐ Below Plus bas ☐

STANLEX CODE: N-SKYSF C02

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time
Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 11/5/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 11/5/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS W. BORSUK | Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 494-5704 | Signature

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): [illegible] | Tel. No. (Area Code) N° de tél. (ind. rég.): 514-[illegible] | Signature

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

TRW-03122

0908-4527

6

MANIFEST
MANIFESTE

Manifest Reference No / N° de référence du manifeste: A 537852

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TEW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7E4J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Service | Provincial No. - N° provincial:

Address - Adresse: Industrial Rd. PO Box 617

City - Ville: Wrentham | Prov.: MA | Postal Code - Code postal: 02093

Registration / Immatriculation des véhicules | License No / Immatriculation | Province

Vehicle - Véhicule moteur: AH9203 | MA

Trailer #1 - Remorque #1: 8194 | MA

Trailer #2 - Remorque #2:

Point of Entry / Point d'entrée | Point of Exit / Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie) | Tel. No. (Area Code) / N° de tél. (ind. rég.)

Signature | Date (Y/M/D - A/M/J)

Circulation No. - Québec only / N° de circulation - Réservée au Québec:

Reference No.'s of Other Manifest(s) used / N°s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse

City - Ville | Prov. | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition

City - Ville | Prov. | Postal Code - Code postal

Received - Réception: Time / Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J)

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta — Local Police / Police locale: 1-800-222-6514
British Columbia / Colombie-Britannique: (604) 387-5956
Manitoba: (204) 944-4888
New Brunswick / Nouveau-Brunswick: Zenith 4-9000
Newfoundland / Terre-Neuve: (709)-772-2083
Northwest Territories / Territoires du Nord-Ouest: (403)-920-8130
Nova Scotia / Nouvelle-Ecosse: Zenith 4-9000
Ontario
Prince Edward Island / Ile du Prince-Édouard: Zenith 4-9000
Quebec / Québec: (418)-643-4595
Saskatchewan — Local Police / Police locale: 1-800-667-3503
Yukon Territory / Territoire du Yukon: (403)-667-7244
Canutec (Call Collect) / Canutec (appeler à frais virés): 666

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units / L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No - Nbre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units / L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle Véhicule Yes/Oui	Vehicle Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	Y006	NA9189	6.1	III	11,500	kg	35	%	001	06								

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

STABLEX CODE: N-SKYTEW CO2

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition: Time / Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 11/6/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 11/6/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie)

Tel. No. (Area Code) - N° de tél. (ind. rég.) | Signature

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4528

2

TRW-03123

SECTION B – To be filled out by the consignee and the carrier or, upon exit from Québec, by the carrier

Gouvernement du Québec
Ministère de l'Environnement

Declaration of consignee

Hazardous waste no.	If different from Section A, describe	Refusal Total (x)	Refusal Partial (X)	Management code	Decontamination of containers Yes (X)	No (X)	Not required (X)
	Waste Water Treatment			04			X

Acceptance
Date Y M D: 85 11 07
Time: 10:58

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH 9203	MA			X
Trailer #1	8194	MA			
Trailer #2					

Quantity accepted (weight in kg)

Entry	28860
Exit	16750
Quantity accepted	12110

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay — Date: 85/11/07
Signature: Sylvio Tremblay — Time: 10:58

Declaration of carrier

1. If outside Québec
Point of exit — Region — Date of exit Y M D — Time

2. In every case
Describe any event to be reported — Code

I declare that I have delivered the waste described above to the consignee specified in Section A.
Name (Please print): Gary Tyler — Date: 85/11/07
Signature: Dawn Tyler — Time: [illegible]

AU MINISTERE
RECUE An. M Jr

	O.	N.
Conciliée	☐	☐
Positif	☐	☐
Adm. man.	☐	☐
Leg. man.	☐	☐

QC 013110

2. SECTION B: To be sent to the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-4529

TRW-03124

CONSIGNOR

Business no.

Tel. no. 617-494-5500

Name TRW Fasteners

Address 31 Ames St.
Cambridge, MA 02142

Province Country Postal Code

CARRIER

Business no.

Tel. no. 617-384-3134

Name Franklin Pumping Service, Inc.

Address Industrial Rd.-PO Box 617
Wrentham, MA

Province Country Postal Code 02093

CONSIGNEE

Business no.

Tel. no. 215-688-3131

Name Stablex Canada Inc.

Address 760 Industrial Blvd. CP420
Blainville, Quebec Canada

Province Country Postal Code J7E4J7

SCHEDULE VI
(Division V)

QC 013110

Gouvernement du Québec
Ministère de l'Environnement

Manifest for Transporting Hazardous Waste

Section A – To be filled out and signed by the consignor and the carrier

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H

Number of manifest cancelled with regard to this shipment, if applicable

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
69203	MA	8194	MA		

If cross-border

Expected point of entry into Québec

Hi Gate Spring Vt.

Region of entry

Expected date of entry ▶ Y 85 M 11 D 06

Expected point of exit from Québec

Region of exit

Expected date of exit ▶ Y M D

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
	WASTE WATER TREATMENT SLUDGE		X	S	001	CONTAC	
	TYPE 6						

Emergency instructions

TRW-03125

Declaration of consignor

I declare that the information above is true.

Name (Please print) Nicholas G. Cullen

Date 11/6/85

Signature Nicholas G. Cullen

Time 12:00 NOON

Shipping number

Declaration of car

I declare that I have taken de above.

Name (Please print)

Signature

Time

0908-4530

2. **SECTION A:** To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

Form Approved: O.M.B. No. 41-R0397

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE ADDRESS (Place, country): STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS* (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	(12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar; omit cents figures) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE, WITH NO COMMERCIAL VALUE.	—	D	N.A.	—	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087936

17. DATE OF EXPORTATION (Not required for shipments by vessel): 11/5/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs 1(c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBIRDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

*If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

**Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4531

TRW-03126

RC-CE-
7/81/03/18

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF PAGES 1

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA

11/06/85

3 INVOICE NO AND DATE

NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. NO.:

MANIFEST NO.: MA B087936

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

NA

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS

U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU.YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

E.G. SALE, CONSIGNMENT SHIPMENT, LEASED GOODS, ETC. WHETHER PRICES ARE [illegible] DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
		NO		

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE. CODE 681, AS PER CANADIAN CUSTOMS	20 CU.YDS.	NO VALUE	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT)

DENNIS F. BORSUK

TITLE

ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE

CAMBRIDGE, MA 11/6/85

SIGNATURE

Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

TRW-03127

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0

0908-4532

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM 943

TOPS FORM 3128 REVISED

Litho in U.S.A.

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3453

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA 19 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. 11-CC-5

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	25 yds. Metal hydroxide sludge			
	(trans. only)			
	25 yard container 16868 (IN)			
	Polyliner M2435 (OUT) 4 CONTAINERS			
	Tarpaulin			
	Pick up 7 a.m., offload next day			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

† If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per Jerry [signature] Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

Permanent post-office address of shipper. _____

2

©1983 PRINTED IN U.S.A. BY WilsonJones GRAYLINE FORM 44 301 5 PART

0908-4533

TRW-05128

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
31 Ames St.
Cambridge, MA 02142

SHIPPED TO: Stabley Canada Inc.
760 Industrial Blvd
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3445 ~~XXX~~			Net 10 days	11-06-85

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25	Metal hydroxide sludge		
	Transportaion only		
	25 yard container Take Canada, Mass + Quebec Manifest		
	liner		
	tarp		
	Pick up 7 a.m. - Offload next day 11/07/85		

LOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL 9 AM

DEPARTURE 12 AM

TOTAL: 3

DRIVER SIGNATURE _____ AUTHORIZED SIGNATURE _____

UNLOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL _____

DEPARTURE: _____

TOTAL: _____

DRIVER SIGNATURE _____ AUTHORIZED SIGNATURE _____

OTHER DELAY: _____ REASON FOR DELAY _____

TIME OUT: _____

TIME IN: _____

TOTAL: _____

0008-4534

TRW-03129

DRIVER SIGNATURE _____

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

RÉFÉRER À CE NO. / REFER TO THIS NO. 12353

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM. / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
F3780	85/11/04		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM. / OUR ORDER NO.	NO. MANIFESTÉ / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/11/07	85/11/07	08:00	85/11/07	5900	MA887936	85/11/07	22:11:19	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRÉSENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH F.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN. / B/L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN PUMPING	3453

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	13.36	S.T.	87.50	1169.00

0908-4535

Total US: 1169.00

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS.

TRW-03130

STABLEX

Fiche de Route

№ 2551

ARRIVÉE TEMPS

POIDS

DÉPART TEMPS

POIDS

NOV 7/85 07:33
63620 lb
G 28860

NOV 7/85 18:57
T 36980 N 26720 lb
NOV 7/85 18:58
T 16750 N 12110 kg

NO. LOT: GS-4326

CHAUFFEUR: GARY TYLER

TRANSPORTEUR: FRANKLIN

NO. CAMION: 431

NO. CONNAISSEMENT: 3453

REMARQUES: (b)

NO. CONTRÔLE: B-K TRWCO3

GÉNÉRATEUR: T.R.W. FASTENERS

NO. ACCUSÉ DE RÉCEPTION: 5900 12353

NO. MANIFESTE: MAB 082936
A-532852
QC 013110

PRÉPOSÉ À LA BALANCE: Sylvie Lambkay

CHAUFFEUR: Gary Tyler

COPIE DU CLIENT

TRW-03131

0908-4536

F-3024
F-3024

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION 195 Binney St., Camb. Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087831

B. State Gen. ID:

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID:

7. Transporter 2 Company Name — 8. US EPA ID Number:

D. Transporter's Phone (617) 683-1002

E. State Trans. ID:

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID NA 1270	026	DM	1430	GALS	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	007	DM	00385	GALS	F001
c. WASTE CHROMIC ACID, CORROSIVE LIQUID, UN 1755	002	DM	00110	GALS	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. Mixed oil and water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above

a. c.
b. d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: GEORGE CLEARY — Signature: [signature] — Date: Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

TRW-03132

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

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

0908-4537

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

MA B087831 COPY>8: GENERATOR-RETAINED BY GENERATOR

In case of spill, immediately call the National Response Center (800) 424-8802.

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

U.S. MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

TRW FASTENERS DIVISION

(Name of Sender)

195 Binney Street

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

Cambridge, Massachusetts 02142

(City, State, and ZIP Code)

Att: Dennis F. Borsuk

0908-4538

TRW-03133

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
North East Solvents
221 Sutton Street
North Andover, MA 01845

4. Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number
P 036 311 954

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
1-15-86

8. Addressee's Address (ONLY if requested and fee paid)

0908-4539

TRW-03134

Fasteners Division
TRW Assemblies &
Fasteners Group

31 Ames Street
Cambridge, MA 02142
617.494.5500

January 13, 1986

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

North East Solvents
221 Sutton Street
North Andover, Massachusetts 01845

Gentlemen:

On October 25, 1985, 1,925 gallons of hazardous waste was transported to North East Solvents by North East Solvents. The waste was generated by TRW Fasteners Division, per the attached manifest copy, MA B087831.

TRW is not in receipt of Copy #3 of this manifest, "Generator - Mailed by TSDF." Please advise as to the status of the 1,925 gallons of waste.

I can be contacted at 195 Binney Street, Cambridge, Massachusetts 02142 - Telephone (617) 494-5784.

Sincerely,

TRW FASTENERS DIVISION

Dennis F. Borsuk

Dennis F. Borsuk
Environmental Manager

DFB:lf
attachment

0908-4540

TRW-03135

F-3024
F-[redacted]

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

RECEIVED
FEB 14 1986
D. F. BORSUK

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION 195 Binney St.,Camb. Ma. 02142

4. Generator's Phone ( )

5. Transporter 1 Company Name: NORTHEAST SOLVENT
6. US EPA ID Number: MAD000604447

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT, 300 Canal St.,Lawrence, Ma.
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087831
B. State Gen. ID: SAME
C. State Trans. ID: MAAH 8246
D. Transporter's Phone (617) 683-1002
E. State Trans. ID
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 683-1002

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID NA 1270	26	DM	14300	G GALS	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	007	DM	00385	G GALS	F001
c. WASTE CHROMIC ACID, CORROSIVE LIQUID, UN 1755	002	DM	00110	G GALS	D002
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. Mixed oil and water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a. SD1
b. SD1
c. SD1
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

GENERATOR — Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 10 Day 25 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozman — Date: Month 10 Day 25 Year 85

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

19. Discrepancy Indication Space
0908-4541

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
FACILITY — Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 10 Day 25 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087831 COPY>4: TSDF-RETAINED BY TSDF

COPY>4: TSDF-RETAINED BY TSDF

TRW-03136

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00010

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087935

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 383-3135

E. State Trans. ID:

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date Month Day Year
DENNIS F. BORSUK	Dennis F. Borsuk	10 22 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
GARY Tyler	Gary Tyler	10 22 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

25,900

0908-4542

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

Printed/Typed Name	Signature	Date Month Day Year
Sylvia Tremblay	Sylvia Tremblay	10 23 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087935 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03137

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.: 00010
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087935
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
C. State Trans. ID: 6194 314

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 383-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7
10. US EPA ID Number: NYD980756415
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CN	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK		10 22 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
GARY Tyler	Gary Tyler	10 22 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)

0908-4543

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087935 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03138

MANIFEST
MANIFESTE

Manifest Reference No / N° de référence du manifeste: A 428672

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. / N° provincial:

Company Name / Nom de l'entreprise: THE FASTENERS DIVISION

Address / Adresse: 195 KINGSLEY STREET

Shipping Site Address / Origine de l'expédition: SAME

City / Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code / Code postal: 02142

Intended Consignee / Destinataire choisi: STANLEX CANADA, INC.

Provincial No. / N° provincial: 16080873

Address / Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address / Destination de l'expédition: SAME

City / Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code / Code postal: J7B4J7

B - CARRIER / TRANSPORTEUR

Company Name / Nom de l'entreprise: Franklin Transport Service Co

Provincial No. / N° provincial:

Address / Adresse: Industrial Road

City / Ville: Wrentham | Prov.: MA | Postal Code / Code postal: 02093

Registration / Immatriculation des véhicules	License No. / Immatriculation	Province
Vehicle / Véhicule moteur	AH7203	MA
Trailer #1 / Remorque #1	8154	MA
Trailer #2 / Remorque #2		

Point of Entry / Point d'entrée:

Point of Exit / Point de sortie:

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): Gary Tyler

Tel. No. (Area Code) / N° de tél. (ind. rég.): 617-584-3134

Signature: Gary Tyler

Date (Y/M/D - A/M/J): 85/10/22

Circulation No. - Quebec only / N° de circulation - Réservée au Québec:

Reference No's of Other Manifest(s) used / N°s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name / Nom de l'entreprise: Gelles Canada Inc

Provincial No. / N° provincial:

Address / Adresse: [illegible]

City / Ville: [illegible] | Prov.: Quebec | Postal Code / Code postal: [illegible]

Receiving Site Address / Destination de l'expédition: Same

City / Ville: | Prov.: | Postal Code / Code postal:

Received / Réception — Time / Heure: [illegible] AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 85/10/23

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta — Local Police / Police locale: 1-800-222-6514
British Columbia / Colombie-Britannique: (604) 387-5956
Manitoba: (204) 944-4888
New Brunswick / Nouveau Brunswick: Zenith 4-9000
Newfoundland / Terre Neuve: (709)-772-2083
Northwest Territories / Territoires du Nord-Ouest: (403)-920-8130
Nova Scotia / Nouvelle-Ecosse: Zenith 4-9000
Ontario
Prince Edward Island / Ile du Prince-Édouard: Zenith 4-9000
Quebec / Québec: (418)-643-4595
Saskatchewan — Local Police / Police locale: 1-800-667-3503
Yukon Territory / Territoire du Yukon: (403)-667-7244
Canutec (Call Collect) / Canutec (appeler à frais virés): 366

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No. / N°	Code (Int/Ext)	Quantity Received / Quantité reçue	Units L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problemes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle / Véhicule Yes/Oui	Vehicle / Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	W 166	N A9123	6.1	III	11,500	kg	55	%	001	06	11,700	kg		03				
															04				
															06				

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

STANLEX CODE: N 9N TRM C02

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise:

Provincial No. / N° provincial:

Address / Adresse: | City / Ville: | Prov.:

Shipped / Date d'expédition — Time / Heure: AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 10/22/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 10/22/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS P. BORSUK

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784

Signature:

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): [illegible]

Tel. No. (Area Code) / N° de tél. (ind. rég.): [illegible] | Signature: [illegible]

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

TRW-03139

0908-4544

6

MANIFEST
MANIFESTE

N° de référence du manifeste: A 428672

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee - Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B4J7

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Service | Provincial No. - N° provincial:

Address - Adresse: Industrial Road

City - Ville: Wrentham | Prov.: MA | Postal Code - Code postal: 02093

	Registration Immatriculation des véhicules	License No. Immatriculation	Province
Vehicle - Véhicule moteur	AH9203		MA
Trailer #1 - Remorque #1	8194		MA
Trailer #2 - Remorque #2			

Point of Entry - Point d'entrée | Point of Exit - Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) - Nom du conducteur (caractères d'imprimerie): Gary Tyler | Tel. No. (Area Code) - N° de tél. (ind. rég.): 617-384-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 85/10/22

Circulation No. - Quebec only
N° de circulation - Réservée au Québec

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse

City - Ville | Prov. | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition

City - Ville | Prov. | Postal Code - Code postal

Received - Réception: Time / Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J)

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants No - Nbre	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui / No Non	Vehicle Véhicule Yes Oui / No Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F006	NA9189	6.1	III	11,500	kg	35	%	001	06						

TRW-03140

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

STABLEX CODE: N-SKTRW CO2

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition: Time / Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 10/22/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 10/22/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie)

Tel. No. (Area Code) - N° de tél. (ind. rég.) | Signature

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick
Nouveau-Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island
Île du Prince-Édouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-3503

Yukon Territory
Territoire du Yukon
(403)-667-7244

Canutec (Call Collect)
Canutec (appeler à frais virés)
(613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4545

Gouvernement du Québec
Ministère de l'Environnement

SECTION B – To be filled out by the consignee and the carrier or, upon exit from Québec, by the carrier

Declaration of consignee

Hazardous waste no.	If different from Section A, describe	Refusal Total (x)	Refusal Partial (X)	Management code	Decontamination of containers Yes (X)	No (X)	Not required (X)
F006				04			X

Acceptance
Date Y M D: 85/10/23
Time: :

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH9223	MA			X
Trailer #1	8194	MA			
Trailer #2					

Quantity accepted (weight in kg)	
Entry	28600
Exit	16860
Quantity accepted	11740

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 85/10/23
Signature: Sylvio Tremblay
Time:

Declaration of carrier

1. If outside Québec
Point of exit | Region | Date of exit Y M D | Time

2. In every case
Describe any event to be reported | Code

I declare that I have delivered the waste described above to the consignee specified in Section A.
Name (Please print): Gary Tyler
Date: 85/10/23
Signature: Gary Tyler
Time: 07:41

AU MINISTERE
RECUE An M Jr

	O.	N.
Conciliée		
Positif		
Adm. man.		
Leg. man.		

QC 013105

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. **SECTION B:** To be sent to the consignor

TRW-03141

0908-4546

CONSIGNOR
Business no. Tel. no. 617-494-5500

Name TRW Fastners

Address 31 Ames Street
Cambridge, MA USA 02142
Province Country Postal Code

CARRIER
Business no. 617- 384-3134 Tel. no.

Name Franklin Pumping Service, Inc.
Industrial Rd,; PO Box 617

Address
Wrentham, MA USA 02093
Province Country Postal Code

CONSIGNEE
Business no. 1-800-361-3741 Tel. no.

Name Stablex Canada Inc.
Industrial Rd.
Blainville, Quebec Canada J7E4J7

Address

Province Country Postal Code

SCHEDULE VI
(Division V)

QC 013105

Gouvernement du Québec
Ministère de l'Environnement

Manifest for Transporting Hazardous Waste

Section A – To be filled out and signed by the consignor and the carrier

Shipping details

Expected shipping date (Y M D)	Expected arrival date (Y M D)	Transit region (A B C D E F G H)
85 10 22	85 10 23	

Number of manifest cancelled with regard to this shipment, where applicable

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH9203	MA	8194	MA		

If cross-border

Expected point of entry into Québec

Region of entry | Expected date of entry ▶ Y M D 85 10 22

Expected point of exit from Québec

Region of exit | Expected date of exit ▶ Y M D

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
F006	Waste water treatment sludge	1,500	X	Sol	0 0 1	C O T	A CD

Emergency instructions

TRW-03142

Declaration of consignor

Shipping number 142-018

I declare that the information above is true.
Name (Please print) PAUL ENRIGHT Date
Signature Paul Enright Time

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print) GARY TYLER Date 85/10/22
Signature Gary Tyler Time 13:30

2. SECTION A: To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-4547

RC-CE
27/81/03/16

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE PAGES
OF

1. VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2. DATE OF DIRECT SHIPMENT TO CANADA 10/22/85

3. INVOICE NO AND DATE NONE

4. OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P. O. NO.:
MANIFEST NO.: MA B087935

5. CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6. PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8. IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7. COUNTRY OF ORIGIN OF GOODS

U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10. TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU.YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9. CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

E.G. SALE, CONSIGNMENT, SHIPMENT, LEASED GOODS, ETC.; WHETHER PRICES ARE F.O.B., C.I.F., DUTY PAID, ETC.; DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11. CURRENCY OF SETTLEMENT

12. MARKS & NUMBERS	13. NO & KIND OF PACKAGES	14. GENERAL DESCRIPTION OF CONTENTS	15. TOTAL WEIGHT NET	GROSS
		NO		

16. SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE, ETC.)	17. QUANTITY (STATE UNIT)	18. FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19. UNIT PRICE	20. AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE. CODE 681, AS PER CANADIAN CUSTOMS	20 CU.YDS.	NO VALUE	0	0

21. WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS.

NAME OF SIGNATORY (PRINT): DENNIS F. BORSUK

TITLE: ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 10/22/85

SIGNATURE: Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22. Export Packing			
23. Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24. Freight and insurance to place of direct shipment to Canada			
25. Insurance from place of direct shipment to Canada			
26. Royalties			
Commissions and similar charges			
Other charges (specify)			

27. EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

TRW-03143

28. VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29. IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 SELLING PRICE: 0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE RE

TOPS FORM 3128 REVISED

Made in U.S.A.

0908-4548

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.) FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE ADDRESS (Place, country): STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar; omit cents figures) (15)
ONE	30 CU.YD.BULK CONTAINER OF METAL HYDROXIDE SLUDGE, WITH NO COMMERCIAL VALUE.		D	N.A.		NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087935

17. DATE OF EXPORTATION (Not required for shipments by vessel): 10/22/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer; e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a]If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b]Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

TRW-03144

0908-4549

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. Carrier's No. 3453

(Name of Carrier)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA, 19 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	_____ yds. Metal hydroxide sludge			
	(trans. only)			
	25 yard container			
	Polyliner			
	Tarpaulin			
	Pick up 7 a.m., offload next day			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per X Paul Enright

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper. _____

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WilsonJones
GRAYLINE FORM 44 301 3-PART

TRW-03145

0908-4550

STABLEX 1-800-361-3741

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

use short trailer + short tractor - return to yard to charge.

SOLD TO:
TRW Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO:
Stablex Canada Inc.
760 Industrial Blvd
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3453			Net 10 days	10-22-85

QUANTITY	DESCRIPTION	PRICE	AMOUNT
yd	Metal Hydroxide sludge - Transportation only		
	25 yd Container		
	liner		
	tarp		
	Pick up 7 a.m.		
	Offload: next day		

LOADING TIME:
ARRIVAL: 1K 15 AM
DEPARTURE: 1 45
TOTAL: 2 1/2

REASON FOR DELAY: swap Containers

Gary Tyler
DRIVER SIGNATURE

Paul [illegible]
AUTHORIZED SIGNATURE

UNLOADING TIME:
ARRIVAL:
DEPARTURE:
TOTAL:

REASON FOR DELAY

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY:
TIME OUT:
TIME IN:
TOTAL:

REASON FOR DELAY

TRW-03146

0908-4551

DRIVER SIGNATURE

RECEIVED

OCT 30 1985

CAMBRIDGE OPERATIONS

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

REFERER À CE NO / REFER TO THIS NO. 12138

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
	85/10/18		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM. / OUR ORDER NO.	NO. MANIFESTE / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/10/23	85/10/23	09:00	85/10/23	5614	MAB87935	85/10/23	22:10:50	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH P.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN. / B/L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN	3453

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	12.95	S.T.	87.50	1133.13
					Total US:	1133.13

RAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
DMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

TRW-03147

0908-4552

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

5226

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENER DIV,
195 BINNEY ST CAMBRIDGE MA. 02142

4. Generator's Phone (617) 494-5500

5. Transporter 1 Company Name: NORTHEAST SOLVENT
6. US EPA ID Number: MAD000604447

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST. LAWRENCE MA
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087828
B. State Gen. ID: SAME
C. State Trans. ID: MAAH 8246
D. Transporter's Phone (617) 683-1002
E. State Trans. ID
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 683-1002

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, COMBUSTIBLE LIQUID NA1270	23	DM	1265	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	11	DM	605	GAL	F001
c. WASTE HYPOCHLORITE SOLUTION CORROSIVE MATERIAL, NA 1791	10	DM	550	GAL	D001
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. MIXED OIL AND WATER
b. MIXED WITH OIL
c.
d.

K. Handling Codes for Wastes Listed Above
a. SU1
b. SU1
c. SU1
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

GENERATOR — Printed/Typed Name: EUGENE RICCARDELLI — Signature: Eugene Riccardelli — Date: Month 10 Day 11 Year 85

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 10 Day 11 Year 85
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY
19. Discrepancy Indication Space

0908-4553

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: CARL MUISS — Signature: Carl Muiss — Date: Month 10 Day 11 Year 85

Form Approved OMB No. 2050-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087828 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03148

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. | Manifest Document No.

2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087828

B. State Gen. ID: SAME

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name | 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address | 10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( )

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL No. 6, Combustible liquid NOS	12	DM	1045	GAL	D001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	1	DM	1005	GAL	F001
c. WASTE HYPOCHLORITE SOLUTION CORROSIVE, NOS 1791	1	DM	1500	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. DILUTED OIL AND WATER | c.

b. DILUTED WITH OIL | d.

K. Handling Codes for Wastes Listed Above

a. | c.

b. | d.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name	Signature	Date Month	Day	Year
EUGENE BERGERON		11	11	

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
DONALD BERGMAN	Donald Bergman	11	11	

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year

0908-4554

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR

TRANSPORTER

FACILITY

MA B087828 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03149

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087934 COPY>3: GENERATOR-MAILED BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.: 000009
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087934
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLINE PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
C. State Trans. ID: MA 8194
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 383-3135
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-9230

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7
10. US EPA ID Number: NYD980756415

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW C02

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date Month Day Year
DENNIS F. BORSUK	Dennis F. Borsuk	10 08 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
James Wood	James Wood	10 08 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

28,400

0908-4555

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

Printed/Typed Name	Signature	Date Month Day Year
Sylvio Tremblay	Sylvio Tremblay	10 09 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03150

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00009

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087934

B. State Gen. ID SAME

5. Transporter 1 Company Name: FRANKLINE PUMPING SERVICE, INC.

6. US EPA ID Number: MAD984814136

C. State Trans. ID MA 8194

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617 383-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC
J7E4J7

10. US EPA ID Number: HYD980756615

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (514) 430-9230

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CH	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D180
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW C02

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK		10 08 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Janice Wood	Janice Wood	10 08 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

TRW-03151

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

Printed/Typed Name	Signature	Date (Month Day Year)

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In Case of Emergency or Spill, Immediately call the National Response Center (800) 424-8802.

MA B087934 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-4556

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste
A 428664

A - CONSIGNOR (GENERATOR)
EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: THE MATERIALS DIVISION

Address - Adresse: 195 HENRY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CHARLESTON | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee
Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 700 BOULEVARD TERRASSE

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B6J7

B - CARRIER
TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERV

Provincial No. - N° provincial

Address - Adresse: [illegible] Ind. ROAD

City - Ville: W PORTHAM | Prov.: MA | Postal Code - Code postal: 02093

	Registration Immatriculation des véhicules	License No. Immatriculation	Province
Vehicle - Véhicule moteur	AE 15-640		MA
Trailer #1 - Remorque #1	8194		MA
Trailer #2 - Remorque #2			

Point of Entry
Point d'entrée: Champlain NY | Point of Exit
Point de sortie:

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print)
Nom du conducteur (caractères d'imprimerie): Jamos Wood | Tel. No. (Area Code)
N° de tél. (ind. rég.): 617-384-3134

Signature: James Wood | Date (Y/M/D - A/M/J): 85-10-8

Circulation No. - Quebec only
N° de circulation - Réservée au Québec

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER)
DESTINATAIRE

Company Name - Nom de l'entreprise: STABLEX CANADA INC | Provincial No. - N° provincial

Address - Adresse: 700 Blvd Industriel

City - Ville: Blainville Quebec | Prov. | Postal Code - Code postal: J7B 1G7

Receiving Site Address - Destination de l'expédition: MEME

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time
Heure: 07:55 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 85/10/09

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants No. - Nbre	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui	Packaging Contenants No Non	Vehicle Véhicule Yes Oui	Vehicle Véhicule No Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	PD 06	UA9189	6.1	III	~ 11,700 kg		35	%	001	06	12 880	kg		03				
															04				
															06				

TRW-03152

Special Handling/Emergency Instructions
Manutention spéciale/instructions d'urgence: STABLEX CODE: H-[illegible] 092

Attached Ci-jointes ☐ Below Plus bas ☐

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time
Heure: AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 19/9/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 18/9/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): ROBERT F. ROBERT | Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 494-5704 | Signature

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): Yvon Tremblay

Tel. No. (Area Code) - N° de tél. (ind. rég.): 514-430-4221 | Signature: Yvon Tremblay

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick
Nouveau Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island
Île du Prince-Édouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-3503

Yukon Territory
Territoire du Yukon
(403)-667-7244

Canutec (Call Collect)
Canutec (appeler à frais virés)
(613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

0908-4557

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste: A 428664

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee - Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B4J7

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN Pumping Svc

Provincial No. - N° provincial:

Address - Adresse: Fed. Road

City - Ville: W Boylston | Prov.: MA | Postal Code - Code postal: 02093

Registration - Immatriculation des véhicules / License No. - Immatriculation / Province:

Vehicle - Véhicule moteur: AE 15-640 MA

Trailer #1 - Remorque #1: 8194 MA

Trailer #2 - Remorque #2:

Point of Entry - Point d'entrée: Champlain NY | Point of Exit - Point de sortie:

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) - Nom du conducteur (caractères d'imprimerie): James Wood

Tel. No. (Area Code) - N° de tél. (ind. rég.): 617-384-3134

Signature: James Wood

Date (Y/M/D - A/M/J): 85-10-8

Circulation No. - Québec
N° de circulation - Réservé au Québec:

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise:

Provincial No. - N° provincial:

Address - Adresse:

City - Ville: | Prov.: | Postal Code - Code postal:

Receiving Site Address - Destination de l'expédition:

City - Ville: | Prov.: | Postal Code - Code postal:

Received - Réception
Time - Heure: AM ☐ PM ☐

Date (Y/M/D - A/M/J):

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name - Appellation réglementaire	Product Identification No. - N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group - Groupe d'emballage	Quantity Shipped - Quantité expédiée	Units - L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants: No. - N°**	Code (Int/Ext)	Quantity Received - Quantité reçue	Units - L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal - Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code - Code de manutention	Decontamination - Décontamination: Packaging Contenants Yes/Oui No/Non	Vehicle Véhicule Yes/Oui No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	NO 06	NA9189	6.1	LXII	~ 11,500	kg	35	%	001	86						

TRW-03153

Special Handling/Emergency Instructions - Manutention spéciale/Instructions d'urgence: Attached - Ci-jointes ☐ Below - Plus bas ☐

If Handling Code "Other" (Specify) - Si code de manutention "divers", spécifier:

STABLEX CODE: N-SKTRW 002

If waste to be re-transferred (specify company name) - Si le déchet doit être re-transféré, indiquer le nom de l'entreprise:

Provincial No. - N° provincial:

Address - Adresse: | City - Ville: | Prov.:

Shipped - Date d'expédition
Time - Heure: AM ☒ PM ☐

Date (Y/M/D - A/M/J): 10/8/85

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 10/8/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) - Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK

Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 494-5784

Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) - Nom de l'agent autorisé (caractères d'imprimerie):

Tel. No. (Area Code) - N° de tél. (ind. rég.): | Signature:

EMERGENCY TELEPHONE NUMBERS - N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police - Police locale
1-800-222-6514

British Columbia - Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick - Nouveau-Brunswick
Zenith 4-9000

Newfoundland - Terre-Neuve
(709)-772-2083

Northwest Territories - Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia - Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island - Île du Prince-Édouard
Zenith 4-9000

Quebec - Québec
(418)-643-4595

Saskatchewan
Local Police - Police locale
1-800-667-3503

Yukon Territory - Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) - Canutec (appeler à frais virés)
(613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4558

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

Form Approved: O.M.B. No. 41-R0397

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-276).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry): ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.)
FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State)
TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State)

5. ULTIMATE CONSIGNEE ADDRESS (Place, country)
STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country)

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment)
STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY D OR F[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU. YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE, WITH NO COMMERCIAL VALUE.	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER
MA B087934

17. DATE OF EXPORTATION (Not required for shipments by vessel)
10/8/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

TRW-03154

0908-4559

RC-CE 27/81/03/16

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF 1 PAGES

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 10/8/85

3 INVOICE NO. AND DATE: NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P. O. NO.: F 3303

MANIFEST NO.: MA B087934

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS: U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

E.G. SALE, CONSIGNMENT, SHIPMENT, LEASED GOODS, ETC., WHETHER PRICES ARE [illegible] DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS — **13 NO. & KIND OF PACKAGES** — **14 GENERAL DESCRIPTION OF CONTENTS**

NO

15 TOTAL WEIGHT — NET — GROSS

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS, E.G. GRADE, QUALITY, SIZE, ETC.)

METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE.

CODE 681, AS PER CANADIAN CUSTOMS

17 QUANTITY (STATE UNIT): 20 CU.YDS.

18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT: NO VALUE

SELLING PRICE TO PURCHASER IN CANADA (IF ANY)

19 UNIT PRICE	20 AMOUNT
0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): DENNIS F. BORSUK

TITLE: ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 10/8/85

SIGNATURE: Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

TRW-03155

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 — SELLING PRICE

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CA

0908-4560

TOPS FORM 3128 REVISED

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3453

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA 19 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	20 yds. Metal hydroxide sludge	23,000		
	(trans. only)			
	Polyliner			
	Tarpaulin			
	25 yard container			
	Pick up 7 a.m., offload next day			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

*Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission

TRW Fasteners Shipper, Per Paul Enright

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading James Wood

2

Permanent post-office address of shipper. _____

© 1981 • PRINTED IN U.S.A. BY
WilsonJones
GRAY LINE FORM 44 3C2 3 PART

0908-4561

TRW-03156

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3454			Net 10 days	10-8-85

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yd	Metal Hydroxide sludge - Transportation Only		
	25 yd Container		
	tarp		
	liner		
	Pick up 8: a.m. PRUMPT		
	Offload: next day		

LOADING TIME: 9 30 Am
ARRIVAL: 9 00 Am
DEPARTURE: 12 30 pm
TOTAL: 3½ hrs.

REASON FOR DELAY: Problems with PTO. add Hydraulic oil tight quarters

James Wood
DRIVER SIGNATURE

Paul Enright
AUTHORIZED SIGNATURE

UNLOADING TIME:
ARRIVAL:
DEPARTURE:
TOTAL:

REASON FOR DELAY

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY.
TIME OUT:
TIME IN:
TOTAL:

REASON FOR DELAY

0908-4562

TRW-03157

DRIVER SIGNATURE

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

RÉFÉRER À CE NO. / REFER TO THIS NO. 11988

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
3303	85/10/04		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM / OUR ORDER NO.	NO MANIFESTE / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/10/09	85/10/09	08:00	85/10/09	5464	;A587934	85/10/09	22:09:49	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH F.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN / B.L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN	3453

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	S-SKTRWC03 HYDROXIDE SLUDGE	14.20	S.T.	87.50	1242.50
					Total US:	1242.50

0908-4563

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DU
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

TRW-03158

STABLEX

Fiche de Route

№ 2243

ARRIVÉE TEMPS

POIDS

OCT 9/85 07:55
65000 lb
G 29480

OCT 9/85 13:34
T 36600 N 28400 lb

DÉPART TEMPS

POIDS

OCT 9/85 13:35
T 16600 N 12800 kg

NO. LOT: CJ-4098

CHAUFFEUR: JAMES WOOD

NO. CONTRÔLE: B-SK TRWCAS

TRANSPORTEUR: FRANKLIN

GÉNÉRATEUR: TRW FASTENERS

NO. CAMION: 424

NO. ACCUSÉ DE RÉCEPTION: 5464 11988

NO. CONNAISSEMENT: 3453

NO. MANIFESTE: MAB 082934

REMARQUES: 10 A-428664

PRÉPOSÉ À LA BALANCE: Sylvie Tremblay

CHAUFFEUR: James Wood

COPIE DU CLIENT

0908-4564

TRW-03159

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-3024

5093

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAB019294867 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087827

B. State Gen. ID: Same

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAH 8246

7. Transporter 2 Company Name — 8. US EPA ID Number:

D. Transporter's Phone (617) 683-1002

E. State Trans. ID:

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Canal St. Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID NA 1270	012	DM	00660	G ~~GALS~~	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	002	DM	00110	G ~~GALS~~	F001
c. WASTECHROMIC ACID SOLUTION, CORROSIVE LIQUID UN 1755	009	DM	00495	G ~~GALS~~	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. MIXED OIL AND WATER — c. PLATING SOLUTION

b. MIXED WITH OIL — d.

K. Handling Codes for Wastes Listed Above

a. SW/1 — c. SW/1

b. SW/1 — d. SW/1

15. Special Handling Instructions and Additional Information:

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: [redacted] E. RICCARDELLI — Signature: E Riccardelli — Date: Month 10 Day 02 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 10 Day 02 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 0908-4565

Printed/Typed Name: CARL Mirice — Signature: Carl Mirice — Month 10 Day 02 Year 85

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (300) 424-8802.

MA B087827 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03160

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-3024

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 2 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087827

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St. Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, COMBUSTIBLE LIQUID NA 1270	012	DM	00660	GALS	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	002	DM	00110	GALS	F001
c. WASTECHROMIC ACID SOLUTION, CORROSIVE LIQUID UN 1755	009	DM	00495	GALS	D002

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. MIXED OIL AND WATER
b. MIXED WITH OIL
c. PLATING SOLUTION
d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

TRW-03161

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

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

0908-4566

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087827 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. / Manifest Document No.: MAD019294867 00008

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087932

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: MA 8194

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3136

E. State Trans. ID

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. METAL HYDROXIDE SLUDGE

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. D810

b. T104

c.

d.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW CO2

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	09 24 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Robert E Parker Jr.	Robert E Parker Jr.	09 24 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space: 29,860

0908-4567

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

Printed/Typed Name	Signature	Date (Month Day Year)
Sylvia Tremblay	Sylvia Tremblay	09 25 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087932 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03162

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00008

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087932

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: MA 8194

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 383-3136

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T104
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: W-SKTEW CO2

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date Month Day Year
DENNIS F. BORSUK		09 24 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Lucas E. Parker Jr	[illegible]	09 24 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

0908-4568

Printed/Typed Name	Signature	Date Month Day Year

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087932 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03163

MANIFEST
MANIFESTE

Manifest Reference No
N° de référence du manifeste

A 428680

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No - N° provincial

Company Name - Nom de l'entreprise: TRW PASTURES DIVISION

Address - Adresse: 195 KINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee
Destinataire choisi: STABLEX CANADA, INC.

Provincial No - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B6J7

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Rowlin Pumping Co

Provincial No - N° provincial

Address - Adresse: Industrial Rd

City - Ville: Wrentham MAS | Prov.

Postal Code - Code postal

Registration
Immatriculation des véhicules: MA 8194

License No.
Immatriculation

Province

Vehicle - Véhicule moteur

Trailer #1 - Remorque #1

Trailer #2 - Remorque #2

Point of Entry
Point d'entrée: RI 15-57

Point of Exit
Point de sortie: SAME

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi

Name of Driver (Print)
Nom du conducteur (caractères d'imprimerie)

Tel. No. (Area Code)
N° de tél. (ind. rég.)

Signature: Cliff Pulsy Jr

Date (Y/M/D - A/M/J): 9-24-85

Circulation No - Quebec only
N° de circulation - Réservée au Québec

Reference No's of Other Manifest(s) used
N°s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise: STABLEX CANADA INC

Provincial No - N° provincial

Address - Adresse: 760 BLVD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUÉBEC | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition: MÊME

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time
Heure: 08:13 AM ☒ PM ☐

Date (Y/M/D - A/M/J): 85/09/25

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants: No. Nbre	Code (Int./Ext.)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy Problems Refusal Identifier toute différence entre manifeste et cargaison/ problèmes refus	Handling Code Code de manutention	Decontamination Decontamination: Packaging Contenants Yes Oui	Packaging Contenants No Non	Vehicle Véhicule Yes Oui	Vehicle Véhicule No Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	90 06	NA9189	6.1	III	~11,500	kg	35	Z	001	06				03 04 06	X		X	

Special Handling Emergency Instructions
Manutention spéciale Instructions d'urgence

Attached
Ci-jointes ☐

Below
Plus bas ☐

STABLEX CODE: N-SKIRM 002

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise

Provincial No - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time
Heure: AM ☒ PM ☐

Date (Y/M/D - A/M/J): 9/24/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 9/24/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORDUX

Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 494-5784

Signature

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): SYLVIO TREMBLAY

Tel. No. (Area Code) N° de tél. (ind. rég.): 514-450-9226

Signature

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie Britannique
(604) 387 5956

Manitoba
(204) 944 4888

New Brunswick
Nouveau-Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle Ecosse
Zenith 4-9000

Ontario

Prince Edward Island
Ile du Prince-Édouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-3503

Yukon Territory
Territoire du Yukon
(403)-667-7244

Canutec (Call Collect)
Canutec (appeler à frais vires)
(613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

TRW-03164

0908-4560

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste
A 428680

A - CONSIGNOR (GENERATOR)
EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee - Destinataire choisi: STABLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7E4J7

B - CARRIER
TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Serv

Provincial No. - N° provincial

Address - Adresse: Industrial Rd.

City - Ville: WRENTHAM MASS | Prov.: | Postal Code - Code postal:

Registration - Immatriculation des véhicules | License No. - Immatriculation | Province

Vehicle - Véhicule moteur: MA 8194

Trailer #1 - Remorque #1

Trailer #2 - Remorque #2

Point of Entry - Point d'entrée: Rt 15 + 87 | Point of Exit - Point de sortie: SAME

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi

Name of Driver (Print) - Nom du conducteur (caractères d'imprimerie)

Tel. No. (Area Code) - N° de tél. (ind. rég.)

Signature: Robert E Parker Jr

Date (Y/M/D - A/M/J): 9-24-85

Circulation No. - Quebec only
N° de circulation - Réservée au Québec

Reference No.'s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER)
DESTINATAIRE

Company Name - Nom de l'entreprise

Provincial No. - N° provincial

Address - Adresse

City - Ville | Prov. | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time - Heure ▶ AM ☐ PM ☐

Date (Y/M/D - A/M/J)

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick
Nouveau-Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island
Île du Prince-Édouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-3503

Yukon Territory
Territoire du Yukon
(403)-667-7244

Canutec (Call Collect)
Canutec (appeler à frais virés)
(613) ...

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packaging Group Groupe d'emballage	Quantity Shipped Quantité expédiée	Units L or/ou kg Unités	Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants No. - Nbre	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui / No Non	Vehicle Véhicule Yes Oui / No Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	NO 06	NA9189	6.1	III	~11,500	kg	35	%	001	06						

TRW-03165

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence

Attached - Ci-jointes ☐ Below - Plus bas ☐

STABLEX CODE: N-SKTRW CO2

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re transféré, indiquer le nom de l'entreprise

Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time - Heure ▶ AM ☒ PM ☐

Date (Y/M/D - A/M/J): 9/24/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 9/24/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK

Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 494-5784

Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie)

Tel. No. (Area Code) - N° de tél. (ind. rég.) | Signature

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4570

2

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.)
FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State)
TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State)

5. ULTIMATE CONSIGNEE ADDRESS (Place, country)
STABLEX CANDADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country)

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment)
STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY D OR F[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER
MA B087932

17. DATE OF EXPORTATION (Not required for shipments by vessel)
9/24/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

▶ 19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

▶ Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a]If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b]Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

TRW-03166

0908-4571

RC-CE 27/81/03/18

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE OF PAGES

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 8/27/85

3 INVOICE NO. AND DATE: NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P. O. NO.:

MANIFEST NO.: MA B087932

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS: U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY
CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

E.G. SALE, CONSIGNMENT SHIPMENT, LEASED GOODS, ETC., WHETHER PRICES ARE [illegible] DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO. & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS, E.G. GRADE, QUALITY, SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE.	20 CU.YDS.	NO VALUE	0	0
CODE 681, AS PER CANADIAN CUSTOMS				

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): DENNIS F. BORSUK

TITLE: ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 9/24/85

SIGNATURE: Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)	0908-4572		TRW-03167

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE →	FAIR MARKET VALUE	SELLING PRICE
	0	0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

TOPS FORM 3126 REVISED — Litho in U.S.A.

This Memorandum is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

Franklin Pumping Service, Inc.
(Name of Carrier)

Carrier's No. 3444

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA 9/24/ 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.
(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville, State Quebec Zip _____ County Canada Delivery Address ★ 760 Industrial Blvd.
★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	25 yd Metal hydroxide sludge			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per [signature] Agent, Per _____

3

Permanent post office address of shipper, _____

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WilsonJones
GRAYLINE FORM 44-301 3-PART

0908-4573

TRW-03168

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec Canada

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3444			Net 10 days	9/24/85

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yd	Metal hydroxide sludge		
	Transportation only		
	25 yd container		
	Liner, tarp		
	Pick up: 7 a.m.		
	Offload Next day		

LOADING TIME: 3 1/2

ARRIVAL: 1 30 pm

DEPARTURE: 5 00

TOTAL:

REASON FOR DELAY: Drop Empty Untarp Tarp Full Load Drop Full Load Put Empty Can in Build. Pick Full one up

[signature] DRIVER SIGNATURE

[signature] AUTHORIZED SIGNATURE

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

REASON FOR DELAY

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

0908-4574

TRW-03169

DRIVER SIGNATURE

RECEIVED

OCT - 1 1985 2037

CAMBRIDGE OPERATIONS

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

RÉFÉRER À CE NO.
REFER TO THIS NO. 11766

VOTRE NO. COMMANDE CUSTOMER ORDER NO.	VOTRE DATE COM. CUST. ORDER DATE		NO. DE CLIENT CUSTOMER NO.		NO. DE CLIENT CUSTOMER NO.
F-3089	85/09/19		129701		129701

FACTURÉ À
INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE
SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE DATE RECEIVED	DATE RÉCEPTION DATE OF ARRIVAL	HEURE RÉCEPTION TIME OF ARRIVAL	DATE FACTURE INVOICE DATE	NOTRE NO. COMM. OUR ORDER NO.	NO. MANIFESTÉ MANIFESTE NO.	DATE IMPRIMÉE DATE PRINTED	HEURE TIME	PAGE PAGE
85/09/25	85/09/25	08:00	85/09/26	5185	MAB87932	85/09/26	22:13:11	1

TAXE VENTE FÉDÉRALE FEDERAL SALES TAX	TAXE VENTE PROVINCIALE PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT TERMS OF PAYMENT	REPRESENTANT REPRESENTATIVE
N/A	N/A	0.00%, 0 Jr, Net 30 Jr	FOLEY, JOSEPH P.

F.A.B. F.O.B.	CONDITIONS DE TRANSPORT TERMS OF TRANSPORT	VIA VIA	NO. CONN. B/L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN PUMPING	25JB851

ART. ITEM	NO. PRODUIT PRODUCT NO.	DESCRIPTION DESCRIPTION	QUANTITÉ QUANTITY	UNITÉ UNIT	PRIX UNITAIRE UNIT PRICE	MONTANT AMOUNT
		ATTN; MR.DENNIS F. BORSUK				
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	14.93	S.T.	87.50	1306.38
					Total US:	1306.38

0908-4575

AIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
MINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

TRW-03170

EPHM-2 REV. 3/84

STATE OF CONNECTICUT 25413
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

4352

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MAD.0.1.9.2.9.4.8.6.7 — Manifest Document No.: 0.0.0.0.1
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address: TWR FASTNERS DIVISION, 195 BENNY ST, CAMBRIDGE MA 02142
4. Generator's Phone (617) 494 5500

A. State Manifest Document Number: CT A 0006081
B. State Gen. ID: SAME

5. Transporter 1 Company Name: CLEAN HARBORS INC
6. US EPA ID Number: MAD.0.3.9.3.2.2.2.5.0
C. State Tran. ID: 735255 ME
D. Tran. Phone: 617 561 0100

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Tran. ID:
F. Tran. Phone:

9. Designated Facility Name and Site Address: EWR, 130 FREIGHT ST, WATERBURY CT 06702
10. US EPA ID Number: CTD.0.7.2.1.3.8.9.6.9
G. State Facility's ID: SAME
H. Facility's Phone: 203 755 2283

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-HAZARDOUS PUMIC, HAZARD CLASS Y I.D # NOT APPLICABLE	001	TT	02000	G	NONE N/A
b.					
c.					
d.					

J. Additional Description for Materials Listed Above: a. CRO-4 b. c. d.

K. Handling Codes for Waste Listed Above: a. T01 b. c. d.

"Unless an Handling Instructor and Additional Information is stated in the statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STREAM #4352
JOB # B8063

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

Printed/Typed Name	Signature	Date Month	Day	Year
Dennis F. Borsuk	Dennis F. Borsuk	09	24	85

17. **Transporter 1** Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
L ROPER	L Roper	09	24	85

18. **Transporter 2** Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. **Discrepancy** Indication Space: TRUCK OFF LOADED W/O TRANSPORTATION PERMIT AS DIRECTED AND APPROVED BY GLEN GOLDSMITH David J Green, CEO

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

Printed/Typed Name	Signature	Date Month	Day	Year
FAITH INGWERSEN	Faith Ingwersen	09	25	85

GENERATOR — TRANSPORTER — FACILITY

COPY 3: GENERATOR COMPLETED COPY

CT A 0006081

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD: 1-800-424-8802. FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP — OIL AND CHEMICAL SPILLS AT (203) 566-3338.

EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

COPY 3: GENERATOR COMPLETED COF

0908-4576 TRW-03171

EPHM-2 REV. 3/84

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document Number 0006081

B. State Gen. ID

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Tran. ID

D. Tran. Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Tran. ID

F. Tran. Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. PUMICE			2,000		
b.					
c.					
d.					

J. Additional Description for Materials Listed Above

a. c.

b. d.

K. Handling Codes for Waste Listed Above

a. c.

b. d.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected [illegible] method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STREAM #4352

JOB # B8063

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

Printed/Typed Name | Signature | Date Month Day Year 02 24 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD: 1-800-424-8802. FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP — OIL AND CHEMICAL SPILLS AT (203) 566-3338.

COPY 8: GENERATOR: Retained by Generator

0006081

EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

COPY 8: GENERATOR: Retained by Generator

0908-4577

TRW-03172

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F3078

4956

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE, MA.
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087816
B. State Gen. ID: SAME
C. State Trans. ID: MAAH 8246
D. Transporter's Phone (617) 683-1002
E. State Trans. ID
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, Combustible Liquid NA 1270	028	DM	01540	GALS	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	009	DM	00495	GALS	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN1755	004	DM	00220	GALS	D002
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. MIXED OIL AND WATER — c. PLATING SOLUTION
b. MIXED WITH OIL — d.

K. Handling Codes for Wastes Listed Above
a. SU/1 — c. SU/1
b. SU/1 — d. 1 1

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 09 Day 23 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 09 Day 23 Year 85

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

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 9 Day 23 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087816 COPY>3: GENERATOR-MAILED BY TSDF

0908-4578

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03173

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F 2005

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R W. FASTENER DIVISION, 195 Binney St.,Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE, MA.
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087816
B. State Gen. ID
C. State Trans. ID
D. Transporter's Phone (617 683-1002
E. State Trans. ID
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL, NOS, Combustible Liquid NA 1270	028	DM	01540	GALS	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	009	DM	00495	CALS	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN1755	004	DM	00220	CALS	D001
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. MIXED OIL AND WATER
b. MIXED WITH OIL
c. PLATING SOLUTION
d.

K. Handling Codes for Wastes Listed Above
a. c. b. d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

0908-4579

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

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087816 COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03174

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 000006

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIV.
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087930

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD984814136

C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANDA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC
J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T104
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I hereby certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTRW C02

SOLIDIFICATION and FIXATION

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

Printed/Typed Name	Signature	Date Month Day Year
PAUL ENRIGHT	Paul Enright	09 10 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
George R Joyce		9 10 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space
22,860

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

Printed/Typed Name	Signature	Date Month Day Year
SYLVIA TREADWAY	Sylvia Treadway	09 11 85

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087930 COPY>3: GENERATOR-MAILED BY TSDF

0854-8060

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03175

MANIFEST
MANIFESTE

Manifest Reference No. / N° de référence du manifeste: A 42865

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: STABLEX CANADA INC. | Provincial No. - N° provincial: 16000273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B1J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Co | Provincial No. - N° provincial: NA

Address - Adresse: Industrial Rd Franklin NA

City - Ville | Prov. | Postal Code - Code postal

Registration / Immatriculation des véhicules | License No. / Immatriculation | Province

Vehicle - Véhicule moteur: 8H 1402 | NB

Trailer #1 - Remorque #1: 8194 | NB

Trailer #2 - Remorque #2

Point of Entry / Point d'entrée: Rivière-du-Loup Qc | Point of Exit / Point de sortie: Rivière-du-Loup Qc

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): George R Joyce | Tel. No. (Area Code) / N° de tél. (ind. rég.): 617 384 3184

Signature: [signature] | Date (Y/M/D - A/M/J): 9-10-85

Circulation No. - Quebec only / N° de circulation - Réservée au Québec

Reference No.'s of Other Manifest(s) used / N°'s de référence des autres manifestes utilisés

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise: STABLEX CANADA INC | Provincial No. - N° provincial:

Address - Adresse: 760 Blvd INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUÉBEC | Postal Code - Code postal: J7B 1J7

Receiving Site Address - Destination de l'expédition: MEME

City - Ville | Prov. | Postal Code - Code postal

Received - Réception / Time / Heure: 07:41 AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 15/09/11

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No. Nbre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Decontamination: Packaging Contenants Yes/Oui	No/Non	Vehicle / Véhicule Yes/Oui	No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	NO 06	N.A. 9189	6.1	III	11,300	kg	35	%	001	06	10,360	Kg		03				
															04				
															06				

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

STABLEX CODE: N-SKTRF CO2

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise | Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition / Time / Heure: AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 9/10/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J)

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): PAUL KNIGHT | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784 | Signature

Consignee Certification: I declare that the information contained in Part C is correct and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): Sylvie Tremblay

Tel. No. (Area Code) / N° de tél. (ind. rég.): 514-121-9236 | Signature: [signature]

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE D'URGENCE

Alberta Local Police / Police locale	1-800-222-6514
British Columbia / Colombie-Britannique	(604) 387-5956
Manitoba	(204) 944-4888
New Brunswick / Nouveau-Brunswick	Zenith 4-9000
Newfoundland / Terre-Neuve	(709)-772-2083
Northwest Territories / Territoires du Nord-Ouest	(403)-920-8130
Nova Scotia / Nouvelle-Écosse	Zenith 4-9000
Ontario	
Prince Edward Island / Île du Prince-Édouard	Zenith 4-9000
Quebec / Québec	(418)-643-4595
Saskatchewan Local Police / Police locale	1-800-667-350
Yukon Territory / Territoire du Yukon	(403)-667-724
Canutec (Call Collect / Canutec appeler à)	(613)-996-6666

ENV.04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

TRW-03176

0908-4581

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No. 00006
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIV., 195 BINNEY STREET, CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087930
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD984814136
C. State Trans. ID: 8194 MA
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 384-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7
10. US EPA ID Number: NYD980756415
F. Transporter ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80 c.
b. T04 d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a written determination regarding minimization certification under Section 3002(b) of RCRA, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I select the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment."

STABLEX CODE: N-SKTEW CO2

SOLIDIFICATION and FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
PAUL ENRIGHT		09 08 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
		9/8/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087930 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4582

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03176.01

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste: A 428656

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. - N° provincial:

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee / Destinataire choisi: STABLEX CANADA INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7E4J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Co | Provincial No. - N° provincial: NA

Address - Adresse: Industrial Rd Wrentham NA

City - Ville: | Prov.: | Postal Code - Code postal:

Registration / Immatriculation des véhicules	License No. / Immatriculation	Province
Vehicle - Véhicule moteur	AH9402	NA
Trailer #1 - Remorque #1	8194	MA
Trailer #2 - Remorque #2		

Point of Entry / Point d'entrée: Philipsburg Que | Point of Exit / Point de sortie: Philipsburg Que

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the intended consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): George R Joyce | Tel. No. (Area Code) / N° de tél. (ind. rég.): 617 384 3134

Signature: [signature] | Date (Y/M/D - A/M/J): 9-10-85

Circulation No. - Québec only / N° de circulation - Réservée au Québec:

Reference No.s of Other Manifest(s) used / N°s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise: | Provincial No. - N° provincial:

Address - Adresse:

City - Ville: | Prov.: | Postal Code - Code postal:

Receiving Site Address - Destination de l'expédition:

City - Ville: | Prov.: | Postal Code - Code postal:

Received - Réception: Time / Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J):

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units / L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No.	Code (Int/Ext)	Quantity Received / Quantité reçue	Units / L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle / Véhicule Yes/Oui	Vehicle / Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F0 06	N A 9189	6.1	III	≈ 11,500	kg	35	%	001	06								

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

STABLEX CODE: N-SKTRW C02

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise: | Provincial No. - N° provincial:

Address - Adresse: | City - Ville: | Prov.:

Shipped - Date d'expédition: Time / Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 9/10/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J):

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): PAUL ENRIGHT | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784 | Signature:

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie):

Tel. No. (Area Code) / N° de tél. (ind. rég.): | Signature:

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police / Police locale
1-800-222-6514

British Columbia / Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick / Nouveau-Brunswick
Zenith 4-9000

Newfoundland / Terre-Neuve
(709)-772-2083

Northwest Territories / Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia / Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island / Île du Prince-Édouard
Zenith 4-9000

Quebec / Québec
(418)-643-4595

Saskatchewan
Local Police / Police locale
1-800-667-3503

Yukon Territory / Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) / Canutec (appeler à frais virés)
(613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4583
TRW-03177

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

Form Approved: O.M.B. No. 41-R0397

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.)
FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State)
TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State)

5. ULTIMATE CONSIGNEE ADDRESS (Place, country)
STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country)

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment)
STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU. YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087930

17. DATE OF EXPORTATION (Not required for shipments by vessel): 9/10/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE _____ (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

TRW-03178

0908-4584

RC-CE 81/03/18

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF PAGES 1

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 9/10/85

3 INVOICE NO AND DATE: NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. NO.:

MANIFEST NO.: MA B087930

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS: U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

[illegible]

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE. CODE 681, AS PER CANADIAN CUSTOMS	20 CU.YDS.	NO VALUE	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): PAUL ENRIGHT

TITLE: WASTE TREATMENT UNIT OPER.

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 9/10/85

SIGNATURE

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

TRW-03179

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 — SELLING PRICE

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO C

0908-4585

TOPS FORM 3128 REVISED

USA

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3160

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA Sept. 10 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	yds. Metal hydroxide sludge			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fastenersl Shipper, Per Paul Engelhardt Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

Permanent post-office address of shipper, _____

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WilsonJones
GRAYLINE FORM 44-301 3-PART

0908-4586

TRW-03180

2

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3160			Net 10 days	September 10, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
yds.	Metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	Pick up 8 a.m.		

LOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: 9:15 AM 9-10-85 9:15 AM

DEPARTURE: 11:00 AM 11:00 AM

TOTAL: 2 1/4 2 1/4

[signature] Paul Enright

DRIVER SIGNATURE AUTHORIZED SIGNATURE

UNLOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: _____

DEPARTURE: _____

TOTAL: _____

DRIVER SIGNATURE AUTHORIZED SIGNATURE

OTHER DELAY: _____ REASON FOR DELAY _____

TIME OUT: _____

TIME IN: _____

TOTAL: _____

TRW-03181

0908-4587

DRIVER SIGNATURE

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

RÉFÉRER À CE NO. / REFER TO THIS NO. 11578

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM. / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
2357	85/09/06		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM. / OUR ORDER NO.	NO. MANIFESTE / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/09/11	85/09/11	08:00	85/09/11	4996	MAB87930	85/09/11	22:10:14	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH F.

F.A.B. / F.O.B.	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN. / B/L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN	3160

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	11.43	S.T.	87.50	1000.13
					0908-4588	
					Total US:	1000.13

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

TRW-03182

STABLEX

Fiche de Route

№ 1862

ARRIVÉE TEMPS

POIDS

DÉPART TEMPS

POIDS

SEPT11/85 07:41
59840 lb
G 27140

SEPT11/85 11:56
T 36980 N 22860 lb

SEPT11/85 11:57
T 16780 N 10360 kg

NO. LOT: CS-3821

CHAUFFEUR: George R. Joyce

TRANSPORTEUR: FRANKLIN

NO. CAMION: 432

NO. CONNAISSEMENT: 3160

REMARQUES: 6

NO. CONTRÔLE: BSK TRW C03

GÉNÉRATEUR: TRW FASTENERS

NO. ACCUSÉ DE RÉCEPTION: 4996 11578

NO. MANIFESTE: MAB087930
A-428656

PRÉPOSÉ À LA BALANCE: [signature]

CHAUFFEUR: [signature]

COPIE DU CLIENT

0908-4589

TRW-03183

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-2130

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number: MA B087826
B. State Gen. ID: SAME
C. State Trans. ID: AC 77047
D. Transporter's Phone (617) 561-0100
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 849-1800

5. Transporter 1 Company Name: POLLUTION CONTROLL UNLIMITED
6. US EPA ID Number: MAD000790683
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
~~SCA CHEMICAL SERVICES~~ CLEAN HARBORS OF BRAINTREE
385 Quincy Ave., Braintree, Ma. 02184
10. US EPA ID Number: MAD053452637

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Phosphate Sludge Solid UN 1760	009	DM	495	~~GALS~~	D002
b. Sodium Hypoclorite & Speedy Dri Solid NA 9189	004	DM	220	~~GALS~~	D002
c. Sodium Hypoclorite Solution NA 1791	002	DM	110	~~GALS~~	D002
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Residue from plating tanks
b. Residue from plating tanks
c. ~~[illegible]~~ Plating solution waste
d.

K. Handling Codes for Wastes Listed Above
a. S01 c. S01
b. S01 d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 09 Day 09 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Barron — Signature: Steve Barron — Date: Month 09 Day 09 Year 85

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

19. Discrepancy Indication Space

0908-4590

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

Printed/Typed Name: Martin Kalker — Signature: [signature] — Date: Month 09 Day 09 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087826 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03184

[illegible] FOR [illegible] HAZARDOUS WASTE MANIFEST

IMPORTANT: READ ALL INSTRUCTIONS BEFORE COM[illegible]

State and Federal [illegible] Generators, transp[illegible] and [illegible] Disposal Facilities (TSDFs) to use this form and, if necessary, the Continuation Sheet [illegible] for the state and [illegible] of hazardous waste.

The MA [illegible] COPIES MUST BE LE[illegible] manifest [illegible] to the State will be returned to the generator for proper [illegible]. This form is designed for use on a 12 pitch [illegible]. A firm ball point pen may also be used if you press down HARD. Each of the 6 copies must be filed with the appropriate [illegible] as it is completed. Copy distribution is as follows:

COPY 1: DESTINATION STATE — Mailed by TSDF: the original [illegible] with the shipment from generation to completion by the TSDF. When the manifest is completed, the TSDF [illegible] copy to the state where the facility is located.

COPY 2: GENERATOR STATE — Mailed by TSDF: When the TSDF has completed his section of the manifest, he mails this copy to the State where the waste was generated.

COPY 3: GENERATOR COMPLETED COPY — Mailed by TSDF: When the TSDF has completed his section of the manifest, he mails this copy back to the Generator of the waste, who must retain it on-site for his records.

COPY 4: TSDF COPY: When the TSDF has completed his section of the manifest, he keeps this copy for his records.

COPY 5: TRANSPORTER 1: When the transporter has completed his section of the manifest and transferred the waste to the TSDF, he keeps this copy for his records.

NOTE: If a continuing transporter is used, the generator is responsible for supplying [illegible] with a legible photo copy of the manifest, which must contain signatures where required.

COPY 6: DESTINATION STATE — Mailed by Generator: When the Generator has completed his section of the manifest and transferred his waste to the transporter, he mails this copy to the State where the designated facility (TSDF) is located.

COPY 7: GENERATOR STATE — Mailed by Generator: When the Generator has completed his section of the manifest and transferred his waste to the transporter, he mails this copy to the State where the waste was generated.

COPY 8: GENERATOR: When the Generator has completed his section of the manifest and transferred his waste to the transporter, he keeps this copy for his records.

GENERATOR SECTION

Item 1: GENERATOR'S US EPA ID NO. — MANIFEST DOCUMENT NO. — Enter the US EPA generator's 12 digit identification number. Then enter a unique 5 digit number you assign to this manifest. [illegible] numbers (e.g. 00001, 00002, etc.) is recommended.

Item 2: PAGE 1 of ___ — Enter the total number of pages used to complete this manifest, i.e., the first form plus the number of Continuation Sheets, if any. Any EPA approved continuation sheet may be used, but distribution and completion must meet Massachusetts manifest requirements.

*Item A: STATE MANIFEST DOCUMENT NUMBER — Number preprinted by MA except on the Continuation Sheets. Enter this number in Item L on each Continuation Sheet attached to or part of a manifest.

Item 3: GENERATOR'S NAME AND MAILING ADDRESS — Enter the name (as notified to EPA) and mailing address of the Generator. This address should be the location that will manage the returned [illegible] manifests.

Item 4: GENERATOR'S PHONE NUMBER — [illegible] where an authorized agent of the Generator can be reached in an emergency.

[illegible] STATE GEN ID — The State Generator ID [illegible] pick-up location. If the mailing address and the street [illegible]

5: TRANSPORTER 1 COMPANY NAME — Enter the company name [illegible] EPA) of the first transporter who will transport the [illegible]

[illegible] US EPA ID NUMBER — [illegible] US EPA 12 digit [illegible] the first transporter identified in Item 5.

C: STATE TRANS ID — Enter the State of [illegible] number of the waste carrying portion of the vehicle being [illegible] to make the pick-up.

D: TRANSPORTER'S PHONE — Enter a telephone number [illegible] where an authorized agent of the transporter can be reached.

TRANSPORTER 2 COMPANY NAME — If applicable, [illegible] name (as notified to EPA) of the second transporter who will [illegible] the waste. If more than two transporters will be used, use a Continuation Sheet and list the transporters in the order they will be [illegible] the waste.

US EPA ID NUMBER — If applicable, enter the US EPA 12 digit [illegible] number of the transporter in Item 7.

*Item E: STATE TRANS ID — If applicable, enter the second transporter's [illegible] of registration and license plate number for the waste carrying portion of the vehicle [illegible] to make the pick-up.

*Item F: TRANSPORTER'S PHONE — If applicable, enter the second transporter's telephone number with area code where an authorized agent of the transporter can be reached.

Item 9: DESIGNATED FACILITY NAME AND SITE ADDRESS — Enter the company name (as notified to EPA) of the TSDF designated to receive the waste [illegible] which may differ from mailing address.

Item 10: US EPA ID NUMBER — Enter the US EPA 12 digit identification number of the designated TSDF listed in Item 9.

*Item G: STATE FACILITY'S ID — No entry is required by Massachusetts.

*Item H: FACILITY PHONE — Enter a telephone number with area code for the TSDF designated [illegible] on the manifest.

Item 11: US DOT DESCRIPTION — All of the following must be entered: The correct US DOT (Department of Transportation) name for the waste as identified in 49 CFR Parts 171-177 (usually found in column 2 of section 172.101), the US DOT Hazard Class (usually in column 3) and the 4 digit UN/NA ID number (column 3A) (e.g.: Waste Sulfuric Acid, spent, corrosive material, UN1832 RQ). US DOT requires the word "waste" before or in the shipping name for all hazardous wastes.

Item 12: CONTAINERS (NO. & TYPE) — Enter the number of containers for each waste and the appropriate abbreviations from Table I (below) for the type of container used.

TABLE I — CONTAINER TYPE

DM = Metal drums, barrels, kegs	DW = Wooden drums, barrels, kegs	DF = Fiber[illegible] or plastic drums, barrels, kegs
TP = Tanks, portable	TT = Cargo tanks (tank trucks)	TC = Tank cars
DT = Dump truck	CY = Cylinders	CM = Metal boxes, cartons, cases (incl. roll-offs)
CW = Wooden boxes, cartons, cases	CF = Fiber or plastic boxes, cartons, cases	BA = Burlap, cloth, paper, plastic bags

Item 13: TOTAL QUANTITY — Enter the total quantity of waste described on each line.

Item 14: UNIT (Wt./Vol.) — Enter the appropriate abbreviation from Table II (below) for the unit of measure used in determining the total quantity of waste described on each line. Do not use fractions.

TABLE II — UNITS OF MEASURE

G = Gallons (liquids only)	L = Liters (liquids only)	P = Pounds
T = Tons (2000 lbs.)	Y = Cubic Yards	K = Kilograms
M = Metric Tons (1000 kg)	N = Cubic Meters	

*Item I: WASTE NO. — Enter the 4 digit EPA hazardous waste number as it appears in 40 CFR Part 261, Subparts C and D. If a non-RCRA State regulated wastestream is being manifested, enter the State waste code here. If both the Destination and Generator States have assigned codes use the Destination State code. If there is no EPA State code, enter "none".

*Item J: ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE — Enter description of analysis for any waste which does not have a U.S. DOT shipping name or has an N.O.S. designation. Enter constituent percentages, chemical names, physical states (S = Solid, L = Liquid, G = Gas, Sl = Sludge) and EPA Hazard Codes (Ignitable (I), Corrosive (C), Reactive (R), EP Toxicity (E), Acute Hazardous (H), Toxic (T)). Enter the specific gravity if other than 1.0. Any additional desired waste description may also be entered here.

Item 15: SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION — Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternate facility (TSDF) is designated, note it here. For international shipments, Generators must enter the point of departure (City and State) from the US through which the waste must travel before entering a foreign country. This space may also be used for emergency response telephone numbers, and other information the Generator wishes to include about the shipment, including placarding.

*Item K: HANDLING CODES — TSDF Completes this section — See "Designated Facility Section" (below).

Item 16: GENERATOR'S CERTIFICATION — The Generator must read, sign (by hand) and date the certification (with date of transfer to transporter). If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate mode (e.g., "and rail") in the space below.

TRANSPORTER SECTION

Item 17: TRANSPORTER 1 ACKNOWLEDGEMENT — Print or type the name of the person accepting the waste on behalf of the first Transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

Item 18: TRANSPORTER 2 ACKNOWLEDGEMENT — If applicable, follow the instructions for Item 17 for Transporter 2.

DESIGNATED FACILITY (TSDF) SECTION

Item K: HANDLING CODES. *TSDF SHOULD COMPLETE* — Enter the *ultimate handling method utilized at the designated facility* for each waste listed in Item 11. Only the following process codes may be used.

TABLE III — PROCESS CODES

[illegible]

Item 19: DISCREPANCY INDICATION SPACE — The authorized representative of the designated facility's owner or operator must note in this space any significant discrepancy between the waste described on the manifest and the waste actually received at the facility. Any rejected materials should be listed here, along with [illegible] disposition of the [illegible]. Any applicable [illegible] exception reporting requirements must also be complied with [illegible].

Item 20: FACILITY OWNER OR OPERATOR CERTIFICATION — Print or type the name of the person accepting the waste on behalf of the owner or operator of the designated TSDF. That person must acknowledge acceptance of the waste described on the manifest [illegible] and entering the date of receipt. The signature of the authorized TSDF agent indicates acceptance [illegible] and agreement with statements on this manifest.

NOTE: FOR INTERSTATE SHIPMENT YOU MAY BE REQUIRED TO COMPLY WITH THE MANIFEST [illegible] REQUIREMENTS OF BOTH THE DESTINATION AND GENERATOR STATES REGARDING THE COMPLETION OF SPECIFIC INFORMATION [illegible] LETTERED ITEMS A-K.

RECEIVED SEP 9 1985

SCA-MA WORK ORDER 44670

0908-4591

TRW-03185

F-2130

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

RECEIVED SEP 09 1985 CAMBRIDGE OPERATIONS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number: MA B087826

B. State Gen. ID: Same

5. Transporter 1 Company Name: POLLUTION CONTROLL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID: AC 770474

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
~~SCA CHEMICAL SERVICES~~ CLEAN HARBORS OF BRAINTREE
385 Quincy Ave., Braintree, Ma. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Phosphate Sludge Solid UN 1760	009	DM	495	GALS	D002
b. Sodium Hypoclorite & Speedy Dri Solid NA 9189	004	DM	220	GALS	D002
c. Sodium Hypoclorite Solution NA 1791	002	DM	110	GALS	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. Residue from plating tanks
b. Residue from plating tanks
c. Plating solution waste
d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

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

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087826 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4592

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03186

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-2130

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No.

2. Page 1 of 2

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number MA B087824

B. State Gen. ID SAME

5. Transporter 1 Company Name: POLLUTION CONTROLL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID AC 177047

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
~~SCA CHEMICAL SERVICES~~ Clean Harbors of Braintree
385 Quincy Ave., Braintree, Ma. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone (617) 561-0100

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE Corrosive SOLID N.O.S. Corrosive MATERIAL ~~Hazardous Waste Solid~~ UN 1759	001	DM	55	GALS	D002
b. Hazardous Waste Solid N.O.S. NA 9189 ORM-E	001	DM	55	GALS	D007
c. Waste Chromic Acid Solution UN 1755 Corrosive material	004 003	DM	220 165	GALS	F009
d. WASTE Corrosive SOLID N.O.S. Corrosive MATERIAL ~~Hazardous Waste Solid, Corrosive N.O.S.~~ UN1759	006 007	DM	330 385	GALS	D002 D001

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. Residue from plating tanks ~~Sulfuric/Hydrochloric~~
b. Residue from plating tanks
c. Plating Solution
d. Pumice & Metal Fasteners

K. Handling Codes for Wastes Listed Above
a. S01 11 c. S01
b. S01 d. S01

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: CLEARY Signature: George Cleary Date: Month 09 Day 06 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Steve Barron Signature: Steve Barron Date: Month 9 Day 6 Year 85

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

19. Discrepancy Indication Space

0908-4593

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Martin Kelher Signature: Martin Kelher Date: Month 9 Day 16 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087824 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03187

INSTRU[illegible] HAZARDOUS WASTE MANIFEST

IMPORTANT [illegible] INSTRUCTIONS BEFORE C[illegible] THIS FORM

[illegible] to use this form and, if necessary, [illegible] Continuation Sheet for interstate and intrastate shipments of hazardous [illegible]

The MA manifest contains [illegible] ALL COPIES MUST BE [illegible] manifests [illegible] to the State will be returned to the generator for proper completion. This form is designed for use on a 12 pitch [illegible] typewriter. A firm ball point pen may also be used if you press down HARD. Each of the 8 copies must be filed with the appropriate party as it is completed. Copy distribution is as follows:

COPY 1: DESTINATION STATE — Mailed by TSDF [illegible] with the shipment from generation to completion by the TSDF. When the manifest is completed, the TSDF must mail this copy to the state where the facility is located.

COPY 2: GENERATOR STATE — Mailed by TSDF: When the TSDF has completed his section of the manifest, he mails this copy to the State where the waste was generated.

COPY 3: GENERATOR COMPLETED COPY — Mailed by TSDF: When the TSDF has completed his section of the manifest, he mails this copy back to the Generator of the waste, who must retain it on site for his records.

COPY 4: TSDF COPY: When the TSDF has completed his section of the manifest, he keeps this copy for his records.

COPY 5: TRANSPORTER 1: When the transporter has completed his section of the manifest and transferred the waste to the TSDF, he keeps this copy for his records.

NOTE: If a continuation transporter is used, the generator is responsible for [illegible] with a legible photo copy of the manifest, which must contain signatures where required.

COPY 6: DESTINATION STATE — Mailed by Generator: When the Generator has completed his section of the manifest and transferred his waste to the transporter, he mails this copy to the State where the designated [illegible] TSDF is located.

COPY 7: GENERATOR STATE — Mailed by Generator: When the generator has completed his section of the manifest and transferred his waste to the transporter [illegible] this copy to the State [illegible] where generated.

COPY 8: GENERATOR: When the Generator has completed [illegible] transferred his waste to the transporter, he keeps this copy for his records.

GENERATOR SECTION

Item 1: GENERATOR'S US EPA ID NO. — MANIFEST DOCUMENT NO. — Enter the US EPA generator's 12 digit identification number. Then enter a unique [illegible] digit number you assign to this manifest. [illegible] (eg. 00001, 00002, etc.) is recommended.

Item 2: PAGE 1 of __ — Enter the total number of pages used to complete this manifest, i.e., the first form plus the number of Continuation Sheets, if any. Any EPA approved continuation sheet may be used but [illegible] completion must meet Massachusetts manifest requirements.

*Item A: STATE MANIFEST DOCUMENT NUMBER — [illegible] Continuation Sheets. Enter this number in Item [illegible] on each Continuation [illegible] attached to [illegible]

Item 3: GENERATOR'S NAME AND MAILING ADDRESS — [illegible] to EPA) and mailing address of the Generator. This [illegible]

Item 4: [illegible] authorized agent of the Generator can be [illegible]

*Item 5: [illegible] If the mailing address and the street [illegible]

TRANSPORTER COMPANY NAME — Enter [illegible] to EPA of the first transporter who will transport the [illegible]

EPA ID NUMBER — Enter the US EPA 12 digit [illegible] of the first transporter identified in Item 5.

STATE TRANS ID — Enter the [illegible] number of the waste carrying portion of the vehicle being [illegible]

TRANSPORTER'S PHONE — [illegible] where an authorized agent of the transporter can be reached.

TRANSPORTER COMPANY NAME — [illegible] notified to EPA) of the second transporter who will [illegible] waste. If more than two transporters [illegible] Continuation Sheet and list the transporters in the order they will be [illegible] the waste.

EPA ID NUMBER — If applicable, enter the US EPA [illegible] of the transporter in Item 7.

STATE TRANS ID — If applicable, enter the [illegible] registration and license plate number for the waste carry [illegible] used to make [illegible]

*Item F: TRANSPORTER'S PHONE — If applicable, enter the second [illegible] telephone number with area code where an authorized agent [illegible] the transporter can be reached.

DESIGNATED FACILITY NAME AND SITE ADDRESS — Enter [illegible] notified to EPA) of the TSDF designated to receive [illegible] manifest. The address must be [illegible] differ from mailing address.

EPA ID NUMBER — Enter the US EPA 12 [illegible] of the designated TSDF listed in Item 9.

*Item G: STATE FACILITY'S ID — [illegible] required by Massachusetts

*Item H: FACILITY PHONE — Enter the telephone number [illegible] designated [illegible]

Item 11: US DOT DESCRIPTION — All of the following must be entered: The correct US DOT (Department of Transportation) name for the waste as identified in 49 CFR Parts 171-177 (usually found in column 2 of section 172.101), the [illegible] Hazard Class (usually in column 3) and the 4 digit UN NA ID number (column 3A) (e.g. Waste Sulfuric Acid, spent, corrosive material, UN1832 RQ). US DOT requires the word "waste" before or in the shipping name for all hazardous waste.

Item 12: CONTAINERS (NO. & TYPE) — Enter the number of containers for each waste and the appropriate abbreviations from Table I (below) for the type of container used.

TABLE I — CONTAINER TYPE

DM = Metal drums, barrels, kegs	DW = Wooden drums, barrels, kegs	DF = Fiberboard or plastic drums, barrels, kegs
TP = Tanks, portable	TT = Cargo tanks (tank trucks)	TC = Tank cars
DT = Dump truck	CY = Cylinders	CM = Metal boxes, [illegible] cases (incl. roll offs)
CW = Wooden boxes, cartons, cases	CF = Fiber or plastic boxes, cartons, cases	BA = Burlap, cloth, paper or plastic bags

Item 13: TOTAL QUANTITY — Enter the total quantity of waste described on each line.

Item 14: UNIT (Wt./Vol.) — Enter the appropriate abbreviation from Table II (below) for the unit of measure used in determining the total quantity of waste described on each line. Do not use fractions.

TABLE II — UNITS OF MEASURE

G = Gallons (liquids only)	L = Liters (liquids only)	P = Pounds
T = Tons (2000 lbs.)	Y = Cubic Yards	K = Kilograms
M = Metric Tons (1000 kg)	N = Cubic Meters	

*Item I: WASTE NO. — Enter the 4 digit EPA hazardous waste number as it appears in 40 CFR Part 261, Subparts C and D. If a non RCRA State regulated wastestream is being manifested, enter the State waste code here. If both the Destination and Generator States have assigned codes use the Destination State code. If there is no EPA/State code, enter "none".

*Item J: ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE — Enter description of analysis for any waste which does not have a U.S. DOT shipping name or has an N.O.S. designation. Enter constituent percentages, chemical names, physical states (S = Solid, L = Liquid, G = Gas, Sl = Sludge) and EPA Hazard Codes (Ignitable (I), Corrosive (C), Reactive (R), EP Toxicity (E), Acute Hazardous (H), Toxic (T)). Enter the specific gravity if other than 1.0. Any additional desired waste description may also be entered here.

Item 15: SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION — Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternate facility (TSDF) is designated, note it here. For international shipments, Generators must enter the point of departure (City and State) from the US through which the waste must travel before entering a foreign country. This space may also be used for emergency response telephone numbers, and other information the Generator wishes to include about the shipment, including placarding.

*Item K: HANDLING CODES — TSDF Completes this section — See "Designated Facility Section" (below).

Item 16: GENERATOR'S CERTIFICATION — The Generator must read, sign (by hand) and date the certification (with date of transfer to transporter). If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate mode (eg. "and rail") in the space below.

TRANSPORTER SECTION

Item 17: TRANSPORTER 1 ACKNOWLEDGEMENT — Print or type the name of the person accepting the waste on behalf of the first Transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

Item 18: TRANSPORTER 2 ACKNOWLEDGEMENT — [illegible] instructions for Item 17 for Transporter 2.

DESIGNATED FACILITY (TSDF) SECTION

*Item K: HANDLING CODES. *TSDF SHOULD COMPLETE* — Enter the *ultimate* handling method utilized *at the designated facility* for each waste listed in Item 11. Only the following process codes may be used:

TABLE III — PROCESS CODES

[illegible]

Item 19: DISCREPANCY INDICATION SPACE — The authorized representative of the designated facility's owner or operator must note in this space any significant discrepancy between the waste described on the manifest and the waste actually received at the facility. Any rejected materials should be listed here, along with [illegible] Any [illegible] Exception reporting requirements must also be complied [illegible]

Item 20: FACILITY OWNER OR OPERATOR CERTIFICATION — Print or type the name of the person [illegible] on behalf of the owner or operator of the designated TSDF. That person must [illegible] acceptance of the waste [illegible] on the manifest [illegible] and entering the date of receipt. The signature of the authorized TSDF agent indicates [illegible] and agreement with statements on this manifest.

NOTE: FOR INTERSTATE SHIPMENT YOU MAY BE REQUIRED TO COMPLY WITH THE MANIFEST REQUIREMENTS OF BOTH THE DESTINATION AND GENERATOR STATES REGARDING THE COMPLETION OF SPECIFIC INFORMATION [illegible] ENTERED ITEMS [illegible]

RECEIVED
SEP 6 1985
SCA-MA
WORK
ORDER
44649

0908-4594

TRW-03188

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Pl[illegible]rint or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294876 Manifest Document No.

2. Page 1 of 1. Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number MA B087824

B. State Gen. ID SAME

5. Transporter 1 Company Name POLLUTION CONTROLL UNLIMITED

6. US EPA ID Number MAD000790683

C. State Trans. ID AC77047

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
~~SCA CHEMICAL SERVICES~~ Clean Harbor of Braintree
385 Quincy Ave., Braintree, Ma. 02184

10. US EPA ID Number MAD053452637

F. Transporter's Phone (617) 561-5100

G. State Facility's ID Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Solid UN 1759	001	DM	55	~~CALS~~	D002
b. Hazardous Waste Solid N.O.S. NA 9189 ORM-E	001	DM	55	~~CALS~~	D007
c. Waste Chromic Acid Solution UN 1755 Corrosive MTL	004 ~~002~~	DM	220 ~~165~~	~~CALS~~	F009
WASTE Corrosive Solid NOS Corrosive MTL Hazardous Waste Solid, Corrosive N.O.S. UN 1759	006 ~~007~~	DM	330 ~~385~~	CALS	D00[illegible]

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. Residue from plating tanks ~~Sodium Hypochlorite~~

b. Residue from plating tanks

c. Plating Solution

d. Pumice & Metal Fasteners

K. Handling Codes for Wastes Listed Above

a. c.

b. d.

15. Special Handling Instructions and Additional Information

"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations, and all applicable State laws/regulations.

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

Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087824 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4595

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03189

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-2130

print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 2 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number: MA B087825

B. State Gen. ID: Same

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID: AC 77047

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
~~SCA CHEMICAL SERVICES~~ Clean Harbors of Braintree
385 Quincy Ave., Braintree, Ma. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone: 617 561-6100

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Corrosive Liquid UN 1760 Corrosive material	2	DM	110	~~GALS~~	D002
b. Sodium Hypochlorite Corrosive material UN 1791	4	DM	220	~~GALS~~	D002
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Residue from plating tanks
b. Plating Solution Waste
c.
d.

K. Handling Codes for Wastes Listed Above
a. S01
b. S01
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 09 Day 06 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ~~GEORGE CLEARY~~ Steve Barron — Signature: Steve Barron — Date: Month Day Year

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

19. Discrepancy Indication Space

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

0908-4596

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087825 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03190

[illegible] SEE REVERSE SIDE FOR INSTRUCTIONS

IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

State and [illegible] Generators, Transporters and Treatment, Storage and Disposal Facilities (TSDF) to use this form and, if necessary, the Continuation Sheet for interstate and intrastate [illegible] hazardous waste.

The MA manifest consists of copies 6, 1, 2, 3, 4, 5 and 6 (FOLDABLE) [illegible] the State will be returned to the generator for proper disposal. The [illegible] 12 pitch pica typewriter. A [illegible] may also be used if you press down firmly. Each of the [illegible] completed, the distribution properly and is completed. Copy distribution is as follows:

COPY 1: DESTINATION STATE — Mailed by TSDF. [illegible] on page 6 of the generator to completion by the TSDF. When the manifest is completed, the TSDF must mail this copy to the state where the facility is located.

COPY 2: GENERATOR STATE — Mailed by TSDF. When the TSDF has completed his section of the manifest, he mails this copy to the State where the waste was generated.

COPY 3: GENERATOR COMPLETED COPY — Mailed by TSDF. When the TSDF has completed his section of the manifest, he mails this copy back to the Generator of the waste, at the address on the site for his records.

COPY 4: TSDF COPY — When the TSDF has completed his section of the manifest, he keeps this copy for his records.

COPY 5: TRANSPORTER 1 — When the transporter has completed his section of the manifest and transferred the waste to the TSDF, he keeps this copy for his records.

NOTE: If a second transporter is used, the [illegible] with a legible photo copy of the manifest [illegible] contain [illegible] waste.

COPY 6: DESTINATION STATE — Mailed by Generator [illegible] of the manifest and transferred [illegible] Destination State [illegible] is located.

COPY 7: GENERATOR STATE — Mailed by Generator [illegible] of the manifest and transferred [illegible] State [illegible]

COPY 8: GENERATOR — When the Generator has completed his section of the manifest and transferred the waste to the transporter, he keeps this copy for his record.

GENERATOR SECTION

Item 1: GENERATOR'S US EPA ID NO. — MANIFEST DOCUMENT NO. — Enter the US EPA generator 12 digit identification number. Then enter a unique eight number/alpha system to this manifest. Use of serially numbering numbers (e.g. 00001, 00002, etc.) is recommended.

Item 2: PAGE 1 of [illegible] — Enter the total number of pages used to complete this manifest (i.e. the first form plus the number of Continuation Sheets, if any). Any EPA approved continuation sheet may be used. Completion must meet Massachusetts manifest requirements.

*Item A: STATE MANIFEST DOCUMENT NUMBER — Number [illegible] the Continuation Sheets. Enter this number in Item L on any Continuation Sheet attached to this manifest.

*Item B: GENERATOR'S NAME AND MAILING ADDRESS — Enter the name and mailing address of the Generator. This [illegible] that will be [illegible]

*Item C: GENERATOR'S PHONE NUMBER — Enter the [illegible] authorized agent of the Generator can be [illegible]

*Item D: TRANSPORTER 1 COMPANY NAME — [illegible] of the first transporter who will transport the waste. [illegible] If the mailing address and the street [illegible]

*Item E: TRANSPORTER 1 US EPA ID NUMBER — Enter the US EPA ID number of the first transporter identified in Item 5.

*Item F: TRANSPORTER 1 STATE TRANSPORTER ID — Enter the State [illegible] of the waste carrying portion of the vehicle being [illegible]

*Item G: TRANSPORTER 1 PHONE — Enter the [illegible] authorized agent of the transporter can be reached.

*Item H: TRANSPORTER 2 COMPANY NAME — If [illegible] EPA ID of the second transporter who will transport the waste [illegible] transporters in the order they will be transporting the waste.

Item I: US EPA ID NUMBER — Enter the US EPA ID number of the transporter in Item 7.

*Item J: STATE TRANSPORTER ID — Enter the [illegible] and license plate number for the waste carrying portion of the vehicle [illegible]

*Item K: TRANSPORTER 2 PHONE — Enter the telephone number with area code where an authorized agent of the transporter can be reached.

Item L: DESIGNATED FACILITY NAME AND SITE ADDRESS — Enter the name and [illegible] EPA ID of the TSDF designated to receive the waste [illegible] mailing address.

Item M: US EPA ID NUMBER — Enter the US EPA ID number of the TSDF listed in Item 9.

*Item G: STATE FACILITY ID — No entry is required by Massachusetts.

*Item H: FACILITY PHONE — Enter a telephone number with area code for the TSDF designated to receive the waste listed on the manifest.

Item 11: US DOT DESCRIPTION — All of the following must be entered: The correct US DOT (Department of Transportation) name for the waste as identified in 49 CFR Parts 171-177 (usually found in Table 2 of section 172.101), the assigned DOT Hazard Class (usually in column 3) and the 4 digit UN/NA ID number (column 3A), (e.g. Waste Sulfuric Acid, spent, corrosive material, UN1832 RQ). US DOT requires the word "waste" before or in the shipping name for all hazardous waste.

Item 12: CONTAINERS (NO. & TYPE) — Enter the number of containers for each waste and the appropriate abbreviations from Table I (below) for the type of container used:

TABLE I — CONTAINER TYPE

DM – Metal drums, barrels, kegs
TP – Tanks, portable
DT – Dump truck
CW – Wooden boxes, cartons, cases
DW = Wooden drums, barrels, kegs
TT – Cargo tanks (tank trucks)
CY – Cylinders
CF = Fiber or plastic boxes, cartons, cases
DF – Fiberboard or plastic drums, barrels, kegs
TC = Tank cars
CM – Metal boxes, cartons, cases (incl. roll-offs)
BA – Burlap, cloth, paper, plastic bags

Item 13: TOTAL QUANTITY — Enter the total quantity of waste described on each line.

Item 14: UNIT Wt./Vol. — Enter the appropriate abbreviation from Table II (below) for the unit of measure used in determining the total quantity of waste described on each line. Do not use fractions.

TABLE II — UNITS OF MEASURE

G – Gallons (liquids only)
T – Tons (2000 lbs.)
M – Metric Tons (1000 kg)
L = Liters (liquids only)
Y – Cubic Yards
N = Cubic Meters
P – Pounds
K – Kilograms

*Item I: WASTE NO. — Enter the 4 digit EPA hazardous waste number as it appears in 40 CFR Part 261, Subpart C and D. If a non-RCRA State regulated wastestream is being manifested, enter the State waste code here. If both the Destination and Generator States have assigned codes use the Destination State code. If there is no EPA State code, enter "None".

*Item J: ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE — Enter description of analysis for any waste which does not have a U.S. DOT shipping name or basic N.O.S. designation. Enter constituent percentages, chemical names, physical states (S = Solid, L = Liquid, G = Gas, SL = Sludge) and EPA Hazard Codes (Ignitable (I), Corrosive (C), Reactive (R), EP Toxicity (E), Acute Hazardous (H), Toxic (T). Enter the specific gravity if other than 1.0. Any additional desired waste description may also be entered here.

Item 15: SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION — Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternate facility (TSDF) is designated, note it here. For international shipments, Generators must enter the point of departure (City and State) from the US through which the waste must travel before entering a foreign country. This space may also be used for emergency response telephone numbers and other information the Generator wishes to include about the shipment, including placarding.

*Item K: HANDLING CODES — TSDF Completes this section — See "Designated Facility Section" below).

Item 16: GENERATOR'S CERTIFICATION — The Generator must read, sign (by hand) and date the certification (with date of transfer to transporter). If [illegible] other than highway is used, the word "rail" or "air" should be filled out and the appropriate mode (air, water or air) inserted in the space below. If an other mode in addition to highway is used, enter the appropriate mode (e.g. "land rail") in the space below.

TRANSPORTER SECTION

Item 17: TRANSPORTER 1 ACKNOWLEDGEMENT — Print or type the name of the person [illegible] waste [illegible] of the first Transporter. That person must acknowledge acceptance of the waste [illegible] manifest by signing and entering the date of receipt.

Item 18: TRANSPORTER 2 ACKNOWLEDGEMENT — If applicable, follow the instructions for Item 17 for Transporter 2.

DESIGNATED FACILITY (TSDF) SECTION

Item K: HANDLING CODES — *TSDF SHOULD COMPLETE* — Enter the ultimate waste handling method utilized at the designated facility for each waste listed in Item 11. Only the following process codes may be used:

TABLE III — PROCESS CODES

[illegible]

Item 19: DISCREPANCY INDICATION SPACE — The [illegible] in this space any significant discrepancy between the waste [illegible] manifest and the [illegible] If there [illegible] section regarding requirements must be [illegible]

Item 20: FACILITY OWNER OR OPERATOR CERTIFICATION — [illegible] or operator of the designated TSDF. That person must [illegible] and entering the date of receipt. The signature of the owner or TSDF [illegible] and agreement with statements on the manifest.

NOTE: FOR INTERSTATE SHIPMENTS, MANIFESTS MUST BE [illegible] DESTINATION AND GENERATOR STATES. REGARDING THE COMPLETION OF THE [illegible]

RECEIVED SEP 6 1985 SCA-MA WORK CREW 44649

0908-4597
TRW-03191

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-2130

Ple[illegible]rint or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 2 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number: MA B087825

B. State Gen. ID: SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID: AC77047

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
~~SCA CHEMICAL SERVICES~~ Clean Harbors of Braintree
385 Quincy Ave., Braintree, Ma. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone (617) 561-0100

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Corrosive Liquid UN 1760 Corrosive Mtl	2	DM	110	~~CALS~~	D002
b. Sodium Hypochlorite ~~Corrosive~~ UN 1791 MTL	4	DM	220	~~CALS~~	D002
c.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Residue from plating tanks
b. Plating Solution Waste
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
"Unless I am a small-quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment."

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

Printed/Typed Name — Signature — Date (Month Day Year)

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GEORGE CLEARY — Signature — Date (Month Day Year)

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087825 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4598

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03192

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00007

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087929

B. State Gen. ID SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136

C. State Trans. ID 8194 MA

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7
10. US EPA ID Number: NXD980756415

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.W., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T014
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2
B-SKTRWC03
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name: DENNIS F. BORSUK
Signature: Dennis F. Borsuk
Date: Month 08 Day 27 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: George R Joyce
Signature: George R Joyce
Date: Month 8 Day 27 Year 85

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

19. Discrepancy Indication Space
29,860

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: SYLVIE TREMBLAY
Signature: Sylvie Tremblay
Date: Month 08 Day 28 Year 85

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087929 COPY>3: GENERATOR-MAILED BY TSDF

6654-8060

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03193

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00007

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087929

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 384-3135

E. State Trans. ID: A-9404

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.W., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date Month Day Year
DENNIS F. BORSUK	[signature]	08 27 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
[signature]	[signature]	7 27 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087929 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4600

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03194

MANIFEST
MANIFESTE

Manifest Reference No / N° de référence du manifeste: A 430991

Circulation No - Quebec only / N° de circulation - Réservée au Québec:

Reference No.s of Other Manifest(s) used / N°s de référence des autres manifestes utilisés:

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No / N° provincial:

Company Name - Nom de l'entreprise: TEM FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee - Destinataire choisi: STANLEY CANADA INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B4J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pr-ping Svc LC | Provincial No / N° provincial:

Address - Adresse: Industrial Rd

City - Ville: Wrentham | Prov.: MA | Postal Code - Code postal: 02093

Registration / Immatriculation des véhicules | License No / Immatriculation | Province

Vehicle - Véhicule moteur: AH 9402 MA

Trailer #1 - Remorque #1:

Trailer #2 - Remorque #2:

Point of Entry / Point d'entrée: Philipsburg Que | Point of Exit / Point de sortie: Philipsburg Que

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): George R Joyce | Tel. No. (Area Code) / N° de tél. (ind. rég.): 617 384 3734

Signature: George R Joyce | Date (Y/M/D - A/M/J): 8-29-85

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise:

Provincial No / N° provincial:

Address - Adresse:

City - Ville | Prov. | Postal Code - Code postal

Receiving Site Address - Destination de l'expédition:

City - Ville | Prov. | Postal Code - Code postal

Received - Réception: Time / Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J):

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants No. / N°	Code (Int/Ext)	Quantity Received / Quantité reçue	Units L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle Véhicule Yes/Oui	Vehicle Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F006	NA9189	6.1	III	~ 11,500	kg	35	%	001	06								

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Attached / Ci-jointes ☐ Below / Plus bas ☐

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier:

STANLEY CODE: N-SKTEW CO2

If waste to be re-transferred (specify company name) / Si le déchet doit être re transféré, indiquer le nom de l'entreprise:

Provincial No / N° provincial:

Address - Adresse: | City - Ville: | Prov.:

Shipped - Date d'expédition: Time / Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 8/27/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 8/27/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie):

Tel. No. (Area Code) - N° de tél. (ind. rég.) | Signature:

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta — Local Police / Police locale: 1-800-222-6514
British Columbia / Colombie-Britannique: (604) 387-5956
Manitoba: (204) 944-4888
New Brunswick / Nouveau-Brunswick: Zenith 4 9000
Newfoundland / Terre Neuve: (709)-772-2083
Northwest Territories / Territoires du Nord Ouest: (403)-920-8130
Nova Scotia / Nouvelle Ecosse: Zenith 4-9000
Ontario
Prince Edward Island / Ile du Prince-Édouard: Zenith 4-9000
Quebec / Québec: (418)-643-4595
Saskatchewan — Local Police / Police locale: 1-800-667-3503
Yukon Territory / Territoire du Yukon: (403)-667-7244
Canutec (Call Collect) / Canutec (appeler à frais virés): (613)-996-6666

ENV. 04-1917 (10-84)

Consignee (Retained by Consignor) - Expéditeur - (Gardée par l'expéditeur)

0908-4601

2

TRW-03195

RC-CE 1
1/81/03/18

REVENUE CANADA CUSTOMS AND EXCISE | REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF PAGES 1

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 8/27/85

3 INVOICE NO AND DATE: NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P.O. NO.: F 2357

MANIFEST NO.: MA B087929

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS: U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY
CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE QUALITY, SIZE, ETC)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE.	20 CU.YDS.	NO VALUE	0	0
CODE 681, AS PER CANADADIAN CUSTOMS				

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): DENNIS F. BORSUK

TITLE: ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 8/27/85

SIGNATURE: Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

TRW-03196

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 SELLING PRICE: 0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE

OPS FORM 3128 REVISED

Litho in U.S.A.

0908-4602

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

Form Approved: O.M.B. No. 41-R0397

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-276).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.) FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE ADDRESS (Place, country): STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	DOMESTIC (D) OR FOREIGN (F) (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087929

17. DATE OF EXPORTATION (Not required for shipments by vessel): 8/27/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer; e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4603

TRW-03197

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3159

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA August 27 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc. (Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State CanadaZip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	yds. Metal hydroxide sludge			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per Paul J. Ergozzi

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

© 1983 • PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44 301 3-PART

TRW-03198

0908-4604

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3159			Net 10 days	August 27, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
yds.	Metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	~~Pick up Friday~~ Offload Stablex 2pm - 8/28/85		

LOADING TIME:
ARRIVAL: 12:00 8-27-85
DEPARTURE: 2:30 pm
TOTAL: 2½
DRIVER SIGNATURE

REASON FOR DELAY
12:00 8-27-85
2:30 p
2½ hrs
Paul Enright
AUTHORIZED SIGNATURE

UNLOADING TIME:
ARRIVAL:
DEPARTURE:
TOTAL:
DRIVER SIGNATURE

REASON FOR DELAY
AUTHORIZED SIGNATURE

OTHER DELAY:
TIME OUT:
TIME IN:
TOTAL:

REASON FOR DELAY

TRW-03199

0908-4605

DRIVER SIGNATURE

RECEIVED
SEP 1 0 1985
CAMBRIDGE OPERATIONS

STABLEX CANADA INC.

C.P. 420, Sainte-Thérèse de Blainville, Qué. J7E 4J7 Tél.: (514) 430-9230 Télex: 058-35569

INVOICE

REFÉRER À CE NO. / REFER TO THIS NO. 11446

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
F-2357	85/08/21		129701		129701

FACTURÉ À / INVOICED TO
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE / SHIPPED FROM
TRW INC.
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

DATE REÇUE / DATE RECEIVED	DATE RÉCEPTION / DATE OF ARRIVAL	HEURE RÉCEPTION / TIME OF ARRIVAL	DATE FACTURE / INVOICE DATE	NOTRE NO. COMM / OUR ORDER NO.	NO. MANIFESTÉ / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
85/08/28	85/08/28	08:00	85/08/29	4824	MAB87929	85/08/29	22:10:57	1

TAXE VENTE FÉDÉRALE / FEDERAL SALES TAX	TAXE VENTE PROVINCIALE / PROVINCIAL SALES TAX	CONDITIONS DE PAIEMENT / TERMS OF PAYMENT	REPRESENTANT / REPRESENTATIVE
N/A	N/A	0.00%, 0Jr, Net 30Jr	FOLEY, JOSEPH P.

F.A.B / F.O.B	CONDITIONS DE TRANSPORT / TERMS OF TRANSPORT	VIA / VIA	NO. CONN. / B.L NO.
STABLEX / BLAINVILLE	COLLECT	FRANKLIN	3159

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161000	B-SKTRWC03 HYDROXIDE SLUDGE	14.93	S.T.	87.50	1306.38
					Total US:	1306.38

FRAIS D'ADMINISTRATION SUR TOUT COMPTE PASSÉ DÛ
ADMINISTRATION CHARGES ON ALL OVERDUE ACCOUNTS

0908-4606

TRW-03200

MANIFEST
MANIFESTE

N° de référence du manifeste: A **430991**

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. / N° provincial:

Company Name / Nom de l'entreprise: THY PASTEURIZE DIVISION

Address / Adresse: 195 BIRNEY STREET

Shipping Site Address / Origine de l'expédition: SAME

City / Ville: CAMBRIDGE | Prov: MASSACHUSETTS | Postal Code / Code postal: 02142

Intended Consignee / Destinataire choisi: STABLEX CANADA INC. | Provincial No. / N° provincial: 16000273

Address / Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address / Destination de l'expédition: SAME

City / Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code / Code postal: J7B1A7

B - CARRIER / TRANSPORTEUR

Company Name / Nom de l'entreprise: Franklin Pipeline Co. Inc. | Provincial No. / N° provincial:

Address / Adresse: Industrial Rd

City / Ville: Franklin | Prov: MA | Postal Code / Code postal: 02053

Registration / Immatriculation des véhicules: | License No / Immatriculation: | Province:

Vehicle / Véhicule moteur: AH 940 L

Trailer #1 / Remorque #1:

Trailer #2 / Remorque #2:

Point of Entry / Point d'entrée: Alexandria Que | Point of Exit / Point de sortie: Alexandria Que

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) / Nom du conducteur (caractères d'imprimerie): George R Jaye | Tel. No. (Area Code) / N° de tél. (ind. rég.): 617 384 9134

Signature: George R Jaye | Date (Y/M/D - A/M/J): 85-27-85

Circulation No. - Quebec only / N° de circulation - Réservée au Québec:

Reference No.s of Other Manifest(s) used / N°s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name / Nom de l'entreprise: Stablex Canada Inc. | Provincial No. / N° provincial:

Address / Adresse: 760 Boulevard Industriel

City / Ville: Blainville | Prov: Québec | Postal Code / Code postal: J7B 1A7

Receiving Site Address / Destination de l'expédition: MEME

City / Ville: | Prov: | Postal Code / Code postal:

Received / Réception — Time / Heure: 11:12 AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 85/08/27

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging / Contenants: No. / N°	Code (Int/Ext)	Quantity Received / Quantité reçue	Units L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems/Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging / Contenants Yes/Oui	Packaging / Contenants No/Non	Vehicle / Véhicule Yes/Oui	Vehicle / Véhicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F 006	NA 9189	6.1	III	~ 11,500	kg	55	%	001	06				03 04 06	✓		✓	

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: STABLEX CODE: N-SCIEN 002

Attached / Ci-jointes ☐ Below / Plus bas ☐

If Handling Code "Other" (Specify) / Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name) / Si le déchet doit être re-transféré, indiquer le nom de l'entreprise: | Provincial No. / N° provincial:

Address / Adresse: | City / Ville: | Prov.:

Shipped / Date d'expédition — Time / Heure: AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 85/27/85

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 85/27/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BOROUK | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F Borouk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractères d'imprimerie): Steve Freedman

Tel. No. (Area Code) / N° de tél. (ind. rég.): 514-[illegible] | Signature:

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta — Local Police / Police locale: 1 800 222 6514
British Columbia / Colombie-Britannique: (604) 387-5956
Manitoba: (204) 944 4888
New Brunswick / Nouveau Brunswick: Zenith 4-9000
Newfoundland / Terre Neuve: (709)-772-2083
Northwest Territories / Territoires du Nord Ouest: (403)-920-8130
Nova Scotia / Nouvelle Ecosse: Zenith 4-9000
Ontario
Prince Edward Island / Ile du Prince-Édouard: Zenith 4-9000
Quebec / Québec: (418)-643-4595
Saskatchewan — Local Police / Police locale: 1-800-667-3503
Yukon Territory / Territoire du Yukon: (403)-667-7244
Canutec (Call Collect) / Canutec (appeler à frais virés): (613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

6

TRW-03201

0908-4607

STABLEX

Fiche de Route

№ 1765

ARRIVÉE _____ TEMPS

POIDS

DÉPART _____ TEMPS

POIDS

AUG 28/85 14:09
74000 lb
G 33570
AUG 28/85 15:56
T 44140 N 29860 lb
AUG 28/85 15:56
T 20020 N 13550 kg

NO. LOT: CS-3756

CHAUFFEUR: GEORGES R. Joyce

NO. CONTRÔLE: B-SKTRWC03

TRANSPORTEUR: FRANKLIN

GÉNÉRATEUR: TRW FASTENERS

NO. CAMION: 432

NO. ACCUSÉ DE RÉCEPTION: 4824 11446

NO. CONNAISSEMENT: 3159

NO. MANIFESTE: MAB 087929

REMARQUES: AT 430991

PRÉPOSÉ À LA BALANCE: Sylvio Tremblay

CHAUFFEUR: [signature]

COPIE DU CLIENT

0908-4608

TRW-03202

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

RECEIVED AUG 27 1985 CAMBRIDGE REGIONAL

Please print or type. (Form designed for use on elite (12 pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00006

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. Generator's Phone: (617) 494-5500

A. State Manifest Document Number: MA B087928

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194 MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 617 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone

G. State Facility's ID: Not Required

H. Facility's Phone: 514 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. METAL HYDROXIDE SLUDGE

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. D810

b. T014

c.

d.

15. Special Handling Instructions and Additional Information

STABLEX CODE: N-SKTRW CO2

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	08 13 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
GARY Tyler	Gary A Tyler	08 13 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

26,160

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

0908-4609

Printed/Typed Name	Signature	Date (Month Day Year)
Sylvie Tremblay	Sylvie Tremblay	AUG 14 85

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087928 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03203

MANIFEST
MANIFESTE

RECEIVED
AUG 27 1985
CAMBRIDGE OPERATION

Manifest Reference No
N° de référence du manifeste: A **430983**

Circulation No - Quebec only
N° de circulation - Réservée au Québec

Reference No.'s of Other Manifest(s) used
N°s de référence des autres manifestes utilisés

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. N° provincial

Company Name - Nom de l'entreprise: THE VASTERNERS DIVISION

Address - Adresse: 195 SUNNY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee
Destinataire choisi: STABLEX CANADA INC. | Provincial No. - N° provincial: 16000273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B 1J7

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Frank L. Pierce Inc.

Provincial No. - N° provincial

Address - Adresse: Industrial Rd

City - Ville: Wareham | Prov.: MA | Postal Code - Code postal: 02571

Registration Immatriculation des véhicules	License No. Immatriculation	Province
Vehicle - Véhicule moteur	AH4203	MA
Trailer #1 - Remorque #1	2194	MA
Trailer #2 - Remorque #2		

Point of Entry
Point d'entrée

Point of Exit
Point de sortie

Carriers Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee

Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print)
Nom du conducteur (caractères d'imprimerie): GARY Tyler

Tel. No. (Area Code)
N° de tél. (ind. rég.): 617-384-3135

Signature: Gary Tyler

Date (Y/M/D - A/M/J): 8-13-85

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name - Nom de l'entreprise: STABLEX CANADA INC.

Provincial No. - N° provincial

Address - Adresse: 760 Blvd INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B 1H7

Receiving Site Address - Destination de l'expédition: MÊME

City - Ville | Prov. | Postal Code - Code postal

Received - Réception
Time
Heure: 08:25 AM ☑ PM ☐

Date (Y/M/D - A/M/J): 5/08/14

Physical State (Sol., Liq., Gas) État physique (sol., liq., gaz)	Shipping Name Appellation réglementaire	Product Identification No. N° d'identification du produit: Provincial	TDGA LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped Quantité expédiée: Units L or/ou kg Unités		Concentration	Units (Specify) Unités (spécifier)	Packaging Contenants: No. N°	Code (Int/Ext)	Quantity Received Quantité reçue	Units L or/ou kg Unités	Identify any Shipment Discrepancy/Problems/Refusal Identifier toute différence entre manifeste et cargaison: problèmes/refus	Handling Code Code de manutention	Decontamination Décontamination: Packaging Contenants Yes Oui	Packaging Contenants No Non	Vehicle Véhicule Yes Oui	Vehicle Véhicule No Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	9006	NA9189	6.1	III	≈ 11,500	kg	35	%	001	06				03 04 06	✓		✓	

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence

Attached
Ci-jointes ☐

Below
Plus bas ☐

STABLEX CODE: N-SKIN CO2

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise

Provincial No. - N° provincial

Address - Adresse | City - Ville | Prov.

Shipped - Date d'expédition
Time
Heure: AM ☐ PM ☐

Date (Y/M/D - A/M/J): 8/13/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 8/13/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.

Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK

Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 494-5784

Signature

Consignee Certification: I declare that the information contained in P... and complete.

Déclaration du destinataire: Je déclare que tous les renseignements à

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): Sylvie Tremblay

0908-4610

Tel. No. (Area Code) N° de tél. (ind. rég.): 514-42-7...

Signature

EMERGENCY TELEPHONE NUMBERS
N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police
Police locale
1-800-222-6514

British Columbia
Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick
Nouveau-Brunswick
Zenith 4-9000

Newfoundland
Terre-Neuve
(709)-772-2083

Northwest Territories
Territoires du Nord-Ouest
(403)-920-8130

Nova Scotia
Nouvelle-Écosse
Zenith 4-9000

Ontario

Prince Edward Island
Île du Prince-Édouard
Zenith 4-9000

Quebec
Québec
(418)-643-4595

Saskatchewan
Local Police
Police locale
1-800-667-3503

Yukon Territory
...ire du Yukon
...)-667-7244

...tec (Call Collect)
Canutec (appeler à frais virés)
(613)-996-6666

ENV. 04-1917 (10-84)

Consignor - (Mailed by Consignee) - Expéditeur - (Postée par le destinataire)

TRW-03204

6

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. / Manifest Document No.: MAD019294867 00006

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087928

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD048141136

C. State Trans. ID: 81194MMA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E3J7

10. US EPA ID Number: NYD980756615

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., OEM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. METAL HYDROXIDE SLUDGE

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. D810

b. T104

c.

d.

15. Special Handling Instructions and Additional Information

STABLEX CODE: N-SKTRW CO2

SOLIDIFICATION AND FIXATION

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

Printed/Typed Name: DENNIS F. BORSUK — Signature — Date: Month 08 Day 13 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Gary Tyler — Signature: Gary A Tyler — Date: Month 08 Day 13 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

TRW-03205

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

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087928 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATO

0908-4611

MANIFEST
MANIFESTE

Manifest Reference No
N° de référence du manifeste: A 430983

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. N° provincial:

Company Name - Nom de l'entreprise: TRW FASTENERS DIVISION

Address - Adresse: 195 BINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MASSACHUSETTS | Postal Code - Code postal: 02142

Intended Consignee - Destinataire choisi: STABLEX CANADA INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7B4J7

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping Service | Provincial No. - N° provincial:

Address - Adresse: Industrial Rd

City - Ville: Wrentham | Prov.: MA | Postal Code - Code postal: 02093

Registration - Immatriculation des véhicules: Vehicle - Véhicule moteur: AH9203 | License No. - Immatriculation: 8194 | Province: MA

Trailer #1 - Remorque #1: | Province: MA

Trailer #2 - Remorque #2:

Point of Entry - Point d'entrée: | Point of Exit - Point de sortie:

Carrier's Certification: I declare that I have received the wastes described in Part A for delivery to the Intended Consignee.
Déclaration du transporteur: Je déclare avoir pris livraison des déchets décrits à la partie A afin de les transporter au destinataire choisi.

Name of Driver (Print) - Nom du conducteur (caractères d'imprimerie): GARY Tyler | Tel. No. (Area Code) - N° de tél. (ind. rég.): 617-384-3135

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 8-13-85

Circulation No - Quebec only
N° de circulation - Réservée au Québec:

Reference No.s of Other Manifest(s) used
N°'s de référence des autres manifestes utilisés:

C - CONSIGNEE (RECEIVER) / DESTINATAIRE

Company Name - Nom de l'entreprise: | Provincial No. - N° provincial:

Address - Adresse:

City - Ville: | Prov.: | Postal Code - Code postal:

Receiving Site Address - Destination de l'expédition:

City - Ville: | Prov.: | Postal Code - Code postal:

Received - Reception
Time - Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J):

Physical State (Sol., Liq., Gas) / État physique (sol., liq., gaz)	Shipping Name / Appellation réglementaire	Product Identification No. / N° d'identification du produit: Provincial	TDGA / LTMD	Classification	Packing Group / Groupe d'emballage	Quantity Shipped / Quantité expédiée	Units L or/ou kg / Unités	Concentration	Units (Specify) / Unités (spécifier)	Packaging Contenants: No - Nbre	Code (Int/Ext)	Quantity Received / Quantité reçue	Units L or/ou kg / Unités	Identify any Shipment Discrepancy/Problems Refusal / Identifier toute différence entre manifeste et cargaison/problèmes/refus	Handling Code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes/Oui	Packaging Contenants No/Non	Vehicle Vehicule Yes/Oui	Vehicle Vehicule No/Non
S	WASTEWATER TREATMENT SLUDGE, WASTE TYPE 6	F006	NA9189	6.1	III	≈ 11,500	kg	35	%	001	06								

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence: Attached - Ci-jointes ☐ Below - Plus bas ☐

STABLEX CODE: N-SKTRW CO2

If Handling Code "Other" (Specify)
Si code de manutention "divers", spécifier:

If waste to be re-transferred (specify company name)
Si le déchet doit être re-transféré, indiquer le nom de l'entreprise: | Provincial No. - N° provincial:

Address - Adresse: | City - Ville: | Prov.:

Shipped - Date d'expédition
Time - Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 8/13/85

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 8/13/85

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur: Je déclare que tous les renseignements à la partie A sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie): DENNIS F. BORSUK | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Borsuk

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du destinataire: Je déclare que tous les renseignements à la partie C sont véridiques et complets.

Name of Authorized Person (Print)
Nom de l'agent autorisé (caractères d'imprimerie):

Tel. No. (Area Code) - N° de tél. (ind. rég.): | Signature: 0908-4612

EMERGENCY TELEPHONE NUMBERS / N°S DE TÉLÉPHONE EN CAS D'URGENCE

Alberta
Local Police / Police locale
1-800-222-6514

British Columbia / Colombie-Britannique
(604) 387-5956

Manitoba
(204) 944-4888

New Brunswick / Nouveau-Brunswick
Zenith 4-9000

Newfoundland / Terre-Neuve
(709)-772-2083

Northwest Territories / Territoires du Nord-Ouest
(403)-920 8130

Nova Scotia / Nouvelle-Ecosse
Zenith 4-9000

Ontario

Prince Edward Island / Ile du Prince-Édouard
Zenith 4-9000

Quebec / Québec
(418)-643-4595

Saskatchewan
Local Police / Police locale
1-800-667-3503

Yukon Territory / Territoire du Yukon
(403)-667-7244

Canutec (Call Collect) / Canutec (appeler à frais virés)
(613)-996-6666

TRW-03206

ENV. 04-1917 (10-84)

HC-CE
81/03/18

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF 1 PAGES

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA 8/13/85

3 INVOICE NO AND DATE NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P. O. NO.:

MANIFEST NO.: MA B087928

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS

U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	15 TOTAL WEIGHT GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE.	20 CU.YDS.	NO VALUE	0	0
CODE 681, AS PER CANADIAN CUSTOMS				

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT)

DENNIS F. BORSUK

TITLE

ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE

CAMBRIDGE, MA 8/13/85

SIGNATURE Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and similar charges			
Other charges (specify)			

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET V 0

TRW-03207

0908-4613

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO

DPS FORM 3128 REVISED

Litho in U.S.A.

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

File No. (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE ADDRESS (Place, country): STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only):

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar omit cents figures) (15)
ONE	30 CU. YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087928

17. DATE OF EXPORTATION (Not required for shipments by vessel): 8/13/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs 1 (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4614

TRW-03208

This Shipping Order must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. Carrier's No. 3158

(Name of Carrier)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA August 13 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	25 yds. Metal hydroxide sludge			
	[illegible] (3) [illegible] S			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____

(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per Dennis [illegible]

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

© 1983 • PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44-301 3-PART

0908-4615

TRW-03209

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street 7
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3158			Net 10 days	August 13, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yds.	metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	Pick up 7 a.m.		
	Driver Note: If waiting time to "off load" hours will exceed (3) hours CALL Home Office.		

LOADING TIME:

ARRIVAL: 9:30

DEPARTURE: 11:30

TOTAL: 2 hrs

[illegible]
DRIVER SIGNATURE

REASON FOR DELAY

[illegible]

[illegible]

[illegible] 8/13
AUTHORIZED SIGNATURE

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

DRIVER SIGNATURE

REASON FOR DELAY

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

0908-4616

TRW-03210

DRIVER SIGNATURE

INVOICE

RECEIVED
AUG 27 1985

franklin pumping service inc.

P.O. Box 617
Wrentham, Ma 02093

Hazardous Waste Removal, Oil Spills,
Tank Cleaning and Industrial Pumping.

INVOICE NO. № 5866

CODE NO. 3158

W/O NO.

CUSTOMER

TRW Fasteners
Atten: Dennis Borsuk
185 Binney Street
Cambridge, Ma 02142

JOB LOC

PURCHASE ORDER NO.	REQUISITION NO.	TERMS	DATE
	Canada # A 430983 MA B087928	Net 10 days	8/22/85

DATE	DESCRIPTION	PRICE	AMOUNT	
8/13/85	Transportation of 25 yds. Metal hydroxide sludge to			
	Blainville, Canada 833 miles	1.55/mile	1291	15
	1 Polyliner		72	00
	1 Hour loading time	50.00/hr	50	00
	5 Hours Demurrage at Stablex	50.00/hr	250	00
	2 Weeks roll-off box rental (7/30-8/13/85)	45.00/wk	90	00
		TAX		
		PLEASE REMIT	1753	15

SHIPPED TO

Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec Canada

0908-4617

TRW-03211

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3158			Net 10 days	August 13, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yds.	metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	Pick up 7 a.m.		

Driver Note: If waiting time to "off load" thanks will exceed (3) hours CALL Home Office.

LOADING TIME:
ARRIVAL: 9:30
DEPARTURE: 11:30
TOTAL: 2 hrs
Gary Tyler
DRIVER SIGNATURE

REASON FOR DELAY
swap customers line one left
& tarp one to go
Had to repair hydrolea fitting (15 min)
Dennis F. Bosuk 8/13
AUTHORIZED SIGNATURE

UNLOADING TIME:
ARRIVAL: 8:4m
DEPARTURE: 3:Rm
TOTAL: 7 hrs
Gary Tyler
DRIVER SIGNATURE

REASON FOR DELAY
scale & wait to offload
[illegible]
AUTHORIZED SIGNATURE

OTHER DELAY:
TIME OUT:
TIME IN:
TOTAL:

REASON FOR DELAY

TRW-03212

0908-4618

/ER SIGNATURE

Original-Not Negotiable **Straight Bill of Lading** Short Form Shipper's No. _____

Franklin Pumping Service, Inc. Carrier's No. 3158
(Name of Carrier)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA August 13 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.
(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.
★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	25 yds. Metal hydroxide sludge			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per ✗ Dennis F Boraik Agent, Per _____

1

Permanent post office address of shipper. _____

Wilson Freight Forwarding
GRAYLINE FREIGHT SYSTEM

STABLEX

Fiche de Route

№ 162286

ARRIVÉE _____ TEMPS

POIDS

AUG 14 85 14:40
T 27210 M 26160 LB

DÉPART _____ TEMPS

POIDS AUG 14 85 14:45:00 M 11880 KG

NO. LOT: _____

CHAUFFEUR: _____

TRANSPORTEUR: _____

NO. CAMION: _____

NO. CONNAISSEMENT: _____

REMARQUES: _____

NO. CONTRÔLE: _____

GÉNÉRATEUR: _____

NO. ACCUSÉ DE RÉCEPTION: _____

NO. MANIFESTE: _____

0908-4619

PRÉPOSÉ À LA BALANCE: _____

CHAUFFEUR: _____

COPIE D'CLIENT

TRW-03213

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-2067

4369

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087823

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAH 8246

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE,MA.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	020	DM	01100	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	005	DM	00275	GAL	F001
c. WASTE CHROMIC ACID SOLUTIONCorrosive Liquid UN 1755	006	DM	00330	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. MIXED OIL & WATER
b. MIXED WITH OIL
c. PLATING SOLUTION
d.

K. Handling Codes for Wastes Listed Above
a. S01
b. S01
c. S01
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George H. Cleary — Signature: George Cleary — Date: Month 08 Day 05 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 08 Day 05 Year 85

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 8 Day 5 Year 85

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087823 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03214

0908-4620

F-2067

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087823 COPY>8: GENERATOR-RETAINED BY GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142
4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087823
B. State Gen. ID:
C. State Trans. ID:
D. Transporter's Phone (617) 683-1002
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 683-1002

5. Transporter 1 Company Name: NORTHEAST SOLVENT
6. US EPA ID Number: MAD000604447
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 CANAL ST., LAWRENCE, MA.
10. US EPA ID Number: MAD000604447

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270		DM		GAL	M001
b. WASTE TRICHOLOROETHYLENE ORM-A UN 1710		DM		GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755		DM		GAL	D002

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. MIXED OIL & WATER
b. MIXED WITH OIL
c. PLATING SOLUTION
d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George H. Cleary — Signature: [signature] — Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — Date: Month Day Year

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

19. Discrepancy Indication Space

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03215

0908-4621

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

RECEIVED
AUG

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 000010
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST., CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087924
B. State Gen. ID SAME
C. State Trans. ID 20233MA
D. Transporter's Phone (617) 561-0100
E. State Trans. ID [redacted]A
F. Transporter's Phone ( )
G. State Facility's ID Not Required
H. Facility's Phone (203) 583-8917

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMIT
6. US EPA ID Number: MAD000790683

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
CECOS TREATMENT CORP.
51 BRODERICK RD.
BRISTOL, CT 06010
10. US EPA ID Number: CTD000604488

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-E, NA 9189	001	TT	05000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. WASTEWATER TREATMENT SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T101 CHEMICAL PRECIPATATION
b.
c.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 611-2
WORK ORDER # 14269

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

Printed/Typed Name	Signature	Date (Month Day Year)
PAUL ENRIGHT	Paul Enright	072385

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
L ROPER	L Roper	072385

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space
0908-4622

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

Printed/Typed Name	Signature	Date (Month Day Year)
DAVID CYR	David Cyr	072585

GENERATOR
TRANSPORTER
FACILITY

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087924 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03216

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087924

B. State Gen. ID

5. Transporter 1 Company Name — 6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address — 10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( )

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. — c.

b. — d.

K. Handling Codes for Wastes Listed Above

a. — c.

b. — d.

15. Special Handling Instructions and Additional Information

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087924 COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03217

0908-4623

EPHM-2 REV. 3/84

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MAD019294867 — Manifest Document No.: A0033
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY ST, CAMBRIDGE MASS 02142
4. Generator's Phone ( )
5. Transporter 1 Company Name: Pollution Control UHMT
6. US EPA ID Number: MAD000079068.3
7. Transporter 2 Company Name: CECOS
8. US EPA ID Number:
9. Designated Facility Name and Site Address: ~~SEACOAST~~ TREATMENT CORP, 51 BRODERICK RD., BRISTOL, CT.
10. US EPA ID Number: CTD000604488

A. State Manifest Document Number: CT A 0012950
B. State Gen. ID: SAME
C. State Tran. ID: AB23828 MASS
D. Tran. Phone: 617-561-0100
E. State Tran. ID:
F. Tran. Phone:
G. State Facility's ID: SAME
H. Facility's Phone: 203-583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-E, NA 9189	001	TT	03300	G	F006
b.					
c.					
d.					

J. Additional Description for Materials Listed Above: WASTE WATER TREATMENT SLUDGE
a. b. c. d.

K. Handling Codes for Waste Listed Above: a. ~~502~~ 502 b. chemical PAT c. d.

15. Special Handling Instructions and Additional Information: CROSS REF. CTA 0017558

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

Printed/Typed Name: Paul Enright — Signature: Paul Enright — Date: Month 07 Day 23 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: STEPHEN E WERNIG — Signature: Stephen E Wernig — Date: Month 07 Day 23 Year 85

18. Transporter 2 Acknowledgement or Receipt of Materials

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

19. Discrepancy Indication Space

TRW-03218

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

Printed/Typed Name: TIM BUTLER — Signature: [signature] — Date: Month 07 Day 23 Year 85

GENERATOR — TRANSPORTER — FACILITY

COPY 3: GENERATOR COMPLETED COPY

CT A 0012950

FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP — OIL AND CHEMICAL SPILLS AT (203) 566-5505

EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-86

COPY 3: GENERATOR COMPLETED COPY

0908-4624

EPHM-2 REV. 3/84

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
Manifest Document No. A 0 0 3 3
2. Page 1 of
Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address
4. Generator's Phone ( )
A. State Manifest Document Number CT A 0012950
B. State Gen. ID
5. Transporter 1 Company Name
6. US EPA ID Number
C. State Tran. ID
D. Tran. Phone
7. Transporter 2 Company Name
8. US EPA ID Number
E. State Tran. ID
F. Tran. Phone
9. Designated Facility Name and Site Address
10. US EPA ID Number
G. State Facility's ID
H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Description for Materials Listed Above
a. c.
b. d.

K. Handling Codes for Waste Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month	Day	Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

TRW-03219

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

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

FOR SPILLS WITHIN CONNECTICUT, CALL DEP 566-5808 OR, AFTER HOURS, STATE POLICE 566-3500

COPY 8: GENERATOR: Retained by Generator

CT A 0012950

EPA Form 8700-22 (3-84) Form Approved OMB No. 2000-0404. Expires 7-31-86

COPY 8: GENERATOR: Retained by Generator

0908-4625

Pollution Control Unlimited Inc.
P.O. Box 491, East Boston, MA 02128
Telephone: 561-0100

P.O. Number

JOB REPORT JOB NO.

Customer TRW FASTENERS DIVISION

Billing Address 195 BINNEY St. Cambridge MASS

Location of Work SAME

Job Description PUMPING out thickness TANKS TRANSPORTING to BRISTOL CONN

Date Started 7-23-85 4pm Date Completed 7-23-85

Extra Work Involved (if any)

Materials

Equipment	Hours Miles	Tolls		Hours Miles	Tolls
1 Vacuum Trailer	6½		Rack Truck		
Vacuum Trailer			Pick-up		
1 Vacuum Truck	6½				
Vactor					
Vactor Pipe / Hose					

Names (Men On Job)	HOURS ST.	HOURS OT.	Names (Men On Job)	HOURS ST.	HOURS OT.
L. ROPER - 0	1½	6½			
S. WERNIG - 0		6½			
R. Cutlip - 2	1½	2½			

0908-4626

Disposal: 8300 gal Manifest No. CTA 0012950

Foreman [signature] Per Diem:

Approved (Customer) Paul Enright Date

TRW-03220

THIS WORK SHEET, WHEN SIGNED, IS ACCEPTANCE THAT THE WORK PERFORMED, PERSONNEL, MATERIAL AND EQUIPMENT USED IS CORRECT. THE BILLING WILL BE BASED UPON THIS AGREEMENT.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. | Manifest Document No.

2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087927

B. State Gen. ID

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Trans. ID: 314

7. Transporter 2 Company Name | 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address: CECOS TREATMENT CORP | 10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( )

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.			5000		
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. | c.

b. | d.

K. Handling Codes for Wastes Listed Above

a. | c.

b. | d.

15. Special Handling Instructions and Additional Information

PRODUCT CODE: 611-2
WORK ORDER # 141314

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

Printed/Typed Name	Signature	Date Month Day Year
		07 31 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
JACK Fisher	Jack Fisher	7 31 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087927 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-4627

TRW-03221

Fasteners Division
TRW Assemblies &
Fasteners Group

31 Ames Street
Cambridge, MA 02142
617.494.5500

September 25, 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ceco Treatment Corporation
51 Broderick Road
Bristol, Connecticut 06010

Gentlemen:

On July 31, 1985, 5000 gallons of wastewater was transported to Cecos Treatment Corporation by Pollution Control Unlimited. The waste was generated by TRW Fasteners Division, per the attached manifest copy (MA B087927).

TRW is not in receipt of copy #3 of this manifest, "Generator--Mailed by TSDF." Please advise as to the status of the 5000 gallons of wastewater.

If you have any questions, I can be contacted at 195 Binney Street, Cambridge, Massachusetts 02142, telephone: (617) 494-5684.

Sincerely,

TRW FASTENERS DIVISION

Dennis F. Borsuk

Dennis F. Borsuk
Environmental Manager

DFB:lf
attachment

CECOS
TREATMENT
CORPORATION

51 BRODERICK ROAD
BRISTOL, CONN. 06010
TEL. 203-583-8917

RECEIVED
CAMBRIDGE

September 30, 1985

TRW-Fasteners Div
31 Ames Street
Cambridge, MA 02142

ATTENTION: Dennis F. Borsuk

Dear Mr. Borsuk:

Attached please find a photocopy of the TSDF copy of manifest number, MAB087927. The shipment was received by CECOS Treatment Corporation on August 11, 1985.

CECOS Treatment mails Copy 3 of a manifest to the generator the working day following receipt of the waste. The manifest is mailed to the attention of the person who signed the manifest. In this case, the manifest was sent to the attention of Paul Enright.

If you have any questions concerning the shipment, please contact me at the above number.

Sincerely,

Brian D. Hart

Brian D. hart
E H & S Manager

dr

attachment

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00011

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
175 BINNEY ST CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5808

A. State Manifest Document Number: MA B087927

B. State Gen. ID: SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMIT

6. US EPA ID Number: MAD000790683

C. State Trans. ID: 20234 1718

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 561-0100

E. State Trans. ID: 20233 MA

9. Designated Facility Name and Site Address
CECOS TREATMENT CORP
551 BRODERICK RD.
BRISTOL, CT 06010

10. US EPA ID Number: CTD000604488

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (203) 583-8917

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-E, NA 9189	001	TT	5000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. WASTEWATER TREATMENT SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T04
b. chemical PPT
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 611-2
WORK ORDER # 141314

T27

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

Printed/Typed Name	Signature	Date Month Day Year
PAUL ENRIGHT	Paul Enright	07 31 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
JACK Fisher	Jack Fisher	7 31 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year
JOHN WYNNE	John Wynne	8 1 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087927 COPY>4: TSDF-RETAINED BY TSDF

COPY>4: TSDF-RETAINED BY TSDF

TRW-03224

0908-4630

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. | Manifest Document No.

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
[illegible]

4. Generator's Phone ([illegible])

A. State Manifest Document Number: MA 8087927

B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number

C. State Trans. ID: [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ([illegible])

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORP
[illegible]

10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ([illegible])

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]			5000		
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. [illegible]
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 611-2
WORK ORDER # 141314

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

Printed/Typed Name: [illegible] | Signature: [illegible] | Date Month Day Year: 07 31 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK Fisher | Signature: Jack Fisher | Date Month Day Year: 7 31 85

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

FACILITY

19. Discrepancy Indication Space

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

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA 8087927 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4631

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03225

Fasteners Division
TRW Assemblies &
Fasteners Group

31 Ames Street
Cambridge, MA 02142
617.494.5500

September 25, 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ceco Treatment Corporation
51 Broderick Road
Bristol, Connecticut 06010

Gentlemen:

On July 31, 1985, 5000 gallons of wastewater was transported to Cecos Treatment Corporation by Pollution Control Unlimited. The waste was generated by TRW Fasteners Division, per the attached manifest copy (MA B087927).

TRW is not in receipt of copy #3 of this manifest, "Generator--Mailed by TSDF." Please advise as to the status of the 5000 gallons of wastewater.

If you have any questions, I can be contacted at 195 Binney Street, Cambridge, Massachusetts 02142, telephone: (617) 494-5684.

Sincerely,

TRW FASTENERS DIVISION

Dennis F. Borsuk

Dennis F. Borsuk
Environmental Manager

DFB:lf
attachment

0908-4632

CECOS
TREATMENT
CORPORATION

51 BRODERICK ROAD
BRISTOL, CONN. 06010
TEL. 203-583-8917

RECEIVED

September 30, 1985

TRW-Fasteners Div
31 Ames Street
Cambridge, MA 02142

ATTENTION: Dennis F. Borsuk

Dear Mr. Borsuk:

Attached please find a photocopy of the TSDF copy of manifest number, MAB087927. The shipment was received by CECOS Treatment Corporation on August 11, 1985.

CECOS Treatment mails Copy 3 of a manifest to the generator the working day following receipt of the waste. The manifest is mailed to the attention of the person who signed the manifest. In this case, the manifest was sent to the attention of Paul Enright.

If you have any questions concerning the shipment, please contact me at the above number.

Sincerely,

Brian D. Hart

Brian D. hart
E H & S Manager

dr

attachment

0908-4633

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00011

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
175 BINNEY ST CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5808

A. State Manifest Document Number MA B087927

B. State Gen. ID SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMIT
6. US EPA ID Number: MAD000780683

C. State Trans. ID 20234718

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID 20234MA

9. Designated Facility Name and Site Address
CECOS TREATMENT CORP.
551 BRODERICK RD.
BRISTOL, CT 06010
10. US EPA ID Number: CTD000604488

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-E, NA 9189	001	TT	5000	G	F006
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. WASTEWATER TREATMENT SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T04
b. chemical PPT
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 611-2
WORK ORDER # 141314
T27

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

Printed/Typed Name: PAUL ENRIGHT
Signature: Paul Enright
Date: Month 07 Day 31 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK Fisher
Signature: Jack Fisher
Date: Month 7 Day 31 Year 85

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

FACILITY

19. Discrepancy Indication Space

0908-4634

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

Printed/Typed Name: JOHN WYNNE
Signature: John Wynne
Date: Month 8 Day 1 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087927 COPY>4: TSDF-RETAINED BY TSDF

COPY>4: TSDF-RETAINED BY TSDF

TRW-03228

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

RECEIVED
AUG - 8 1985
CAMBRIDGE OPERATIONS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00005

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST., CAMBRIDGE, MA. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087926

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE — 6. US EPA ID Number: MAD048141136

C. State Trans. ID: 11674 MA.

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA INC.
760 BOULEVARD INDUSTRIEL QUEBEC J7E4J7
SAINTE-THERESE DE BLAINVILLE, — 10. US EPA ID Number: WYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. METAL HYDROXIDE SLUDGE
b. c. d.

K. Handling Codes for Wastes Listed Above
a. D 8 0 b. T 0 4 c. d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2
SOLIDIFICATION & FIXATION
B-SKTRWC03

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	07 30 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Robert Sprague	Robert Sprague	07 30 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space
25,000

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

0908-4635

Printed/Typed Name	Signature	Date (Month Day Year)
Dominique Bebiste	Dominique Bebiste	07 31 85

GENERATOR
TRANSPORTER
FACILITY

MA B087926 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2050-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03229

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. | Manifest Document No.

2. Page 1 of | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS

4. Generator's Phone ( )

A. State Manifest Document Number
MA B087926

B. State Gen. ID

5. Transporter 1 Company Name
FRANKLIN PUMPING SERVICE

6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA INC.

10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone ( )

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month	Day	Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

MA B087926 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4636

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03230

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3157

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA July 30 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	20 yds. Metal hydroxide sludge			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

TRW Fasteners Shipper, Per Paul J. Enright

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

©1983 • PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44-301 3 PART

0908-4637

TRW-03231

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3157			Net 10 days	July 30, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yds.	Metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	Pick up 7a.m.		

LOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: 9:35

DEPARTURE: 11:20

TOTAL: _____

DRIVER SIGNATURE _____ AUTHORIZED SIGNATURE Paul J. Everett

UNLOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: _____

DEPARTURE: _____

TOTAL: _____

DRIVER SIGNATURE _____ AUTHORIZED SIGNATURE _____

OTHER DELAY: _____ REASON FOR DELAY _____

TIME OUT: _____

TIME IN: _____

TOTAL: _____

TRW-03232

0908-4638

DRIVER SIGNATURE _____

CE
03/18

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF 1 PAGES

1 VENDOR (NAME & ADDRESS)
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 7/30/85
3 INVOICE NO AND DATE: None
4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)
P.O. # F1931
MANIFEST # MA B087926

5 CONSIGNEE (NAME & ADDRESS)
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)
N.A.

8 IMPORTER (NAME & ADDRESS)
SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS
U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA
HIGHWAY MODE
CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE QUALITY SIZE ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE CODE 681, AS PER CANADIAN CUSTOMS	20 CU. YD.	NO VALUE	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT)
DENNIS F. BORSUK

TITLE
ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE

SIGNATURE
Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and brokerage charges			
Other charges (specify)			

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

0908-4639

RW-03233

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE: 0 SELLING PRICE: 0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

FORM 3128 REVISED

Litho in U.S.A.

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA.

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

3. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

4. EXPORTER (Principal or seller – licensee): TRW FASTENERS DIVISION, ADDRESS (Number, street, place, State): 195 BINNEY ST., CAMBRIDGE, MA. 02142

5. AGENT OF EXPORTER (Forwarding agent): ADDRESS (Number, street, place, State):

6. ULTIMATE CONSIGNEE: STABLEX CANADA, INC., ADDRESS (Place, country): 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

7. INTERMEDIATE CONSIGNEE: ADDRESS (Place, country):

8. FOREIGN PORT OF UNLOADING (For vessel and air shipments only):

9. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU. YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE	—	D	N.A.	—	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB 087926

17. DATE OF EXPORTATION (Not required for shipments by vessel): 7/30/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL RD. WRENTHAM, MA. 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

▶ 19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY ST. CAMBRIDGE, MA. 02142

▶ Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4640

TRW-03234

4233

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1735

print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087822

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT
6. US EPA ID Number: MAD000604447

C. State Trans. ID: AD-11496

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST., LAWRENCE, MA.
10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	034	DM	0180	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	011	DM	00605	GAL	F001
c. WASTE CHROMIC ACID SOLUTION,Corrosive Liquid UN 1755	006	DM	00335	GAL	D002
d. HAZARDOUS WASTE LIQUID, NOS ORM-E NA 9189	001	DM	00055	GAL	F006

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d. Nickel Plating Solution

K. Handling Codes for Wastes Listed Above
a. S01
b. S01
c. S01
d. S01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 07 Day 22 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOEL CYR — Signature: Joel Cyr — Date: Month 07 Day 22 Year 85

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

19. Discrepancy Indication Space: 34 drums of waste oil received - confirmed with G. Cleary 7-24-85. - S. Prior -

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

Printed/Typed Name: CARL MUISIS — Signature: Carl Muisis — Date: Month 7 Day 22 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087822 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED 0908-4641 TRW-03235

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1735

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

A. State Manifest Document Number: MA B087822

B. State Gen. ID:

4. Generator's Phone (617) 494-5810

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: [illegible]

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 683-1002

E. State Trans. ID:

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 CANAL ST., LAWRENCE, MA.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	[illegible]	DM	[illegible]	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	[illegible]	DM	[illegible]	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	[illegible]	DM	[illegible]	GAL	D002
HAZARDOUS WASTE LIQUID, NOS ORM-E NA 9189	001	DM	00055	GAL	F006

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)

a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d. Nickel Plating Solution

K. Handling Codes for Wastes Listed Above

a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 7 Day 24 Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month [illegible] Day [illegible] Year [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

N'East had 34 Waste oil (not 33) called me 7/24

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

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

0908-4642

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087822 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03236

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. / Manifest Document No.: MAD019294867 00004
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142
4. Generator's Phone: (617) 494-5500

A. State Manifest Document Number: MA B087923
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136

C. State Trans. ID:

7. Transporter 2 Company Name:
8. US EPA ID Number:

D. Transporter's Phone: (617) 384-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address: STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7
10. US EPA ID Number: NYD980756415

F. Transporter's Phone:
G. State Facility's ID: Not Required
H. Facility's Phone: (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2
B-SKTRWCO3
SOLIDIFICATION & FIXATION

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

GENERATOR — Printed/Typed Name: DENNIS F. BORSUK / PAUL J. ENRIGHT — Signature: Paul J. Enright — Date: Month 07 Day 16 Year 85

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: JAMES McGrath — Signature: James McGrath — Date: Month 07 Day 16 Year 85
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date: Month Day Year

FACILITY
19. Discrepancy Indication Space: 25000
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Dominique Belisle — Signature: Dominique Belisle — Date: Month 07 Day 17 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087923 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILE

0908-4643

TRW-03237

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00004

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087923

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID:

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID:

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC
J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., OEM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2

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

Printed/Typed Name	Signature	Date Month Day Year
DENNIS F. BORSUK /PAUL J. EHRIGHT		07 16 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
[illegible]	[illegible]	07 16 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (300) 424-8802.

MA B087923 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4644

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03238

RC-CE
7/81/03/18

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF PAGES 1

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA
7/16/85

3 INVOICE NO AND DATE
NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)

P. O. NO.: F1682

MANIFEST NO.: MA B087923

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS
U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU. YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	15 TOTAL WEIGHT GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE QUALITY SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE. CODE 681, AS PER CANADIAN CUSTOMS	20 CU.YD.	NO VALUE	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT)
DENNIS F. BORSUK

TITLE
ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE
CAMBRIDGE, MA 7/16/85

SIGNATURE
Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and brokerage charges			
Other charges (specify)			

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

TRW-03239

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE →

FAIR MA

0908-4645

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE R

TOPS FORM 3128 REVISED

Litho in U.S.A.

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275)

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee): TRW FASTENERS DIVISION, ADDRESS (Number, street, place, State): 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent): ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE: STABLEX CANADA, INC., ADDRESS (Place, country): 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE: ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only):

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU. YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	–	D	N.A.	–	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO.

OR GENERAL LICENSE SYMBOL

16. BILL OF LADING OR AIR WAYBILL NUMBER: MS B087923

17. DATE OF EXPORTATION (Not required for shipments by vessel): 7/16/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs 1.(c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent)

FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a]If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b]Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4646

TRW-03240

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3156

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA July 16 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	20 yds. Metal hydroxide sludge			
	Paul Enright			

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ (Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

_____ Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

TRW Fastenersl Shipper, Per _____ ☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

©1983 • PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44 30 3 PART

0908-4647

TRW-03241

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fastenera
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3156			Net 10 days	July 16, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yds.	Metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	Pick-up 7 a.m.		

LOADING TIME:

ARRIVAL: 7:45

DEPARTURE: 9:45

TOTAL: 2 hr

[signature]
DRIVER SIGNATURE

REASON FOR DELAY: Pick Full container drop empty & place liner 2 men.

[signature]
AUTHORIZED SIGNATURE

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

DRIVER SIGNATURE

REASON FOR DELAY

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

0908-4648

TRW-03242

DRIVER SIGNATURE

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00003

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087920

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID:

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID: MA 11674

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC
J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code)
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D810
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2
B-SKTRWCO3
SOLIDIFICATION & FIXATION

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	07 02 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Robert Sprague	Robert Sprague	07 02 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
James McGrath	James McGrath	07 02 85

19. Discrepancy Indication Space
22,100

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

Printed/Typed Name	Signature	Date (Month Day Year)
Dominique Bélisle	Dominique Bélisle	07 03 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087920 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03243

0908-4649

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No. 00003
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087920
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
C. State Trans. ID:

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 384-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC
J7E4J7
10. US EPA ID Number: NYD980756415
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2

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

Printed/Typed Name: DENNIS F. BORSUK — Signature: — Date: Month 07 Day 02 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date: Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name: — Signature: — Date: Month Day Year

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087920 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4650

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03244

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275)

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee): TRW FASTENERS DIVISION, ADDRESS (Number, street, place, State): 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE: STABLEX CANADA, INC., ADDRESS (Place, country): 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only):

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List (italicized) digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087920

17. DATE OF EXPORTATION (Not required for shipments by vessel): 7/02/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4651

TRW-03245

RC-CE
/81/03/18

REVENUE CANADA CUSTOMS AND EXCISE — REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF PAGES 1

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA 7/02/85

3 INVOICE NO AND DATE NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. NO. F1559

MANIFEST NO.: MA B087920

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N.A.

7 IMPORTER (NAME & ADDRESS)

SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS

U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 CU.YD. BULK CONTAINER BY HIGHWAY

CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	15 TOTAL WEIGHT GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE QUALITY SIZE, ETC)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE. CODE 681, AS PER CANADIAN CUSTOMS	20 CU.YD.	NO VALUE	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT)

DENNIS F. BORSUK

TITLE

ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE

CAMBRIDGE, MA 7/02/85

SIGNATURE

Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and brokerage charges			
Other charges (specify)			

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

TRW-03246

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE →	FAIR MARKET VALUE	SELLING PRICE
	0	0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF DRAWBACK AND FAIR MARKET VALUE FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE

TOPS FORM 3128 REVISED

0908-4652

Litho in U.S.A.

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3155

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA July 2 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	20 yds. Metal hydroxide sludge			
	Paul Enright			

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

TRW Fasteners Shipper, Per _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

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WilsonJones
GRAYLINE FORM 44 301 3-PART

0908-4653

TRW-03247

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3155			Net 10 days	July 2, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yds.	Metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose		
	Pick up 7a.m.		
	Empty container		

LOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: 8:00

DEPARTURE: 9:30

TOTAL: _____

R Sprague
DRIVER SIGNATURE

Paul Enright
AUTHORIZED SIGNATURE

UNLOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: _____

DEPARTURE: _____

TOTAL: _____

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY: _____ REASON FOR DELAY _____

TIME OUT: _____

TIME IN: _____

0908-4654

TOTAL: _____

TRW-03248

DRIVER SIGNATURE

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. / Manifest Document No.: MAD019294867 00009

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST., CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087922

B. State Gen. ID: SAME

5. Transporter 1 Company Name: CECOS TREATMENT

6. US EPA ID Number: CTD000604488

C. State Trans. ID: CH87055-E8620

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 203 583-8917

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT. 06010

10. US EPA ID Number: CTD000604488

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone: 203 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-HAZARDOUS PUMICE, HAZARD CLASS AND I.D.# NOT APPLICABLE	001	TT	02503	G	N/A
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard codes)
a.
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T13
b.
c.
c.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 71-4
WORK ORDER #: 141130

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

GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	062285

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Curt Ouellette	Curt Ouellette	062285

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

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

Printed/Typed Name	Signature	Date (Month Day Year)
Denise A. Boms	Denise A. Boms	062285

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087922 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED

0908-4655

TRW-03249

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD013434067 — Manifest Document No.: 00003
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 1[illegible] DINNEY ST., CAMBRIDGE, MA [illegible]
4. Generator's Phone (617 [illegible]
5. Transporter 1 Company Name: CECOS TREATMENT
6. US EPA ID Number: CTT000604[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: CECOS TREATMENT CORPORATION, [illegible] ROAD, [illegible] CT. [illegible]
10. US EPA ID Number: CTT000604[illegible]

A. State Manifest Document Number: MA B087922
B. State Gen. ID: SAME
C. State Trans. ID: CH87[illegible]-F8620
D. Transporter's Phone ([illegible]
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone ([illegible]

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NON-HAZARDOUS POLICE, HAZARD CLASS AND I.D. # NOT APPLICABLE	001	TT	02503	G	N/A
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
PROJECT CODE: 11-4
WORK ORDER: 141130

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

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 06 Day 21 Year 95

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Curt Ouellette — Signature: Curt Ouellette — Date: Month 06 Day 21 Year 95

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087922 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4656

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03250

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12 pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867000 08 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST. CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087921

B. State Gen. ID: SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIM.

6. US EPA ID Number: MAD000790683

C. State Trans. ID: MA T20233

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK RD.
BRISTOL, CT 06010

10. US EPA ID Number: CTD000604488

F. Transporter's Phone (

G. State Facility's ID: Not Required

H. Facility's Phone (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189	001	TT	4000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Including physical state and hazard codes)
a. WASTEWATER TREATMENT SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T23 Chemical Precipitation
b.
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 611-2
WORK ORDER #: 141141
OFF SPEC

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	062485

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
JACK Fisher	Jack Fisher	62485

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

0908-4657

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

Printed/Typed Name	Signature	Date (Month Day Year)
Denise A. Borys	Denise A. Borys	062585

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087921 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03251

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD0[illegible] — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

A. State Manifest Document Number: MA B087921

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION [illegible]

4. Generator's Phone ([illegible]

B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: [illegible] CONTROL [illegible] — 6. US EPA ID Number: MAD0[illegible]

C. State Trans. ID: MA T20233

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ([illegible]

E. State Trans. ID

9. Designated Facility Name and Site Address: [illegible] — 10. US EPA ID Number: CT[illegible]

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ([illegible]

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE [illegible] N.O.S., [illegible]	001	TT	4000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard codes)*

a. WA[illegible] — c.

b. — d.

K. Handling Codes for Wastes Listed Above

a. — c.

b. — d.

15. Special Handling Instructions and Additional Information

[illegible]

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

Printed/Typed Name: DENNIS F. [illegible] — Signature: [illegible] — Date: Month 08 Day 24 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] K. Fisher — Signature: [illegible] — Date: Month 12 Day 15 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

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

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4658

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03252

MA B087921 COPY>8: GENERATOR-RETAINED BY GENERATOR

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1325

3908

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087821

B. State Gen. ID: Same

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID: MA A48246 — 617 683-1002

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 CANAL ST., LAWRENCE MA. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: 617 683-1002 — Not Required

H. Facility's Phone ( )

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	018	DM	01100	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	004	DM	00220	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	004	DM	00220	GAL	D002
d. ~~HAZARDOUS WASTE LIQUID, NOS ORM-E NA 9189~~	001	DM	00055	GAL	F006

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d. ~~Nickel Plating Solution~~

K. Handling Codes for Wastes Listed Above

a. S01 c. S01
b. S01 d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Cleary — Signature: George Cleary — Date: Month 06 Day 21 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Edward M McAloon — Signature: Edward M McAloon — Date: Month 06 Day 21 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-4659

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

Printed/Typed Name: CARL MEISE — Signature: Carl Meise — Date: Month 6 Day 21 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087821 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03253

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1325

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087821

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID — (617) 683-1002

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 CANAL ST., LAWRENCE MA. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID — Not Required — (617) 683-1002

H. Facility's Phone ( )

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	058	DM	01100	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	004	DM	00220	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	004	DM	00220	GAL	D002
d. ~~HAZARDOUS WASTE LIQUID, NOS ORM-E NA 9189~~	~~001~~	~~DM~~	~~00055~~	~~GAL~~	~~P006~~

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)

a. Mixed Oil and Water — c. Plating Solution

b. Mixed with Oil — d. Nickel Plating Solution

K. Handling Codes for Wastes Listed Above: a. c. b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Cleary — Signature — Date: Month 06 Day 21 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

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

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4660

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03254

MA B087821 COPY>8: GENERATOR-RETAINED BY GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 2

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087919

B. State Gen. ID SAME

5. Transporter 1 Company Name FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number MAD084814136

C. State Trans. ID 11674 MA.

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2 B-SKTRWC03
SOLIDIFICATION & FIXATION

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

Printed/Typed Name	Signature	Date Month	Day	Year
DENNIS F. BORSUK	Dennis F. Borsuk	06	18	85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Robert Sprague	Robert Sprague	06	18	85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space
27,920
5319

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

Printed/Typed Name	Signature	Date Month	Day	Year
Sylvie Lecomblay	Sylvie Lecomblay	06	19	85

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087919 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03255

0908-4661

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 2

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087919

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: MAD084814136

C. State Trans. ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2

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

Printed/Typed Name: DENNIS F. BORSUK
Signature:
Date: Month 06 Day 18 Year 85

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

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

19. Discrepancy Indication Space

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

GENERATOR
TRANSPORTER
FACILITY

In case of an emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087919 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4662

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03256

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275).

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.)
FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State)
TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State)

5. ULTIMATE CONSIGNEE ADDRESS (Place, country)
STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country)

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only)

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment)
STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	30 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE	–	D	N.A.	–	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER
MA B087919

17. DATE OF EXPORTATION (Not required for shipments by vessel)
6/18/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

[a] Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a] If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b] Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4663

TRW-03257

RC-CE 27/81/03/18

REVENUE CANADA CUSTOMS AND EXCISE | REVENU CANADA DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1 OF PAGES 1

1 VENDOR (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA

6/18/85

3 INVOICE NO AND DATE

NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. No. F1230
Manifest No. MA B087919

5 CONSIGNEE (NAME & ADDRESS)

Stablex Canada, Inc.
760 Boulevard Industriel
Blainville, Quebec, Canada

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)

N/A

8 IMPORTER (NAME & ADDRESS)

Same as above

7 COUNTRY OF ORIGIN OF GOODS

U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA

30 Cu. Yd. Bulk Container by Highway

Champlain, New York Rt. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

There is no sale involved in the conventional sense: TRW is paying Stablex to treat and dispose of waste sludge, in accordance with Canada law.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	15 TOTAL WEIGHT GROSS
		No		

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE, QUALITY, SIZE, ETC.)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
Metal finishing sludge with no commercial value. Code 681, as per Canadian Customs	20 Cu.Yd.	No Value	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): Dennis F. Borsuk

TITLE: Environmental Manager

PLACE AND DATE OF ISSUE: Cambridge, MA 6/18/85

SIGNATURE: Dennis F. Borsuk

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	No	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and brokerage charges			
Other charges (specify)			

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

0908-4664

TRW-03258

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE →

FAIR MARKET VALUE	SELLING PRICE
0	0

7/78 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF DUMPING AND FAIR MARKET VALUE. FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

TOPS FORM 3128 REVISED

Litho in U.S.A.

This Shipping Order must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

Franklin Pumping Service, Inc. (Name of Carrier) Carrier's No. 3154

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at Cambridge, MA June 18 19 85 From TRW Fasteners

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Stablex Canada Inc.

(Mail or street address at consignee—For purposes of notification only.)

Destination Blainville State Canada Zip _____ County _____ Delivery Address ★ 760 Industrial Blvd.

★To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier Franklin Pumping Service, Inc. Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	20 yds. Metal hydroxide sludge			
	Paul Enright			

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here; "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

TRW Fasteners Shipper, Per _____

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper, _____

©1983 PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44-301 3 PART

TRW-03259

0908-4665

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
185 Binney Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3154			Net 10 days	June 18, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yds.	Metal hydroxide sludge		
	Note: Driver places liner everytime. Send 25 cubic		
	yard clean box. Long quick connector hose.with		
	Pick up 7 a.m.		

LOADING TIME:

ARRIVAL: 10 00 Am

DEPARTURE: 12 00 Noon

TOTAL:

R Spencer
DRIVER SIGNATURE

REASON FOR DELAY Change cans Retarp cont. install poly in mt. cont.

Paul Enright
AUTHORIZED SIGNATURE

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

DRIVER SIGNATURE

REASON FOR DELAY

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

TRW-03260

0908-4666

NATURE

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1325

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number MA B087821

B. State Gen. ID

5. Transporter 1 Company Name NORTHEAST SOLVENT

6. US EPA ID Number MAD000604447

C. State Trans. ID [illegible] 617 683-1002

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST., LAWRENCE MA.

10. US EPA ID Number MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID 617 683-1002 Not Required

H. Facility's Phone ( )

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	0 ~~2~~ 18	D	M01100	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	004	D	M00220	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	004	D	M00220	GAL	D002
d. ~~HAZARDOUS WASTE LIQUID, NOS ORM-E NA 9189~~	~~001~~	~~D~~	~~M00055~~	~~GAL~~	~~F006~~

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)

a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d. ~~Nickel Plating Solution~~

K. Handling Codes for Wastes Listed Above

a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Cleary
Signature: [signature]
Date: Month 06 Day 21 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Edward M McHloon
Signature: [signature]
Date: Month Day Year

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

19. Discrepancy Indication Space

TRW-03261

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

Printed/Typed Name
Signature
Date: Month Day Year

0908-4667

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

MA B087821 COPY>6: DESTINATION STATE-MAILED BY GENERATOR

COPY>6: DESTINATION STATE-MAILED BY GENERATOR

Call the National Response Center (800) 424-8802.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1192

3703

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087820

B. State Gen. ID: Same

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAH 8246

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE,MA.
10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
WASTE OIL NOS, Combustible Liquid NA 1270	020	DM	01100	GAL	M001
b. WASTE TRICHLOROETHYLENE ORM-A UN 1710	008	DM	00440	GAL	F001
c. WASTE CHROMIC ACID SOLUTION,Corrosive Liquid UN 1755	004	DM	00220	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Mixed Oil & Water — c. Plating Solution
b. Mixed with oil — d.

K. Handling Codes for Wastes Listed Above
a. S01 — c. S01
b. S02 — d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Cleary — Signature: George Cleary — Date: Month 06 Day 10 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 06 Day 10 Year 85

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

FACILITY

19. Discrepancy Indication Space

0908-4668

TRW-03262

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

Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 6 Day 10 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087820 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-1192

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087820

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE,MA.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270		DM		GAL	M001
b. WASTE TRICHLOROETHYLENE1 ORM-A UN 1710		DM		GAL	F001
c. WASTE CHROMIC ACID SOLUTION,Corrosive Liquid UN 1756		DM		GAL	D002

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Mixed Oil & Water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: George Cleary — Signature — Date: Month 06 Day 10 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

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

19. Discrepancy Indication Space

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

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

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087820 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4669

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03263

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. M A D 0 1 9 2 9 4 8 6 7 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087918

B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.

6. US EPA ID Number: M A D 0 8 4 8 1 4 1 3 6

C. State Trans. ID: 11674 MASS

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

10. US EPA ID Number: N Y D 9 8 0 7 5 6 4 1 5

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (514) 430-9230

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	0 0 1	C M	0 0 0 2 0	Y	F 0 0 6
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard codes)

a. METAL HYDROXIDE SLUDGE

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. D 8 1 0

b. T 0 4

c.

d.

15. Special Handling Instructions and Additional Information

STABLEX CODE: N-SKTRW CO2

SOLIDIFICATION & FIXATION

B-SKTRWC03

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

Printed/Typed Name: DENNIS F. BORSUK — Signature: Dennis F. Borsuk — Date (Month Day Year): 0 6 0 4 8 5

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert Sprague — Signature: Robert Sprague — Date (Month Day Year): 0 6 0 4 8 5

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

23,020

0908-4670

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 15.

Printed/Typed Name: Sylvie Tremblay — Signature: Sylvie Tremblay — Date (Month Day Year): 0 6 0 5 8 5

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (300) 424-8802.

MA B087918 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03264

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087918
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
C. State Trans. ID:

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 384-3135
E. State Trans. ID:

9. Designated Facility Name and Site Address
STABLEX CANADA INC.
760 BOULEVARD INDUSTRIEL
SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7
10. US EPA ID Number: NYD980756415
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 430-9230

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
STABLEX CODE: N-SKTRW CO2

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

Printed Typed Name	Signature	Date Month	Day	Year
DENEIS F. BORSUK		06	04	85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space

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

Printed Typed Name	Signature	Date Month	Day	Year

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4671

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03265

MA B087918 COPY>8: GENERATOR-RETAINED BY GENERATOR

In case of an spill, immediately call the National Response Center (800) 424-8802.

TOPS FORM 3375

FORM NO. 7525-V (1-1-82)

U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS – DIBA, BUREAU OF EAST-WEST TRADE

SHIPPER'S EXPORT DECLARATION

OF SHIPMENTS FROM THE UNITED STATES

Export Shipments Are Subject To Inspection By U.S. Customs Service and/or The Office of Export Control

READ CAREFULLY THE INSTRUCTIONS ON BACK TO AVOID DELAY AT SHIPPING POINT

Declarations Should be Typewritten or Prepared in Ink

Form Approved: O.M.B. No. 41-R0397

CONFIDENTIAL – For use solely for official purposes authorized by the Secretary of Commerce. Use for unauthorized purposes is not permitted (Title 15 C.F.R. section 30.91; Title 13 U.S.C. section 301, as amended, P.L. 96-275)

Authentication (When required)

File No. (For Customs use only)

DO NOT USE THIS AREA	DISTRICT	PORT	COUNTRY (For Customs use only)

1. FROM (U.S. port of export): CAMBRIDGE, MA

2. METHOD OF TRANSPORTATION (Check one): ☐ VESSEL (Incl. ferry) ☐ AIR ☒ OTHER (Specify) TRUCK

2a. EXPORTING CARRIER (If vessel, give name of ship, flag and pier number. If air, give name of airline.): FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW FASTENERS DIVISION, 195 BINNEY STREET, CAMBRIDGE, MA 02142

4. AGENT OF EXPORTER (Forwarding agent) ADDRESS (Number, street, place, State):

5. ULTIMATE CONSIGNEE ADDRESS (Place, country): STABLEX CANADA, INC., 760 BOULEVARD INDUSTRIEL, SAINTE-THERESE DE BLAINVILLE, QUEBEC J7E4J7

6. INTERMEDIATE CONSIGNEE ADDRESS (Place, country):

7. FOREIGN PORT OF UNLOADING (For vessel and air shipments only):

8. PLACE AND COUNTRY OF ULTIMATE DESTINATION (Not place of transshipment): STABLEX, BLAINVILLE, QUEBEC, CANADA

MARKS AND NOS. (9)	NUMBERS AND KIND OF PACKAGES, DESCRIPTION OF COMMODITIES, EXPORT LICENSE NUMBER OR GENERAL LICENSE SYMBOL (Describe commodities in sufficient detail to permit verification of the Schedule B commodity numbers assigned. Do not use general terms.) (10)	SHIPPING (Gross) WEIGHT IN POUNDS[a] (REQUIRED FOR VESSEL AND AIR SHIPMENTS ONLY) (11)	SPECIFY "D" OR "F"[b] (12)	SCHEDULE B COMMODITY NO. (Include Commodity Control List italicized digit, when required) (13)	NET QUANTITY SCHEDULE B UNITS (State unit) (14)	VALUE AT U.S. PORT OF EXPORT (Selling price or cost if not sold, including inland freight, insurance and other charges to U.S. port of export) (Nearest whole dollar, omit cents figures) (15)
ONE	20 CU.YD. BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE	-	D	N.A.	-	NO VALUE. WASTE TO BE TREATED AND DISPOSED OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MA B087918

17. DATE OF EXPORTATION (Not required for shipments by vessel): 6/4/85

18. THE UNDERSIGNED HEREBY AUTHORIZES FRANKLIN PUMPING SERVICE, INC., INDUSTRIAL ROAD, WRENTHAM, MA 02093 (Name and address – Number, street, place, State) TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES.

EXPORTER TRW FASTENERS DIVISION BY (DULY AUTHORIZED OFFICER OR EMPLOYEE) DENNIS F. BORSUK

19. I CERTIFY THAT ALL STATEMENTS MADE AND ALL INFORMATION CONTAINED IN THIS EXPORT DECLARATION ARE TRUE AND CORRECT. I AM AWARE OF THE PENALTIES PROVIDED FOR FALSE REPRESENTATION. (See paragraphs I (c) and (e) on reverse side.)

SIGNATURE Dennis F. Borsuk (Duly authorized officer or employee of exporter or named forwarding agent) FOR TRW FASTENERS DIVISION (Name of corporation or firm, and capacity of signer, e.g., secretary, export manager, etc.)

ADDRESS 195 BINNEY STREET, CAMBRIDGE, MA 02142

Declaration should be made by duly authorized officer or employee of exporter or of forwarding agent named by exporter.

[a]If shipping weight is not available for each Schedule B item listed in column (13) included in one or more packages, insert the approximate gross weight for each Schedule B item. The total of these estimated weights should equal the actual weight of the entire package or packages.

[b]Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise produced in the United States or changed in condition in the United States with a "D." (See instructions on reverse side.)

DO NOT USE THIS AREA

0908-4672

TRW-03266

RC-CE
27/81/03/18

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

PAGE 1/ OF PAGES 1/

1 VENDOR (NAME & ADDRESS)
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 6/4/85

3 INVOICE NO AND DATE: NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)
P.O. # F0895
MANIFEST NO. MA B087918

5 CONSIGNEE (NAME & ADDRESS)
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

6 PURCHASER (IF OTHER THAN CONSIGNEE AND/OR IMPORTER)
N/A

8 IMPORTER (NAME & ADDRESS)
SAME AS ABOVE

7 COUNTRY OF ORIGIN OF GOODS
U.S.A.

IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 16

10 TRANSPORTATION GIVE MODE AND PLACE OF DIRECT SHIPMENT TO CANADA
20 CU. YD. BULK CONTAINER BY HIGHWAY
CHAMPLAIN, NEW YORK RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
THERE IS NO SALE INVOLVED IN THE CONVENTIONAL SENSE: TRW IS PAYING STABLEX TO TREAT AND DISPOSE OF WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

11 CURRENCY OF SETTLEMENT

12 MARKS & NUMBERS	13 NO & KIND OF PACKAGES	14 GENERAL DESCRIPTION OF CONTENTS	15 TOTAL WEIGHT NET	GROSS
	NO			

16 SPECIFICATION OF COMMODITIES (CHARACTERISTICS E.G. GRADE QUALITY, SIZE ETC)	17 QUANTITY (STATE UNIT)	18 FAIR MARKET VALUE/AMOUNT IN CURRENCY OF COUNTRY OF EXPORT	SELLING PRICE TO PURCHASER IN CANADA (IF ANY) 19 UNIT PRICE	20 AMOUNT
METAL FINISHING SLUDGE WITH NO COMMERCIAL VALUE CODE 681, AS PER CANADIAN CUSTOMS	20 CU.YD.	NO VALUE	0	0

21 WE CERTIFY THIS INVOICE TO BE TRUE AND CORRECT AND TO THE BEST OF OUR KNOWLEDGE IN CONFORMITY WITH CANADIAN CUSTOMS LAWS

NAME OF SIGNATORY (PRINT): DENNIS F. BORSUK

TITLE: ENVIRONMENTAL MANAGER

PLACE AND DATE OF ISSUE: CAMBRIDGE, MA 6/4/85

SIGNATURE: Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

CHARGES	SPECIFY CURRENCY	STATE IF INCLUDED IN 20	AMOUNT
22 Export Packing			
23 Freight from place of direct shipment to Canada	U.S. $1291.15	NO	U.S. $1291.15
24 Freight and insurance to place of direct shipment to Canada			
25 Insurance from place of direct shipment to Canada			
26 Royalties			
Commissions and brokerage charges			
Other charges (specify)			

0908-4673

TRW-03267

28 VALUATION RULING — DEPARTMENTAL FILE REFERENCE AND DATE (IF APPLICABLE)

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALUE 0 SELLING PRICE 0

7/75 SEE REVERSE SIDE FOR GENERAL INFORMATION ON RULES OF ORIGIN AND FAIR MARKET VALUE FOR MORE DETAILED INSTRUCTIONS FOR COMPLETING THIS INVOICE REFER TO CANADA CUSTOMS MEMORANDUM D43

TOPS FORM 3128 REVISED

Litho in U.S.A.

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093

Hazardous Waste Removal, Oil Spills.
Cesspool and Septic Tank Cleaning.
Industrial Pumping

Mass. Lic. #71
617-384-3135
FED EPA ID MAD084814136

R.I. Lic. #312

SOLD TO: TRW Fasteners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO: Stablex Canada Inc.
760 Industrial Blvd.
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
F0696	3121		Kf	Net 10 days	June 4, 1985

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yds.	Metal hydroxide sludge		
	Note: Hydraulic long quick connector hose with short		
	trailer and tractor. Driver places liner every-		
	time. 25 cubic yard clean box		
	[illegible] M2191		

LOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: 10 00

DEPARTURE: 12 30

TOTAL: _____

DRIVER SIGNATURE _____ AUTHORIZED SIGNATURE _____

UNLOADING TIME: _____ REASON FOR DELAY _____

ARRIVAL: _____

DEPARTURE: _____

TOTAL: _____

DRIVER SIGNATURE _____ AUTHORIZED SIGNATURE _____

OTHER DELAY: _____ REASON FOR DELAY _____

TIME OUT: _____

TIME IN: _____

TOTAL: _____

0908-4674 — TRW-03268 —

DRIVER SIGNATURE _____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-0828

3451

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.Ma. 02142

4. Generator's Phone (617) 494-5810

5. Transporter 1 Company Name: NORTHEAST SOLVENT — US EPA ID Number: MAD000604447

6. State Manifest Document Number: MA B087819

7. State Gen. ID: SAME

8. State Trans. ID: MA AH 8251

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683 1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE,MA.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	16	DM	880	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	5	DM	275	GAL	F001
c. WASTE CHROMIC ACID SOLUTION,Corrosive Liquid UN1755	2	DM	110	GAL	D002
d. WASTE TRICHLOROETHANE, ORM-A UN2831	3	DM	165	GAL	F001

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. Mixed Oil & Water
b. Mixed with Oil
c. Plating Solution
d. Mixed Oil

K. Handling Codes for Wastes Listed Above

a. S01 c. S07
b. S01 d. S01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: Georgen Cleary — Signature: George Cleary — Date: Month 05 Day 21 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Bob Tomes — Signature: Bob Tomes — Date: Month 5 Day 21 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

TRW-03269

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

Printed/Typed Name: Carl Muise — Signature: Carl Muise — Date: Month 5 Day 21 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087819 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

0908-4675

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-0828

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087819

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST.,LAWRENCE,MA.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270		DM		GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710		DM		GAL	F001
c. WASTE CHROMIC ACID SOLUTION,Corrosive Liquid UN1755		DM		GAL	D002
WASTE TRICHLOROETHANE, ORM-A UN2831		DM		GAL	F001

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. Mixed Oil & Water — c. Plating Solution
b. Mixed with Oil — d. Mixed with Oil

K. Handling Codes for Wastes Listed Above
a. — c.
b. — d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month Day Year
Georgem Cleary		05 21 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year

In case of emergency or spill, immediately call the National Response Center (800) 424-3802.

MA B087819 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4676

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03270

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: MAD019294867000079

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone ( )

A. State Manifest Document No.: NY A 141518 7

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: M 55128

D. Transporter's Phone: (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CECOS INTERNATIONAL
56TH & PINE
NIAGRA FALLS, NY 14302

10. US EPA ID Number: NYD080336241

G. State Facility's ID

H. Facility's Phone: (716) 731-3281

GENERATOR

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

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
METAL HYDROXIDE
a SLUDGE
b
c
d

K. Handling Codes for Wastes Listed Above
a [2]
b
c
d

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 10834-AAB
WORK ORDER: 155352

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

Printed/Typed Name: DENNIS F. BORSUK
Signature: Dennis F. Borsuk
Date (Month Day Year): 05 21 85

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: JAMES A. HIAM
Signature: James A. Hiam
Date (Month Day Year): 05 21 85

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

FACILITY

19. Discrepancy Indication Space
13.89

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

Printed/Typed Name: DAVID P. JAKOSZEWSKI
Signature
Date (Month Day Year): 05 23 85

NY A 141518 7

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03271

0908-4677

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: MAD019294867 00079

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
135 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone ( )

A. State Manifest Document No.: NY A 141518 7

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID

D. Transporter's Phone: (716) 823-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CECOS INTERNATIONAL
56TH & PINE
NIAGRA FALLS, NY 14302

10. US EPA ID Number: NYD006336241

G. State Facility's ID

H. Facility's Phone: (716) 731-3281

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., CRM-E, NA 9169	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
METAL HYDROXIDE
a SLUDGE
b
c
d

K. Handling Codes for Wastes Listed Above
a: 2
b:
c:
d:

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 10334-4AB
WORK ORDER: 155352

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

Printed/Typed Name: DENNIS F. BOSIK
Signature: [signature]
Date: Month 05 Day 21 Year 85

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name
Signature
Date: Month Day Year

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

19. Discrepancy Indication Space

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

0908-4678

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 141518 7

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03272

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 5/21/85

PICK UP			DELIVERY		
SHIPPER	NAME: TRW		CONSIGNEE	NAME: CWM	
	STREET:			STREET:	
	CITY: CAMBRIDGE	STATE: MASS		CITY: NIAGARA FALLS	STATE: NY
	CONTACT NAME:			CONTACT NAME:	
	SCHEDULED TIME:			SCHEDULED TIME:	
	ADDITIONAL INFORMATION:			ADDITIONAL INFORMATION:	

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED		

PICK UP

ARRIVAL TIME 7 00 AM/PM RELEASE TIME 10 30 AM/PM

TRAILER EMPTY UPON ARRIVAL ☑ YES ☐ NO
(If not, explain below)

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS)
Wait for Rick Brodie at Pollution Control then wait for trap at TRW

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [signature]
SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM/PM RELEASE TIME _____ AM/PM

TRAILER EMPTY UPON DEPARTURE ☐ YES ☐ NO
(If not, explain below)

COMMENTS: (EXPLAIN ALL DELAYS)

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X
CONSIGNEE'S SIGNATURE

0908-4679

TRW-03273

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-0584

3384

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St, Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087817

B. State Gen. ID: -Same-

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000664447

C. State Trans. ID: MA8029

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone: 617 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 CANAL ST., LAWRENCE, MA. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	023	DM	01265	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	008	DM	00440	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN1755	004	DM	00220	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. Mixed Oil and Water — c. Plating Solution

b. Mixed with Oil — d.

K. Handling Codes for Wastes Listed Above

a. S01 — c. S01

b. S01 — d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
GEORGE CLEARY	George Cleary	05 09 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
David B Morel	David B Morel	05 09 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
CARL Muise	Carl Muise	5 9 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087817 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAI

0908-4681

TRW-03275

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F.0564

Ple print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St, Camb. Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087817

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number

C. State Trans. ID: [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 CANAL ST., LAWRENCE, MA.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	[illegible]	DM	[illegible]	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	[illegible]	DM	[illegible]	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN1755	[illegible]	DM	[illegible]	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month Day Year

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

19. Discrepancy Indication Space

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

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

GENERATOR — TRANSPORTER — FACILITY

MA B087817 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4682

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03276

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MA0019294867 — Manifest Document No.: 00078
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address:
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone: (617) 494-5500

A. State Manifest Document No.: NY A 120162 6

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: N55128

D. Transporter's Phone: (716) 873-9703

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone: ( )

9. Designated Facility Name and Site Address:
CECOS INTERNATIONAL
56TH & PINE
NIAGARA FALLS, N.Y. 14302

10. US EPA ID Number: NYD080336241

G. State Facility's ID:

H. Facility's Phone: (716) 731-3281

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA9189	001	CH	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above

a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information

PRODUCT CODE: 10834-AAB
WORK ORDER: 154403

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

Printed/Typed Name	Signature	DATE Month	Day	Year
PAUL J. ENRIGHT	Paul J. Enright	05	07	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
Douglas A. Gero	Douglas A. Gero	05	07	85

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
Matthew Fritton	Matthew Fritton	05	16	85

19. Discrepancy Indication Space: 12.94

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by Item 19.

0908-4683

Printed/Typed Name	Signature	DATE Month	Day	Year
DAVID R THARESZEWSKI	[illegible]	05	16	85

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 120162 6

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03277

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
[illegible] STREET
[illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document No. NY A 120162 6

B. State generator's ID SAME

5. Transporter 1 (Company Name) [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone ( ) 716 873-[illegible]

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
[illegible] INTERNATIONAL
[illegible] & PINE
[illegible] NY 14[illegible]

10. US EPA ID Number [illegible]

G. State Facility's ID

H. Facility's Phone (716) 731-3281

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., OKM-E NA[illegible]	[illegible]	[illegible]	[illegible]		F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a METAL HYDROXIDE SLUDGE | c | b | d

K. Handling Codes for Wastes Listed Above

a [L] | c [ ] | b [ ] | d [ ]

15. Special Handling Instructions and Additional Information

[illegible]

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

Printed/Typed Name	Signature	DATE Month	Day	Year
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
Douglas H. Gero	Douglas H. Gero	05	07	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year

0908-4684

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 120162 6

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03278

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 00007 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST., CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087917

B. State Gen. ID: SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMIT

6. US EPA ID Number: MAD000790683

C. State Trans. ID: MA 20232

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010

10. US EPA ID Number: CTD000604488

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (203) 583-8917

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189	001	TT	5000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard codes)
a. WASTEWATER TREATMENT SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T04
b. chemical ppt.
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 611-2
WORK ORDER #: 140878

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F Borsuk	042485

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Donald Hammel	Donald Hammel	042485

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

0908-4685

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

Printed/Typed Name	Signature	Date (Month Day Year)
JOHN WYNNE	John Wynne	4 24 85

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087917 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03279

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. [illegible] Manifest Document No. [illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
[illegible] ST., CAMBRIDGE, MA [illegible]
4. Generator's Phone ([illegible]

A. State Manifest Document Number
MA B087917
B. State Gen. ID
[illegible]

5. Transporter 1 Company Name
[illegible]
6. US EPA ID Number
[illegible]

C. State Trans. ID
MA [illegible]

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone ([illegible]
E. State Trans. ID

9. Designated Facility Name and Site Address
[illegible]
[illegible]
[illegible]
10. US EPA ID Number
[illegible]

F. Transporter's Phone ( )
G. State Facility's ID Not Required
H. Facility's Phone ([illegible]

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE [illegible] N.O.S. [illegible] NA [illegible]	001	TT	5000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. WASTEWATER TREATMENT SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information
[illegible] CODE: [illegible]
[illegible] ORDER #: [illegible]

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

Printed/Typed Name	Signature	Date Month Day Year
[illegible]	[illegible]	[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
[illegible]	[illegible]	[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

0908-4686

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

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087917 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03280

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-7888

3134
38

print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Camb., Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087815

B. State Gen. ID: SAme

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAH8246

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 6831002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	019	DM	01045	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	005	DM	00275	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN1755	012	DM	00660	GAL	D002
d. SOLID - Corrosive Material WASTE CHROMIC ACID AND ABSORBENT NA 1463	002	DM	00110	GAL	D002

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d. Absorbent mixed with Chrome

K. Handling Codes for Wastes Listed Above
a. S01 c. S01
b. S01 d. S01

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
GEORGE H. CLEARY	George H. Cleary	04 23 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
DONALD BOLEMAN	Donald Boleman	04 23 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

0908-4687

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

Printed/Typed Name	Signature	Date (Month Day Year)
CARL MILLER	Carl Miller	4 23 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087815 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03281

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-7800

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 | Manifest Document No.

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St.,Camb.,Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087815

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St.,Lawrence,Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	019	DM	01045	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	005	DM	00275	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN1756	012	DM	00660	GAL	D002
d. WASTE CHROMIC ACID AND ABSORBENT NA 1463	002	DM	00110	GAL	D002

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Mixed Oil and Water
b. Mixed with Oil
c. Plating Solution
d. Absorbent mixed with Chrome

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials

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

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

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

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087815 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4688

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03282

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: MAD 019294867 00077

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TEW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NY A 147731 4

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CECOS INTERNATIONAL
56TH & PINE
NIAGARA FALLS, N.Y. 14302

10. US EPA ID Number: NYD080336241

G. State Facility's ID

H. Facility's Phone (716) 731-3281

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCE CODE: 10834-AAB
WORK ORDER: 154011

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

Printed/Typed Name	Signature	Month	Day	Year
DENNIS F. BORSUK	Dennis F. Borsuk	04	22	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Month	Day	Year
TED PATSKIN	Ted Patskin	04	22	85

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space
8.90 TONS

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by the Item 19.

0908-4689

Printed/Typed Name	Signature	Month	Day	Year
DAVID J. TRANSEWSKI	David J. Transewski	04	22	85

NY A 147731 4

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03283

48-14-1 (3/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. MAD 019294867 — Manifest Document No. 00077
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No. NY A 147731 4

B. State generator's ID
BANK

5. Transporter 1 (Company Name)
TONAWANDA TANK TRANSPORT

6. US EPA ID Number
NYD097644891

C. State Transporter's ID

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CECOS INTERNATIONAL
56TH & PINE
NIAGARA FALLS, N.Y. 14302

10. US EPA ID Number
NYD003362411

G. State Facility's ID

H. Facility's Phone (716) 731-3281

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
METAL HYDROXIDE SLUDGE
a
b
c
d

K. Handling Codes for Wastes Listed Above
a: L
b:
c:
d:

15. Special Handling Instructions and Additional Information
PRODUCE CODE: 10834-AAB
WORK ORDER: 154011

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

Printed/Typed Name — Signature — DATE Month Day Year: 04 28 85

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — DATE Month Day Year

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name — Signature — 0908-4690 — DATE Day Year

NY A 147731 4

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03284

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 04 / 22 / 85

PICK UP (SHIPPER)			DELIVERY (CONSIGNEE)		
NAME: TRW, Inc.q			NAME: Poll. Ctrl. / Cecos International		
STREET:			STREET: 56th St. & Nia. Falls Blvd.		
CITY: Cambridge	STATE: Mass.	ZIP CODE:	CITY: Niagara Falls	STATE: NY	ZIP CODE:
CONTACT NAME:			CONTACT NAME:		
SCHEDULED TIME: 4/22/85 8:00 am			SCHEDULED TIME: 4/23/85		
ADDITIONAL INFORMATION:			ADDITIONAL INFORMATION:		

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
	154011	NYA 147731 4	10834-AAB
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
112-004			

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	HAZARDOUS WASTE SOLID N.O.S. ORM-E NA9187	30 YDS

PICK UP

ARRIVAL TIME 8:30 AM PM RELEASE TIME 7:10 AM PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____
SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____
CONSIGNEE'S SIGNATURE

0908-4691

TRW-03285

F 7559

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12 pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00006

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087916

B. State Gen. ID: SAME CT-87055

C. State Trans. ID:

D. Transporter's Phone:

E. State Trans. ID:

F. Transporter's Phone: 203 583-8917

G. State Facility's ID: Not Required

H. Facility's Phone: 203 583-8917

5. Transporter 1 Company Name: CECOS TREATMENT CORP.
6. US EPA ID Number: CTD000604488

7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010
10. US EPA ID Number: CTD000604488

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189	001	TT	1500	G	D006
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Handling Codes for Wastes Listed Above)
a. PLATING WASTES
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T 214
b.
c.
d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 1611-4
WORK ORDER # 140-817

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	041785

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
BRIAN EGAN	Brian Egan	041785

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

0908-4692

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

Printed/Typed Name	Signature	Date (Month Day Year)
Denise A. Borys	Denise O. Borys	041785

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087916 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03286

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. | Manifest Document No.

2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087916

B. State Gen. ID

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name | 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address | 10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( )

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. | c.

b. | d.

K. Handling Codes for Wastes Listed Above

a. | c.

b. | d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

0908-4693

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

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087916 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03287

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-0215

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St.,Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5800

A. State Manifest Document Number: MA B087814

B. State Gen. ID: SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID: MA A77047

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 561-0100

E. State Trans. ID:

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
385 QUINCY AVE.,BRAINTREE,MA. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CYANIDE SOLID NA 9189	001	DM	00055	GALS	F007
b. WASTE NICKEL PLATING SOLUTION UN 1760	017	DM	00935	GALS	D002
c. WASTE ACID SLUDGE UN 2218	002	DM	00[illegible]10	GALS	F006
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. c.
b. d. S01 →

K. Handling Codes for Wastes Listed Above
a. S01 c. S01
b. ~~S02~~ S01 d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: GEORGE H. CLEARY — Signature: George H. Cleary — Date: Month 04 Day 17 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD HAMMEL — Signature: Donald Hammel — Date: Month 04 Day 17 Year 85

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

19. Discrepancy Indication Space

0908-4694

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manif[illegible] item 19.

Printed/Typed Name: JEFFREY WISEMAN — Signature: Jeffrey Wiseman — Date: Month 04 Day 17 Year 85

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087814 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03288

TRW-03289

0908-4695

[illegible] HAZARDOUS WASTE MANIFEST

IMPORTANT: [illegible]

[illegible] Generator [illegible] Transporter and Treatment, Storage and Disposal Facility (TSDF) to use this form and, [illegible] hazardous wastes.

The MA information [illegible] to the State will be returned to the generator [illegible] MA information may also be used if you press down HARD. Each of the copies must be [illegible] copy is the [illegible] as follows:

COPY 1: DESTINATION STATE – [illegible] completion by the TSDF. When the [illegible] where the facility is located.

COPY 2: GENERATOR STATE – [illegible] TSDF [illegible] of the manifest, he mails this copy to the State [illegible] the waste was [illegible].

COPY 3: GENERATOR'S COMPLETED COPY – [illegible] TSDF has completed this section of the manifest, he mails this copy back to the Generator [illegible] the manifest.

COPY 4: TSDF COPY – [illegible] the TSDF [illegible] this copy for his records.

COPY 5: TRANSPORTER'S – When [illegible] transported the waste to the TSDF, he keeps this copy for his [illegible]

NOTE: [illegible] legible photo copy of the [illegible]

COPY 6: [illegible] of the manifest and transferred [illegible] TSDF is located.

COPY 7: [illegible] the manifest and transferred [illegible] State.

COPY 8: [illegible] this copy to the transporter. He keeps this copy for his [illegible]

RECEIVED APR 17 1985

SCA MA WORK ORDER 4157

Item 1: GENERATOR'S US EPA ID NO. – [illegible] EPA [illegible] 12 digit generator identification number. Then [illegible] 00002 [illegible] recommended.

Item 2: GENERATOR'S NAME – [illegible] from the number of Continuation Sheets. Any [illegible] consistent Massachusetts manifest [illegible]

Item 3: GENERATOR'S MAILING ADDRESS – [illegible] the Generator Sheets. Enter this number in this [illegible]

Item 4: GENERATOR'S US EPA ID NO. – [illegible] EPA [illegible] of the Generator. This [illegible]

Item 5: PHONE – [illegible] of the Generator [illegible]

Item 6: TRANSPORTER'S US EPA ID NO. – [illegible] transport the [illegible]

Item 7: TRANSPORTER'S NAME – [illegible] transport [illegible]

Item 8: TRANSPORTER'S MAILING ADDRESS – [illegible] the [illegible]

Item 9: TRANSPORTER'S PHONE – [illegible] the area code where an authorized agent at the [illegible]

Item 10: TRANSPORTER'S US EPA ID NO. – [illegible] EPA ID of the TSDF designated to receive [illegible] TSDF listed in Item 9.

Item 6: STATE FACILITY ID – [illegible] Massachusetts.

Item 11: FACILITY PHONE – Enter a telephone number in the area code for the TSDF designated [illegible]

Item 11: US DOT DESCRIPTION – All of the following must be entered: The correct US DOT [illegible] waste as identified in 49 CFR Parts 171-177 (usually found in column 2 of section 172.101), the [illegible] Class (column 3) and the 4 digit UN/NA ID number (column 3A). (e.g.: Waste Sulfuric Acid, spent, corrosive material, [illegible] RQ). US DOT the word "waste" before or after the shipping name for all hazardous waste.

Item 12: CONTAINERS (NO. & TYPE) – Enter the number of containers for each waste and the appropriate abbreviation from below for the type of container used:

TABLE I – CONTAINER TYPE

DM – Metal drums, barrels, kegs	DW – Wooden drums, barrels, kegs	DF – Fiber or plastic drums, barrels, kegs
TP – Tanks, portable	TT – Cargo tanks (tank trucks)	TC – Tank cars
DT – Dump truck	CY – Cylinders	CM – Metal boxes, cartons, cases (including roll offs)
CW – Wooden boxes, cartons, cases	CF – Fiber or plastic boxes, cartons, cases	BA – Bags, paper, plastic

Item 13: TOTAL QUANTITY – Enter the total quantity of waste described on each line.

Item 14: UNIT (Wt./Vol.) – Enter the appropriate abbreviation from Table II (below) for the unit of measure used in describing the quantity of waste described on each line. Do not use fractions.

TABLE II – UNITS OF MEASURE

G – Gallons (liquids only)	L – Liters (liquids only)	P – Pounds
T – Tons (2000 lbs.)	Y – Cubic Yards	K – Kilograms
M – Metric Tons (1000 kg)	N – Cubic Meters	

*Item 15: WASTE NO. – Enter the 4 digit EPA hazardous waste number as found in 40 CFR Part 261, Subparts C and D. If a non-RCRA State regulated waste stream is being manifested, enter the State waste code here. If both the Destination and Generator States have assigned codes, use the Destination State code. If there is no EPA hazard code, enter "None".

*Item 16: ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE – Enter descriptive data as follows for any waste which does not have a US DOT shipping name or has an NO S designation. Enter individual percentages, chemical names, physical states (S – Solid, L – Liquid, G – Gas, S – Sludge) and EPA Hazard Codes (applicable: C – Corrosive, O – Reactive, R – EP Toxicity, F – Acute Hazardous, H), Toxic (T). Enter the specific quantity of other than 1.0. Any additional hazardous waste description may also be entered here.

Item 15: SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION – Use this space to indicate special transportation, treatment, storage, or disposal or Bill of Lading information. If an alternate facility (TSDF) is designated, note it here. For international shipments, Generators must enter the point of departure (City and State) from the US through which the waste must travel before entering a foreign country. This space may also be used for emergency response telephone numbers and other information the Generator wishes to include about the shipment, including packaging.

*Item 18: HANDLING CODES – TSDF Completes this section – See "Designated Facility Section" (Below).

Item 19: GENERATOR'S CERTIFICATION – The Generator [illegible] and date the shipment for shipment and date of transfer to transporter. If more than one mode of transport was used, the word "multimodal" should be lined out and the appropriate mode that water or air inserted in the space note. If another mode in addition to multimodal was also used, enter the appropriate mode (air, rail) in the space below.

TRANSPORTER SECTION

Item 20: TRANSPORTER 1 ACKNOWLEDGEMENT – [illegible] the name of the person [illegible] Transporter. That person must acknowledge [illegible] on the manifest [illegible] the date of the [illegible]

Item 21: TRANSPORTER 2 ACKNOWLEDGEMENT – [illegible] for Transporter 2.

DESIGNATED FACILITY (TSDF SECTION)

Item 22: HANDLING CODES FOR TSDF SELECTED FOR ITEM 18 – [illegible] Code(s) below [illegible]

TABLE III – HANDLING CODES

[illegible]

Item 23: DISCREPANCY INDICATIONS – [illegible] the quantity significant discrepancy (i.e. two or more [illegible] Generator [illegible] Discrepancy reporting requirements must be [illegible]

Item 24: FACILITY OWNER OR OPERATOR – [illegible] or operator of the designated TSDF. That person [illegible] and date of receipt. This [illegible] TSDF [illegible] and acceptance of the shipment [illegible]

NOTE: [illegible] STATE [illegible] PLAN [illegible] GROUND [illegible] SYSTEMS [illegible]

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-0915

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St.,Cambridge, Ma. 02142
4. Generator's Phone (617) 494-5800

A. State Manifest Document Number: MA B087814
B. State Gen. ID:

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED
6. US EPA ID Number: MAD000790683

C. State Trans. ID:

7. Transporter 2 Company Name:
8. US EPA ID Number:

D. Transporter's Phone (617) 561-0100
E. State Trans. ID:

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
385 QUINCY AVE.,BRAINTREE,MA. 02184
10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 849-1800

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CYANIDE SOLID NA 9189	001	DM	00055	GALS	F007
b. WASTE NICKEL PLATING SOLUTION UN 1760	017	DM	00935	GALS	D002
c. WASTE ACID SLUDGE UN 2218	002	DM	00010	GALS	F006
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month	Day	Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

19. Discrepancy Indication Space

TRW-03290

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

Printed/Typed Name	Signature	Date Month	Day	Year

0908-4696

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR — TRANSPORTER — FACILITY

In case of an emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087814 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

48-14-1 (5/84) RECEIVED

APR - 8 1985

CAMBRIDGE OPERATIONS

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00076

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NY A 147730 5

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: WYD097644801

C. State Transporter's ID: P87592

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CECOS INTERNATIONAL
56TH & PINE
NIAGRA FALLS, NY 14302

10. US EPA ID Number: WYD080336241

G. State Facility's ID

H. Facility's Phone (716) 731-3281

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a METAL HYDROXIDE SLUDGE
b
c
d

K. Handling Codes for Wastes Listed Above
a
b
c
d

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 10834-AAB
WORK ORDER: 152768

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

Printed/Typed Name	Signature	DATE Month	Day	Year
DENNIS F BORSUK	Dennis F. Borsuk	04	03	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
ROGER RIESTER	Roger Riester	04	03	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space
Handling Code Ka = L 9.53 19,060 pounds

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

0908-4697

Printed/Typed Name	Signature	Month	Day	Year
DAVID P JAROSZEWSKI	David P Jaroszewski	04	04	85

NY A 147730 5

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03291

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00076
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY ST., CAMBRIDGE, MA. 02142
4. Generator's Phone (617) 494-2500

A. State Manifest Document No.: NY A 147730 5

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT
6. US EPA ID Number: WYD057644801

C. State Transporter's ID: [illegible]

D. Transporter's Phone (716) 873-3703

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CECOS INTERNATIONAL, SGTA 1 PINE, NIAGARA FALLS, NY 14302
10. US EPA ID Number: WYD080336241

G. State Facility's ID:

H. Facility's Phone (716) 731-3281

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM E, NA 9189	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a. METAL HYDROXIDE SLUDGE
b.
c.
d.

K. Handling Codes for Wastes Listed Above

a. ☐ c. ☐
b. ☐ d. ☐

15. Special Handling Instructions and Additional Information

PRODUCT CODE: 10834-AAB
WORK ORDER: 122768

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

Printed/Typed Name	Signature	DATE Month	Day	Year
DENNIS F. [illegible]	[illegible]	04	03	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
[illegible]		04	03	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year

0908-4698

NY A 147730 5

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03292

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 4 / 3 / 85

PICK UP (SHIPPER)	DELIVERY (CONSIGNEE)
NAME: TRW Fasteners	NAME: PolCon/Cecos Int'l.
STREET:	STREET: 56th St. & Niag. Falls Blvd.
CITY: Cambridge, Mass STATE: ZIP CODE:	CITY: Niagara Falls, NY STATE: ZIP CODE:
CONTACT NAME:	CONTACT NAME:
SCHEDULED TIME: 4/3/85 8 am	SCHEDULED TIME: 4/[illegible] [illegible] PM
ADDITIONAL INFORMATION: Switch Roll/off	ADDITIONAL INFORMATION:

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
	152768	[illegible]	10834-AAB
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
093-009		201 C-104	B.H. [illegible]

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	[illegible]	

PICK UP

ARRIVAL TIME _____ AM PM RELEASE TIME [illegible] AM PM

TRAILER EMPTY UPON ARRIVAL ☐ YES ☐ NO
(If not, explain below)

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) [illegible]

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____
SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE ☐ YES ☐ NO
(If not, explain below)

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____
CONSIGNEE'S SIGNATURE

0908-4699

TRW-03293

Landburial Ban
WASTE CERTIFICATION FORM

(To be attached to the Manifest Form for first time shipments, annually, when the waste stream composition changes, or when otherwise required by NYSDEC)

Part A (General)

1. Describe the process producing the waste (including the representative SIC code).

   WASTEWATER TREATMENT UNIT

2. Is this material a "one time" shipment or a continuing waste stream? CONTINUING

3. Is this material from an inactive hazardous waste site or spill cleanup? NO

4. a. Does this waste contain organic chemicals? NO

   b. If so, does this waste contain:

      1. aromatics? _____
      2. halogenated organics? _____
      3. nitrogenated organics? _____
      4. low molecular weight organics? _____

5. Does this stream contain any materials listed in 6NYCRR 366.4(d)(5) and 366.4(d)(6) (P-list or U-list)? If so, list them: NO

If any of the answers to question 4 or 5 were yes or unknown, complete Part B of this certification for those classes of materials which are known or suspected to be in the waste. If you answered no to all of these questions; please sign the following certification:

BASED ON MY KNOWLEDGE OF THE PROCESS AND CHEMICALS USED IN GENERATING THE WASTE, I CERTIFY THAT THESE WASTES QUALIFY FOR LANDBURIAL UNDER THE NEW YORK STATE LANDBURIAL BAN AS DESCRIBED ON THIS FORM. I FURTHER CERTIFY THAT I WILL RESUBMIT THIS FORM IF THE WASTE STREAM COMPOSITION CHANGES IN A WAY WHICH MIGHT INCREASE THE CONCENTRATIONS OF ORGANIC CHEMICALS IN THE WASTE STREAM.

IT IS A CRIME, PUNISHABLE AS A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON, IN AND BY A WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

Name: [illegible]

Title: ENVIRONMENTAL MGR.

Firm: TRW FASTENERS DIVISION

Address: 195 BINNEY ST.
CAMBRIDGE MA 02142

Signature: [illegible]

Date: 4/3/85

0908-4700

TRW-03294

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-7728

2858 37

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087813

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MHAH 8246

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 683-1002

E. State Trans. ID:

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	025	DM	01375	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	008	DM	00440	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, corrosive liquid UN 1755	004	DM	00220	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. Mixed Oil and water

b. Mixed with oil

c. Plating Solution

d.

K. Handling Codes for Wastes Listed Above

a. S01 c. S01

b. S01 d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: GEORGE H. CLEARY — Signature: George H. Cleary — Date: Month 03 Day 28 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 03 Day 28 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

0908-4701

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

Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 03 Day 28 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087813 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03295

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-7718

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087813
B. State Gen. ID:

5. Transporter 1 Company Name: NORTHEAST SOLVENT
6. US EPA ID Number: MAD000604447
C. State Trans. ID:

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 683-1002
E. State Trans. ID:

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	025	DM	01375	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	005	DM	00440	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, corrosive liquid UN 1755	004	DM	00220	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Mixed Oil and water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

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

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

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087813 COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RE 0908-4702 GENERATOR

TRW-03296

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: MAD019294367 00075

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT
6. US EPA ID Number: NYD097644801

7. Transporter 2 (Company Name)
8. US EPA ID Number

9. Designated Facility Name and Site Address
CECOS INTERNATIONAL
56TH & PINE
NIAGRA FALLS, NY 14302
10. US EPA ID Number: NYD080336241

A. State Manifest Document No.: NY A 147729 6

B. State generator's ID: SAME

C. State Transporter's ID: U51757NY

D. Transporter's Phone (716) 873-3703

E. State Transporter's ID

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone ( )

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189 ORME, METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a
b
c
d

K. Handling Codes for Wastes Listed Above
a
b
c
d

15. Special Handling Instructions and Additional Information
CODE # 10834-AAB
W.O. # 152641 3/20/85 11AM

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

Printed/Typed Name: DENNIS F BORSUK
Signature: Dennis F Borsuk
Date: Month 03 Day 20 Year 85

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: TED PATSKIN
Signature: Ted Patskin
Date: Month 03 Day 20 Year 85

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

FACILITY

19. Discrepancy Indication Space
25,880 # 12.94

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

Printed/Typed Name: DAVID P JARESZEWSKI
Signature: David P Jareszewski
Date: Month 03 Day 26 Year 85

NY A 147729 6

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03297

0908-4703

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: TRW [illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document No.: NY A 147729 6

B. State generator's ID: [illegible]

5. Transporter 1 (Company Name): [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: U517574Y

D. Transporter's Phone ( ) [illegible]

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CECOS INTERNATIONAL [illegible]

10. US EPA ID Number: [illegible]

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]	[illegible]	[illegible]	[illegible]	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c

b | d

K. Handling Codes for Wastes Listed Above

a | c

b | d

15. Special Handling Instructions and Additional Information

PROD. CODE: 10834-AAB

WORK ORDER:

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

Printed/Typed Name: [illegible] | Signature: [illegible] | DATE Month Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: TED HATSKAN | Signature: [illegible] | DATE Month Day Year: [illegible]

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name | Signature | DATE Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | DATE Month Day Year

0908-4704

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7994.

NY A 147729 6

EPA Form 8700-22 (3-84) **Copy 8—Generator—retained by generator**

TRW-03298

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 3 / 20 / 85

PICK UP (SHIPPER)	DELIVERY (CONSIGNEE)
NAME: TRW - Fasteners	NAME: EXPOL.CON//Cecos
STREET:	STREET: 56th St. & Niag. Falls Blvd.
CITY: Cambridge, Mass STATE: ZIP CODE:	CITY: Niag Falls, NY STATE: ZIP CODE:
CONTACT NAME:	CONTACT NAME:
SCHEDULED TIME: 3/20/85 8 am	SCHEDULED TIME:
ADDITIONAL INFORMATION: Switch roll/off	ADDITIONAL INFORMATION:

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
		NYA 1477996	
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
079-002	74	202 / B-143	Patrick

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	HAZARDOUS WASTE SOLID N.O.S. 9189, OKME, METAL HYDROXIDE SLUDGE	40 YDS

PICK UP

ARRIVAL TIME 8:00 AM PM RELEASE TIME 9:45 AM PM

TRAILER EMPTY UPON ARRIVAL ☒ YES ☐ NO
(If not, explain below)

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [signature] 3/20/85

SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE ☐ YES ☐ NO
(If not, explain below)

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X

CONSIGNEE'S SIGNATURE

0908-4705

TRW-03299

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 005

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
19 Binney Street
4 Cambridge, MA 02142 (617) 494-5500

A. State Manifest Document Number: MA B087914
B. State Gen. ID: SAME

5. Transporter 1 Company Name: CECOS Treatment Corp.
6. US EPA ID Number: CTT000604488
C. State Trans. ID: CT 87055
D. Transporter's Phone: (203) 583-8917

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Trans. ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
Cecos Treatment Corporation
51 Broderick Road
Bristol, CT 06010
10. US EPA ID Number: CTT000604488
G. State Facility's ID: Not Required
H. Facility's Phone: (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Non-Hazardous Pumice, Hazard Class and I.D. # Not Applicable	001	TT	02000	G	N/A
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
Product Code: 71-4
a. Work Order #: 140676
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T23
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: DENNIS F. BORSUK
Signature: Dennis F. Borsuk
Date: Month 03 Day 08 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Roberts
Signature: Gary Roberts
Date: Month 03 Day 08 Year 85

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

19. Discrepancy Indication Space
0908-4706

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Denise A. Borys
Signature: Denise A. Borys
Date: Month 03 Day 08 Year 85

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087914 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03300

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.: 00005

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 Binney Street
Cambridge, MA 02142 (617) 494-5500

4. Generator's Phone

A. State Manifest Document Number: MA B087914

B. State Gen. ID: SAME

5. Transporter 1 Company Name: CECOS Treatment Corp.

6. US EPA ID Number: CTT000604488

C. State Trans. ID: CT 87055

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (203) 583-8917

E. State Trans. ID

9. Designated Facility Name and Site Address
Cecos Treatment Corporation
51 Broderick Road
Bristol, CT 06010

10. US EPA ID Number: CTT000604488

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Non-Hazardous Pumice, Hazard Class and I.D. # Not Applicable	001	TT	02000	G	N/A
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Product Code: 71-4
Work Order #: 140676
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 03 Day 08 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Roberts — Signature: Gary Roberts — Date: Month 03 Day 08 Year 85

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

19. Discrepancy Indication Space

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

0908-4707

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087914 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03301

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-7390

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087812

B. State Gen. ID: Same

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID: AD77047

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 561-0100

E. State Trans. ID:

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
385 Quincy Ave., Braintree, Ma. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CYANIDE SOLUTION NOS UN 1935	009	DM	00495	GALS	F007
b. WASTE CYANIDE SOLID NA 9189	004	DM	00220	GALS	F007
c. WASTE NICKEL PLATING SOLUTION UN 1760	008	DM	00440	GALS	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard codes)
a. Sodium Cyanide - Caustic
b. Cyanide Plating Filters
c. Plating Solution-Water
d.

K. Handling Codes for Wastes Listed Above
a. 501
b. 501
c. 502
d.

15. Special Handling Instructions and Additional Information

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

OPER MUBR COPY

+0303

Printed/Typed Name	Signature	Date Month Day Year
George H. Cleary	George H. Cleary	03 07 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
ROBERT MURPHY	Robert Murphy	03 07 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

0908-4708

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

Printed/Typed Name	Signature	Date Month Day Year
Theodore Heyden	[signature]	03 07 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087812 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03302

TRW-03303

0908-4709

RECEIVED
MAR 7 1985

SCA-MA
WORK
ORDER
40797

Item 9: STATE RECEIPT NO. — Enter any state receipt number assigned by the state.

Item 10: FACILITY PHONE — Enter the area code and telephone number of the TSDF designated in Item 8.

Item 11: U.S. DOT DESCRIPTION — Enter the U.S. DOT Hazardous Materials Table description for the waste identified in 49 CFR Parts 171-177 through 179 for all shipments. If the waste is not listed in 49 CFR Part 172 Subpart B, enter the 4 digit UN/NA identification number. Use "Waste" or "Non-Regulated Waste" for non-DOT regulated waste.

Item 12: CONTAINERS: NO. & TYPE — Enter the number of containers and the appropriate container type from the table below for the type of container used.

DM: Metal drums, barrels, kegs	DW: Wooden drums, barrels, kegs	DF: [illegible]
TB: Tanks (portable)	CT: Cargo tank (truck or rail)	[illegible]
DT: Dump truck	CY: Cylinders	TC: [illegible]
CW: Wooden boxes, cartons, cases	CB: Fiberboard or plastic boxes, cartons, cases	CM: Metal boxes, cartons, cases (including [illegible])
		BA: Bulk [illegible]

Item 13: TOTAL QUANTITY — Enter the total quantity for waste described on each line.

Item 14: UNIT OF MEASURE — Enter the appropriate abbreviation from the table below for the units of measure used in the U.S. Department of Transportation Hazardous Materials Table.

TABLE B: UNITS OF MEASURE

G: Gallons (liquids only)	L: Liters (liquids only)	P: Pounds
T: Tons (2,000 lbs.)	Y: Cubic yards	K: Kilograms
M: Metric Tons (1,000 kg)	N: Cubic meters	

Item 15: WASTE NO. — Enter the 4 digit EPA hazardous waste number, which appears in 40 CFR Part 261 Subparts C and D. If a non-RCRA State regulated waste is shipped, enter the State waste code. If both the Federal and Generator States have assigned a waste code, the Federal waste code should be entered. For Federal waste codes, enter "F".

Item 16: ADDITIONAL DESCRIPTION FOR MATERIALS LISTED ABOVE — Enter descriptive information for any waste which does not have a DOT Hazardous Materials Table designation. Enter Solid or Liquid, chemical names, or abbreviations (S: Solid, L: Liquid, G: Gas, S: Sludge) and Hazard Class (specify). Examples: D: Flammable, EP Toxic, Corrosive, Hazardous (H), Toxic (T). Enter the EPA waste number if other than EPA waste. Note: Waste description may also be entered here.

Item 17: SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION — Use this space to enter special transportation, treatment, storage or operating instructions, or other information. For a TSDF designated in Item 8, enter the EPA Identification Number of the next TSDF to receive the waste if known. For international shipments, enter the port of entry or exit from the U.S. through which the waste will be transported or a foreign country. The generator may also enter any other information on the Generator wishes to include about the waste, such as emergency response phone numbers and other information on the Generator wishes to include about the waste, such as emergency response phone numbers and other information on the Generator wishes to include about the waste.

Item 18: HANDLING CODES — Enter the appropriate Handling Codes from the table below.

Item 19: GENERATOR CERTIFICATION — The Generator's signature, printed name and date are required. By signature, the Generator certifies that the waste described on this manifest is properly classified and packaged according to DOT regulations and that the quantity shipped is consistent with the generator's waste minimization plan. [illegible]

[illegible]

Item 20: TRANSPORTER 1 ACKNOWLEDGMENT — [illegible]

Item 21: TRANSPORTER 2 ACKNOWLEDGMENT — [illegible]

[illegible]

Item 22: DISCREPANCY — [illegible]

Item 23: FACILITY CERTIFICATION — [illegible]

[illegible]

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142
4. Generator's Phone ( )

A. State Manifest Document Number: MA B087812
B. State Gen. ID:

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED
6. US EPA ID Number: MAD000790683
C. State Trans. ID:
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone (617) 561-0100
E. State Trans. ID:

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
385 Quincy Ave., Braintree, Ma. 02184
10. US EPA ID Number: MAD053452637
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 849-1800

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CYANIDE SOLUTION NOS UN 1935	009	DM	00495	GALS	F007
b. WASTE CYANIDE SOLID NA 9189	004	DM	00220	GALS	F007
c. WASTE NICKEL PLATING SOLUTION UN 1760	008	DM	00440	GALS	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. Sodium Cyanide - Caustic
b. Cyanide Plating Filters
c. Plating Solution-Water
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month Day Year
George H. Cleary		03 07 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087812 COPY>B: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4710

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03304

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. MAD019294867 — Manifest Document No. 00074
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No. NY A 147728 7

B. State generator's ID SAME

5. Transporter 1 (Company Name) TONAWANDA TANK TRANSPORT
6. US EPA ID Number WYD097644801

C. State Transporter's ID M55-128

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number WYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORME, NA 9189 METAL HYDROXILE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a | c
b | d

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 3410A
WORK ORDER #: 95432

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

Printed/Typed Name	Signature	DATE Month	Day	Year
DENNIS F. BORSUK	Dennis F Borsuk	03	05	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
TED PATSKIN	Ted Patskin	03	03	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space
[illegible] - 27221 lb.

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

Printed/Typed Name	Signature	DATE Month	Day	Year
[illegible]	[illegible]	03	06	85

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147728 7

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03305

0908-4711

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

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

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document No. NY A 147728 7

B. State generator's ID

5. Transporter 1 (Company Name) 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone ( )

7. Transporter 2 (Company Name) 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a c

b d

K. Handling Codes for Wastes Listed Above

a c

b d

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name Signature DATE Month Day Year

GENERATOR

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name TED HATKIN Signature DATE Month Day Year

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name Signature DATE Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

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

Printed/Typed Name Signature DATE Month Day Year

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147728 7

0908-4712

EPA Form 8700-22 (3-84) Copy 8—Generator—retain generator

TRW-03306

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 3 / 5 / 85

PICK UP			DELIVERY		
SHIPPER	NAME: TRW Fasteners		CONSIGNEE	NAME: PolCon/CWM	
	STREET:			STREET: 1550 Balmer Rd.	
	CITY: Cambridge	STATE: Mass		CITY: Model City, NY	STATE: / ZIP CODE:
	CONTACT NAME:			CONTACT NAME:	
	SCHEDULED TIME: 3/5/85 8 AM			SCHEDULED TIME:	
	ADDITIONAL INFORMATION: Switch roll/off			ADDITIONAL INFORMATION:	

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
		NYA 1477287	3410-A
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
064-003	74	200-344	PATSKIN

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	HAZARDOUS WASTE SOLID N.O.S. ORME, NA 9189 METAL HYDROXIDE SLUDGE.	APPROX 20 YDS

PICK UP	DELIVERY
ARRIVAL TIME 12:15 AM/PM RELEASE TIME 2:15 AM/PM	DRIVER _____ DATE _____
TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO	ARRIVAL TIME _____ AM/PM RELEASE TIME _____ AM/PM
DIP MEASUREMENT (Tankers Only) _____ INCHES	TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO
COMMENTS: (EXPLAIN ALL DELAYS)	COMMENTS: (EXPLAIN ALL DELAYS)
I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.	I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.
X [signature] SHIPPER'S SIGNATURE	X CONSIGNEE'S SIGNATURE

0908-4713

TRW-03307

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

P.O. F-7162 2498 33

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge Ma 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087811

B. State Gen. ID: Same

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAHH 82416

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Cnal St., Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	19 (~~13~~)	DM	1045 (~~715~~)	G (~~GAL~~)	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	12 (~~9~~)	DM	660 (~~495~~)	G (~~GAL~~)	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	2	DM	110	G (~~GAL~~)	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)

a. Mixed oil and water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above: a. 74 b. c. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: GEORGE H. CLEARY — Signature: George H. Cleary — Date: Month 03 Day 04 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DONALD BOZEMIAN — Signature: Donald Bozeman — Date: Month 03 Day 04 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

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

Printed/Typed Name: CARL MUNIE — Signature: Carl Munie — Date: Month 3 Day 4 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR — TRANSPORTER — FACILITY

MA B087811 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03308

0908-4714

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F. 716.2

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge Ma 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087811

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Coal St., Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

GENERATOR

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	13	DM	715	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A UN 1710	9	DM	495	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	2	DM	110	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*

a. Mixed oil and water — c. Plating Solution

b. Mixed with oil — d.

K. Handling Codes for Wastes Listed Above

a. — c.

b. — d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name — Signature — Date (Month Day Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name — Signature — Date (Month Day Year)

0908-4715

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087811 COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03309

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00073
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NY A 147727 8

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: U15757 NY

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189 ORM-E METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F 006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

Product Code: 3410A
Work Order #: 95060

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

Printed/Typed Name	Signature	DATE Month	Day	Year
DENNIS F. BORSUK	Dennis F. Borsuk	02	20	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
TED PATSKIN	Ted Patskin	02	20	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space: Actual Quantity Rec'd. — 25,680 lbs

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Shirley Brown	Shirley Brown	02	22	85

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147727 8

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

0908-4716

TRW-03310

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00073
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NY A 147727 8

B. State generator's ID: [illegible]

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: [illegible]

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189 ORM-E METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F 006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a | c
b | d

15. Special Handling Instructions and Additional Information

Product Code: 3410A
Work Order #: [illegible]

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

Printed/Typed Name: [illegible] — Signature: [illegible] — DATE Month Day Year: 02 20 85

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: TED PATSKIN — Signature: [illegible] — DATE Month Day Year: 02 20 85

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

19. Discrepancy Indication Space

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

0908-4717

NY A 147727 8

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03311

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 2 /20 /85

PICK UP		DELIVERY	
SHIPPER NAME	TRW Fasteners	CONSIGNEE NAME	CWM
STREET		STREET	1550 Balmer Road
CITY / STATE / ZIP CODE	Cambridge, Mass	CITY / STATE / ZIP CODE	Niagara Falls, NY
CONTACT NAME		CONTACT NAME	
SCHEDULED TIME	2/20/85 8 AM	SCHEDULED TIME	
ADDITIONAL INFORMATION	Switch roll/off	ADDITIONAL INFORMATION	

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
		NYA 147727 8	3410-A
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
051-002	74		

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN (ROLL-OFF) FLATBED	HAZARDOUS WASTE SOLID N.O.S. NA 9189, DRUM-E, METAL HYDROXIDE SLUDGE	APPROX. 20 YDS.

PICK UP

ARRIVAL TIME 10:00 (AM) PM RELEASE TIME 12:00 AM (PM)

TRAILER EMPTY UPON ARRIVAL ☐ YES ☐ NO
(If not, explain below)

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) NO DELAYS

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [signature]
SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE ☐ YES ☐ NO
(If not, explain below)

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X
CONSIGNEE'S SIGNATURE

0908-4718

TRW-03312

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00005

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
4. CAMBRIDGE, MA (617) 494-5500

A. State Manifest Document Number: MA B087913
B. State Gen. ID: SAME

5. Transporter 1 Company Name: Pollution Control Unlimited
6. US EPA ID Number: MAD007906833
C. State Trans. ID: MAT479150
D. Transporter's Phone: (617) 561-0100

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010
10. US EPA ID Number: CTD000604488
F. Transporter's Phone
G. State Facility's ID: Not Required
H. Facility's Phone: (203) 583-8917

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189, WASTEWATER TREATMENT SLUDGE	001	TT	5000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Product Code: 611-2
WORK ORDER #: 140599
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name | Signature | Date: Month 02 Day 15 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JACK Fisher | Signature: Jack Fisher | Date: Month 2 Day 15 Year 85

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

FACILITY

19. Discrepancy Indication Space

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

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4719

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03313

MA B087913 COPY>B: GENERATOR-RETAINED BY GENERATOR

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00005

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
4. CAMBRIDGE, MA (617) 494-5500

A. State Manifest Document Number MA B087913

B. State Gen. ID SAME

5. Transporter 1 Company Name: Pollution Control Unlimited
6. US EPA ID Number: MAD007906833

C. State Trans. ID: MATL79156

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010
10. US EPA ID Number: CTD000604488

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (203) 583-8917

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189, WASTEWATER TREATMENT SLUDGE	001	TT	5000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. Product Code: 611-2
WORK ORDER #: 140599
c.
b.
d.

K. Handling Codes for Wastes Listed Above
a. S102
c.
b.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date Month Day Year
DAVID D CHAISSON JR.	David D Chaisson Jr.	02 15 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
JACK Fisher	Jack Fisher	21585

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

0908-4720

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

Printed/Typed Name	Signature	Date Month Day Year
Denise A. Boys	Denise A. Boys	02 15 85

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR

TRANSPORTER

FACILITY

MA B087913 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03314

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00005

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
4. CAMBRIDGE, MA 02142 (617) 494-5500

A. State Manifest Document Number: MA B087912
B. State Gen. ID: SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED
6. US EPA ID Number: MAD000790683
C. State Trans. ID: MA. TR42752
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone: (617) 561-0100
E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010
10. US EPA ID Number: CTT000604488
F. Transporter's Phone
G. State Facility's ID: Not Required
H. Facility's Phone: (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.B., ORM-E, NA 9189, (WASTEWATER TREATMENT SLUDGE)	001	TT	05000	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard codes)
Product Code: 611-2
a. Work Order #: 140592
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. 502
b.
c.
d.

15. Special Handling Instructions and Additional Information
c/k CTA 020441

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

Printed/Typed Name	Signature	Date (Month Day Year)
DENNIS F. BORSUK	Dennis F. Borsuk	02 14 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Robert Corbin	Robert Corbin	02 14 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space
0908-4721

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

Printed/Typed Name	Signature	Date (Month Day Year)
JOHN WYNNE	John Wynne	2 14 85

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087912 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03315

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00005

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
4. CAMBRIDGE, MA 02142 (617) 494-5500

A. State Manifest Document Number: MA B087912
B. State Gen. ID: SAME
C. State Trans. ID: MA. TR4275Z
D. Transporter's Phone: (617) 561-0100
E. State Trans. ID:
F. Transporter's Phone:
G. State Facility's ID: Not Required
H. Facility's Phone: (203) 583-8917

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED
6. US EPA ID Number: MAD000790683
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010
10. US EPA ID Number: CTT000604488

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.B., ORM-E, NA 9189, WASTEWATER TREATMENT SLUDGE	001	TT	05000	G	F006
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Product Code: 611-2
Work Order #: 140592
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name | Signature | Date Month Day Year: 02 14 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Corbin | Signature: Robert Corbin | Date Month Day Year: 02 14 85

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

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

0908-4722

Form Approved OMB No. 2050-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03316

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087912 COPY>B: GENERATOR-RETAINED BY GENERATOR

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00072
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone ( ) (617) 494-5500

A. State Manifest Document No.: NY A 147726 9

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: U 51757 N.Y.

D. Transporter's Phone ( ) 716 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone ( ) 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous waste solid N.O.S., NA 9189 ORM-E Metal Hydroxide Sludge	001	CM	00020	Y	F 006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a [L] c [ ]
b [ ] d [ ]

15. Special Handling Instructions and Additional Information

Product Code: 3410A
Work Order #: 94874

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Dennis F. Borsuk	Dennis F. Borsuk	02	13	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
TED PATSKIN	Ted Patskin	02	13	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space
Actual quantity rec'd 27440 lbs no handling [illegible]

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Lynn Piechowski	Lynn Piechowski	02	18	85

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147726 9

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03317

0908-4723

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00072
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone ( ) (617) 494-5500

A. State Manifest Document No.: NY A 147726 9

B. State generator's ID: [illegible]

5. Transporter 1 (Company Name): TOWNSANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: 051757 N.Y.

D. Transporter's Phone ( ) 716 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone ( ) 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous waste solid N.O.S., NA 9189 CBM-E Metal Hydroxide Sludge	001	CM	00020	Y	F 006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a | c
b | d

15. Special Handling Instructions and Additional Information

Product Code: 3410A
Work Order #: 94874

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Dennis F. Borsuk		02	13	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
TED [illegible]				

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147726 9

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03318

0908-4724

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 2 / 13 / 85

PICK UP		DELIVERY	
SHIPPER NAME	TRW - Fasteners	CONSIGNEE NAME	PolCon/CWM
STREET		STREET	1550 Balmer Rd.
CITY / STATE / ZIP CODE	Cambridge, Mass.	CITY / STATE / ZIP CODE	Model City, NY
CONTACT NAME		CONTACT NAME	
SCHEDULED TIME	2/13/85 8 AM	SCHEDULED TIME	
ADDITIONAL INFORMATION	Switch Roll/off	ADDITIONAL INFORMATION	

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
	94874	NYA 147726 7	3410-A
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
044-002			

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	HAZARDOUS WASTE, SOLIDIFIED. NA 9177 CRA-E METAL HYDROXIDE SLUDGE	20 YDS

PICK UP

ARRIVAL TIME 1:30 AM/PM RELEASE TIME 4:10 AM/PM

TRAILER EMPTY UPON ARRIVAL ☒ YES ☐ NO
(If not, explain below)

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) [illegible]

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [illegible]
SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM/PM RELEASE TIME _____ AM/PM

TRAILER EMPTY UPON DEPARTURE ☐ YES ☐ NO
(If not, explain below)

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X
CONSIGNEE

0908-4725

TRW-03319

U 51757

0908-4726

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-6775

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5000

A. State Manifest Document Number: MA B087810

B. State Gen. ID: ~~AG 77-047~~ SAME

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED

6. US EPA ID Number: MAD000790683

C. State Trans. ID: AC77047 MASS

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
385 QUINCY AVE, BRAINTREE, MA. 02184

10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1800

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE ACID SLUDGE, UN 2218, Foo6	007	DM	385	Gals	F006
b. WASTE CYANIDE SOLUTION NOS UN 1935	007	DM	385 ~~275~~	Gals	F007
c. WASTE POISONOUS SOLID UN 2928	003	DM	1200	P	F008
d. WASTE CYANIDE SOLID	002	DM	110	Gal's	F008

J. Additional Descriptions for Materials Listed Above (Include physical nature and hazard codes)

a. Plating Bath Sludge
b. Sodiun Cyanide - Caustic
c. Pumice Sludge
d. Cyanide Plating Filters

K. Handling Codes for Wastes Listed Above

a. 5101 c. 5101
b. 5101 d. 5101

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
GEORGE H. CLEARY	George H. Cleary	02 1 1 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
STEPHEN E WERNIG	Stephen E Wernig	02 1 1 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	Date (Month Day Year)
Theodore Hayden	Theodore Hayden	02 1 1 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087810 COPY>3: GENERATOR-MAILED BY TSDF

0908-4727

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03321

TRW-03322

RECEIVED
FEB 11 1985

SCA-MA
WORK
ORDER
40272

0908-4728

Item G. STATE GENERATOR'S ID. — Enter the state generator's identification number.

Item H. FACILITY PHONE — Enter the telephone number of the facility to which the waste is being shipped.

Item I. U.S. D.O.T. DESCRIPTION — Enter the U.S. D.O.T. proper shipping name, hazard class, and identification number (UN/NA) for the waste listed in Item A. Include the proper shipping name, hazard class, and identification number as specified in 49 CFR Parts 171-177 [illegible] 3 and the 4 digit UN/NA Number [illegible] Note: Since the Acid, spent [illegible] waste is to be shipped to the [illegible] of hazardous waste.

Item J. CONTAINERS NO. & TYPE — Enter the number of containers and the type of container used to ship the waste listed in Item A. Use the codes below to indicate the type of container used.

TABLE 1. CONTAINER TYPE

DM - Metal drums, barrels, kegs	DW - Wooden drums, barrels, kegs	DF - [illegible]
TP - Tank, portable	TT - Tank, truck (incl. tankers)	MW - [illegible]
DT - Dump truck	CY - Cylinders	TC - [illegible]
CW - Wooden boxes, crates, cases	CF - Fiberboard or plastic boxes, cartons, cases	CW - [illegible]
		SA - [illegible]

Item K. TOTAL QUANTITY — Enter the total quantity of waste described on this line.

Item L. UNIT WT./VOL. — Enter the appropriate abbreviation from Table 2 to indicate the unit of measure used to express the total quantity of waste described on this line.

TABLE 2. UNITS OF MEASURE

G - Gallons (liquids only)	L - Liters (liquids only)	P - Pounds
T - Tons (2,000 lbs.)	Y - Cubic yards	K - Kilograms
M - Metric tons (1,000 kg.)	C - Cubic meters	

Item M. WASTE NO. — Enter the 4 digit EPA Number [illegible] in 40 CFR Part 261, Subpart C and D. If a non-RCRA State waste, enter the state number [illegible] Generator's test have assigned a waste number [illegible]

Item N. ADDITIONAL DESCRIPTION OF WASTE — [illegible] which form [illegible] DOT shipping [illegible] Liquid, G - Gas, [illegible] EPA Form [illegible] Toxic (T). Enter the [illegible] Any additional [illegible] waste description may also be entered here.

Item O. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION — Use this space to indicate special transportation, treatment, storage or disposal information. [illegible] TSDF [illegible] For international shipments, [illegible] port of departure, U.S. port of entry and U.S. port of exit through which the waste must travel before entering a foreign country. It should also be used to indicate emergency response telephone numbers and other information the Generator wishes to include about the shipment, including [illegible]

Item P. HANDLING CODES — TSDF Employee fills [illegible] Facility Section of [illegible]

Item Q. CERTIFICATION — The Generator [illegible] hereby certifies that [illegible] indicated to collect the waste products shown on the manifest [illegible] the waste [illegible] the waste [illegible] the space below.

[illegible]

Item R. TRANSPORTER ACKNOWLEDGMENT — [illegible] the same [illegible]

Item S. TRANSPORTER ACKNOWLEDGMENT — [illegible] Item 2.

[illegible]

Item T. [illegible] — [illegible]

Item U. FACILITY OWNER/OPERATOR — [illegible]

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-6775

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION
195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087810
B. State Gen. ID: AC 77-047

5. Transporter 1 Company Name: POLLUTION CONTROL UNLIMITED
6. US EPA ID Number: MAD000790681
C. State Trans. ID:

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 561-0100
E. State Trans. ID:

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
385 QUINCY AVE, BRAINTREE, MA. 02184
10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 849-1600

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. ACID SLUDGE, UN 2218, F006	007	DM	385	Gals	F006
b. CYANIDE SOLUTION NOS UN 1935	002	DM	275	Gals	F007
c. POISONOUS SOLID UN 2928	003	DM	1200	P	F008
d. CYANIDE SOLID	002	DM	110	Gals	F008

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Plating Bath Sludge
b. Sodium Cyanide - Caustic
c. Pumice Sludge
d. Cyanide Plating Filters

K. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information

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

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

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year

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

FACILITY

19. Discrepancy Indication Space

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

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

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087810 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

0908-4729

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03323

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 Manifest Document No. 00004

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087911

B. State Gen. ID SAME

5. Transporter 1 Company Name: Pollution Control Unlimited
6. US EPA ID Number: MAD000790683

C. State Trans. ID MASS TR42752

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010

10. US EPA ID Number: CTT000604488

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Liquid N.O.S., ORM-E, NA 9189, Wastewater Treatment Sludge	001	TT	03400	G	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. T23 c.
b. d.

15. Special Handling Instructions and Additional Information
Product Code: 611-2
Work Order #: 140567

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

Printed/Typed Name: PAUL ENRIGHT Signature: Paul Enright Date: Month 02 Day 08 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Corbin Signature: Robert Corbin Date: Month 02 Day 08 Year 85

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

FACILITY

19. Discrepancy Indication Space

0908-4730

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

Printed/Typed Name: Denise A. Boys Signature: Denise A. Boys Date: Month 02 Day 08 Year 85

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087911 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03324

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD 019294867 Manifest Document No. 00004

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087911

B. State Gen. ID SAME

5. Transporter 1 Company Name: Pollution Control Unlimited

6. US EPA ID Number: MAD000790683

C. State Trans. ID MASS TR42752

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 561-0100

E. State Trans. ID

9. Designated Facility Name and Site Address
CECOS TREATMENT CORPORATION
51 BRODERICK ROAD
BRISTOL, CT 06010

10. US EPA ID Number: CTT000604488

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (203) 583-8917

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Liquid N.O.S., ORM-E, NA 9189, Wastewater Treatment Sludge	001	TT	03400	6	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
Product Code: 611-2
Work Order #: 140567

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

Printed/Typed Name — Signature — Date Month Day Year 02 08 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Corbin — Signature: Robert Corbin — Date Month Day Year 02 08 85

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

19. Discrepancy Indication Space

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

0908-4731

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087911 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03325

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-6708

2221/19

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5810

A. State Manifest Document Number: MA B087809

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MAAH 8246

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	13	DM	715	GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	4	DM	220	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	2	DM	110	GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Mixed oil and water
c. Plating Solution
b. Mixed with oil
d.

K. Handling Codes for Wastes Listed Above
a. SOL
c.
b.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name	Signature	Date (Month Day Year)
EUGENE RICCARDELLI	Eugene Riccardelli	02 06 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
DONALD BOZEMAN	Donald Bozeman	02 06 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space
0908-4732

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

Printed/Typed Name	Signature	Date (Month Day Year)
PAUL MUISE	Paul Muise	02 06 85

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087809 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404, Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03326

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-6708

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD019294867
Manifest Document No.:

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087809

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description *Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	13	DM		GAL	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	4	DM		GAL	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid	2	DM		GAL	D002
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. Mixed oil and water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date: Month Day Year

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

19. Discrepancy Indication Space

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

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

0908-4733

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR

TRANSPORTER

FACILITY

MA B087809 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03327

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD 19294867 — Manifest Document No.: 00071
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NYA 147725 1

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT
6. US EPA ID Number: WTD097644801

C. State Transporter's ID: U51757N.Y.

D. Transporter's Phone ( )

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA9189 ORM-E METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a ☑ c ☐
b ☐ d ☐

15. Special Handling Instructions and Additional Information

Product Code: 3410A
Work Order #: 94697

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Dennis F. Borsuk	Dennis F. Borsuk	02	05	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
TED PATSKIN	Ted Patskin	02	05	85

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space
Actual quantity recd 30940 lbs

TRW-03328

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Lynn Piechowski	Lynn Piechowski	02	06	85

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NYA 147725 1

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

0908-4734

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD 819294867 — Manifest Document No.: 00071
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address:
TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NY A 147725 1

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: WTD097644801

C. State Transporter's ID: [illegible]

D. Transporter's Phone ( )

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address:
SCA CHEMICAL SERVICE
1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA9189 ORM-E METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a | c
b | d

15. Special Handling Instructions and Additional Information

Product Code: 3410A
Work Order #: 94697

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Dennis F. Borsuk		02	05	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147725 1

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by gen

0908-4735 W-03329

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 2/5/[illegible]

PICK UP		DELIVERY	
SHIPPER	NAME: TRW Fasteners	CONSIGNEE	NAME: Carmichael Wa[illegible] Mart
	STREET:		STREET:
	CITY: Pambridge STATE: Ma[illegible] ZIP CODE:		CITY: Model City STATE: N.Y. ZIP CODE:
	CONTACT NAME:		CONTACT NAME:
	SCHEDULED TIME:		SCHEDULED TIME:

ADDITIONAL INFORMATION

Container door has 1-2 inch gab - 1/2" of dirt throughout container

ADDITIONAL INFORMATION

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
	94[illegible]	NYA 147725 1	3410-A
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
L3[illegible]	70	202 [illegible]	[illegible]

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	HAZARDOUS WASTE, SOLID, N.O.S. NA 9189 METAL HYDROXIDE SLUDGE	20 YDS

PICK UP

ARRIVAL TIME [illegible] AM/PM RELEASE TIME [illegible] AM/PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [illegible]

SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM/PM RELEASE TIME _____ AM/PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____

CONSIGNEE'S SIGNATURE

TRW-03330

0908-4736

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: MAD019294867 0007 0

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No. NY A 147724 2

B. State generator's ID

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: N55128 M

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
1550 BALMER RD.
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189, ORM-E, METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c

b | d

K. Handling Codes for Wastes Listed Above

a: L | c:

b: | d:

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 3410A
WORK ORDER #: 94541

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

Printed/Typed Name: DENNIS F BORSUK | Signature: Dennis F Borsuk | Date: Month 01 Day 28 Year 85

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: TED PATSKIN | Signature: Ted Patskin | Date: Month 01 Day 28 Year 85

18. Transporter 2 (Acknowledgement of Receipt of Materials)

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

FACILITY

19. Discrepancy Indication Space
Actual Quantity was 22,780 lbs.

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

Printed/Typed Name: LYNN PIECHOWSKI | Signature: Lynn Piechowski | Date: Month 01 Day 30 Year 85

NY A 147724 2

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed

TRW-03331

0908-4737

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document No. NY A 147724 2

B. State generator's ID

5. Transporter 1 (Company Name) 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone ( )

7. Transporter 2 (Company Name) 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone ( )

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a c

b d

K. Handling Codes for Wastes Listed Above

a c

b d

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name | Signature | DATE Month Day Year

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name | Signature | DATE Month Day Year

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name | Signature | DATE Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | DATE Month Day Year

0908-4738

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147724 2

EPA Form 8700-22 (3-84) **Copy 8—Generator—retained by generator**

TRW-03332

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 01 / 25 / 85

PICK UP (SHIPPER)			DELIVERY (CONSIGNEE)		
NAME: TRW			NAME: Poll. Control/Chem. Wst. Mgmt.		
STREET:			STREET: 1550 Balmer Road		
CITY: Cambridge	STATE: Mass.	ZIP CODE:	CITY: Model City	STATE: NY	ZIP CODE:
CONTACT NAME:			CONTACT NAME:		
SCHEDULED TIME: 1/28/85 8:00 am			SCHEDULED TIME:		
ADDITIONAL INFORMATION: FOUR TARP BOWS ON BOX TRW RESPONSIBLE FOR BOWS.			ADDITIONAL INFORMATION:		

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
	94541	NYA 147794 2	3410-A

LOAD NUMBER	TRACTOR NUMBER	TRAILER NUMBER	DRIVER'S NAME
028-001	74	200 - 144	

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	HAZARDOUS WASTE SOLID NOS. 9187 CAME, METAL HYDROXIDE SLUDGE	90 YRDS

PICK UP

ARRIVAL TIME 9:00 AM PM RELEASE TIME 10:00 AM PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [signature] 1/28/85

SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____

CONSIGNEE'S SIGNATURE

0908-4739

TRW-03333

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. MAD019294867 — Manifest Document No. 00069
2. Page 1 of

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No. NY A 147723 3

B. State generator's ID SAME

5. Transporter 1 (Company Name) FRANKLIN PUMPING SERVICE INC.

6. US EPA ID Number MAD084814136

C. State Transporter's ID 11674

D. Transporter's Phone (617) 384-3135

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
1550 BALMER RD.
MODEL CITY, NY 14107

10. US EPA ID Number WYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189, ORM-E, METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a [L] c [ ]
b [ ] d [ ]

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 3410A
WORK ORDER #: 94470

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

Printed/Typed Name	Signature	DATE Month	Day	Year
DENNIS F. BORSUK	Dennis F. Borsuk	01	24	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year
Robert Sprague	Robert Sprague	1	24	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space
Actual quantity rec'd 36,300 lbs

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

Printed/Typed Name	Signature	DATE Month	Day	Year
Lynn Pilchowski	[illegible]	01	28	85

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147723 3

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03334

0908-4740

+6-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No. [illegible]

2. Page 1 of

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address [illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document No. NY A 147723 3

B. State generator's ID [illegible]

5. Transporter 1 (Company Name) [illegible]

6. US EPA ID Number [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone ( ) [illegible]

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address [illegible]

10. US EPA ID Number [illegible]

G. State Facility's ID

H. Facility's Phone [illegible]

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]	[illegible]	[illegible]	[illegible]	Y	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c

b | d

K. Handling Codes for Wastes Listed Above

a | c

b | d

15. Special Handling Instructions and Additional Information

[illegible]

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

Printed/Typed Name [illegible] | Signature [illegible] | DATE Month 12 Day 4 Year 85

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name | Signature | DATE Month Day Year

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name | Signature | DATE Month Day Year

FACILITY

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | DATE Month Day Year

NY A 147723 3

EPA Form 8700-22 (3-84) **Copy 8—Generator—retained by generator**

TRW-03335

0908-4741

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. MAD019294867 — Manifest Document No. 00068
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No. NY A 147722 4

B. State generator's ID SAME

5. Transporter 1 (Company Name) TONAWANDA TANK TRANSPORT

6. US EPA ID Number NYD097644801

C. State Transporter's ID M55128 N.Y.

D. Transporter's Phone ( )

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
1550 BALMER RD.
MODEL CITY, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189 ORM-E, METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

VOID

J. Additional Descriptions for Materials listed Above

a c

b d

K. Handling Codes for Wastes Listed Above

a ☑ c ☐

b ☐ d ☐

15. Special Handling Instructions and Additional Information
PRODUCT CODE : 3410A
WORK ORDER #:

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

Printed/Typed Name	Signature	DATE Month	Day	Year
DENNIS F. BORSUK	Dennis F. Borsuk	01	24	85

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	DATE Month	Day	Year

19. Discrepancy Indication Space

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

Printed/Typed Name	Signature	DATE Month	Day	Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 147722 4

0908-4742

EPA Form 8700-22 (3-84) COPY 1—Disposer State—Mailed by TSD Facility

TRW-03336

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00068
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document No.: NY A 147722 4

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: M55128 N.Y.

D. Transporter's Phone ( )

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICES
1550 BALMER RD.
MODEL CITY, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA 9189 ORM-E, METAL HYDROXIDE SLUDGE	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a ☑ c ☐
b ☐ d ☐

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 3410A
WORK ORDER #:

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

Printed/Typed Name: DENNIS F. BURSUK — Signature: Dennis F. Bursuk — DATE: Month 01 Day 23 Year 85

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — DATE: Month Day Year

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

19. Discrepancy Indication Space

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

0908-4743

EPA Form 8700-22 (3-84) COPY 1—Disposer State—Mailed by TSD Facility

TRW-03337

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

P-6521

2071/38

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. M A D 0 1 9 2 9 4 8 6 7 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St, Cambridge, Ma 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087808

B. State Gen. ID: Same

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: M A D 0 0 0 6 0 4 4 4 7

C. State Trans. ID: MAAH 8247

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma. — 10. US EPA ID Number: M A D 0 0 0 6 0 4 4 4 7

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	31	DM	1705	gal	M 0 0 1
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	7	DM	385	gal	F 0 0 1
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard class)
a. Mixed Oil and Water
b. Mixed with Oil
c.
d.

K. Handling Codes for Wastes Listed Above
a. S4
b.
c.
d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 1 Day 23 Year 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD BOZIEMAN — Signature: Donald Boziemen — Date: Month 01 Day 23 Year 85

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

FACILITY

19. Discrepancy Indication Space

0908-4744

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

Printed/Typed Name: CARL MUSIB — Signature: Carl Musib — Date: Month 01 Day 23 Year 85

Form Approved OMB No. 2050-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087808 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03338

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

P-6521

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIVISION, 195 Binney St, Cambridge, Ma 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B087808

B. State Gen. ID

5. Transporter 1 Company Name: NORTHEAST SOLVENT — 6. US EPA ID Number: MAD000604447

C. State Trans. ID

7. Transporter 2 Company Name — 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma. — 10. US EPA ID Number: MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	31	DM	1705	gal	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	7	DM	385	gal	F001
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Mixed Oil and Water
b. Mixed with Oil
c.
d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

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

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

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

19. Discrepancy Indication Space

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

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

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR — TRANSPORTER — FACILITY

MA B087808 COPY>B: GENERATOR-RETAINED BY GENERATOR

0908-4745

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03339

EPHM-2 REV. 3 84

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MAD019294867 | Manifest Document No.: 000004
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: CT A 0020500
B. State Gen. ID: SAME

5. Transporter 1 Company Name: CECOS TREATMENT CORP.
6. US EPA ID Number: CTD000604488
C. State Tran. ID: CT 90241-87055
D. Tran. Phone: (203) 583-8917

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Tran. ID
F. Tran. Phone

9. Designated Facility Name and Site Address
CECOS TREATMENT CORP.
51 BRODERICK RD.
BRISTOL, CT 06010
10. US EPA ID Number: CTD000604488
G. State Facility's ID: SAME
H. Facility's Phone: (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189, WASTEWATER TREATMENT SLUDGE	001	TT	5000		F006
b.					
c.					
d.					

J. Additional Description for Materials Listed Above
a. c.
b. d.

K. Handling Codes for Waste Listed Above
a. T04 chemical precipitation c.
b. d.

15. Special Handling Instructions and Additional Information
PRODUCT CODE: G11-2

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

Printed/Typed Name: DENNIS F. BORSUK | Signature: Dennis F. Borsuk | Date: Month 01 Day 23 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MIKE GORMAN | Signature: Michael L. Gorman | Date: Month 01 Day 23 Year 85

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

19. Discrepancy Indication Space

0908-4746

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Denise A. Borys | Signature: Denise A. Borys | Date: Month 01 Day 23 Year 85

GENERATOR — TRANSPORTER — FACILITY

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD: 1-800-424-8802. FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP — OIL AND CHEMICAL SPILLS AT (203) 566-3338.

COPY 3: GENERATOR COMPLETED COPY

CT A 0020500

EPA Form 8700-22 (3-84) Form Approved OMB No. 2000-0404 Expires 7-31-86

COPY 3: GENERATOR COMPLETED COPY

TRW-03340

EPHM 2 REV. 3/84

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

Please print or type. (Form designed for use on elite 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number: CT A 0020500

B. State Gen. ID

4. Generator's Phone ( )

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Tran. ID

D. Tran. Phone

7. Transporter 2 Company Name | 8. US EPA ID Number

E. State Tran. ID

F. Tran. Phone

9. Designated Facility Name and Site Address | 10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a.					
b.					
c.					
d.					

I. Additional Description for Materials Listed Above

J. Handling Codes for Wastes Listed Above

a. b. c. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name | Signature | Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name | Signature | Date Month Day Year

GENERATOR | TRANSPORTER | FACILITY

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD: 1-800-424-8802
FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP — OIL AND CHEMICAL SPILLS AT (203) 566-3338

COPY 8: GENERATOR: Retained by Generator

CT A 0020500

EPA Form 8700-22 (3-84) Form Approved. OMB No. 2000-0404. Expires 7-31-85

COPY 8: GENERATOR: Retained by Generator

0908-4747

TRW-03341

EPHM 2 REV 3 84

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MA-D019294867 — Manifest Document No.: 00004
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but may be required by State law.

3. Generator's Name and Mailing Address: TRW FASTENERS DIVISION, 195 BINNEY ST., CAMBRIDGE, MA 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: CT A 0020500
B. State Gen. ID: SAME

5. Transporter 1 Company Name: CECOS TREATMENT CORP.
6. US EPA ID Number: CTT000604488
C. State Tran. ID: ~~CT 9024~~
D. Tran. Phone: (203) 583-8917

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Tran. ID:
F. Tran. Phone:

9. Designated Facility Name and Site Address: CECOS TREATMENT CORP., 51 BRODERICK RD., BRISTOL, CT 06010
10. US EPA ID Number: CTT000604488
G. State Facility's ID: SAME
H. Facility's Phone: (203) 583-8917

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189, WASTEWATER TREATMENT SLUDGE	001	TT	05000	G	F006
b.					
c.					
d.					

J. Additional Description for Materials Listed Above: a. c. b. d.

K. Handling Codes for Waste Listed Above: a. c. b. d.

15. Special Handling Instructions and Additional Information: PRODUCT CODE: 611-2

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

Printed/Typed Name: DENNIS F. BORSUK — Signature: Dennis F. Borsuk — Date: Month 01 Day 23 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP — OIL AND CHEMICAL SPILLS AT (203) 566-3338

COPY 1: DESTINATION STATE — Mailed by TSDF

CT A 0020500

EPA Form 8700-22 (3-84) Form Approved OMB No 2000-0404 Expires 7-31-85

COPY 1: DESTINATION STATE — Mailed by TSDF

TRW-03342

0908-4748

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: MAD019294867 0001 1

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS DIVISION
195 BINNEY ST.
CAMBRIDGE, MA. 021[illegible]42

4. Generator's Phone (617) 494-5500

A. State Manifest Document No. NY A 164128 5

B. State generator's ID: SAME

5. Transporter 1 (Company Name): TONAWANDA TANK TRANSPORT

6. US EPA ID Number: WYD097644801

C. State Transporter's ID

D. Transporter's Phone ( )

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID: M55128 N.Y.

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA CHEMICAL SERVICE
1550 BALMER RD.
MODEL CITY, NY 14107

10. US EPA ID Number: WYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., NA9189 METAL HYDROXIDE SLUDGE ORM-E	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a
b
c
d

K. Handling Codes for Wastes Listed Above
a: L
b:
c:
d:

15. Special Handling Instructions and Additional Information
PRODUCT CODE: 3410A
WORK ORDER #: 94349

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

GENERATOR — Printed/Typed Name: DENNIS E BORSUK — Signature: [signature] — DATE: Month 01 Day 14 Year 85

TRANSPORTER — 17. Transporter 1 (Acknowledgement of Receipt of Materials) — Printed/Typed Name: TED PATSKIN — Signature: [signature] — DATE: Month 01 Day 14 Year 85

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

FACILITY — 19. Discrepancy Indication Space: Actual quantity rec'd 24720 lbs.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except a[illegible] item 19.

0908-4749

Printed/Typed Name: LYNN PIECHOWSKI — Signature: [signature] — DATE: Month 01 Day 15 Year 85

NY A 164128 5

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03343

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. [illegible] Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW FASTENERS [illegible]
105 [illegible] ST.
[illegible]

4. Generator's Phone ([illegible]

A. State Manifest Document No. NY A 164128 5

B. State generator's ID [illegible]

5. Transporter 1 (Company Name) [illegible]

6. US EPA ID Number NYD [illegible]

C. State Transporter's ID M55128 NY

D. Transporter's Phone ( )

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address [illegible]

10. US EPA ID Number NYD [illegible]

G. State Facility's ID

H. Facility's Phone (716) [illegible]

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

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. [illegible]	[illegible]	[illegible]	[illegible]	Y	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a [illegible] c [illegible]

b [illegible] d [illegible]

K. Handling Codes for Wastes Listed Above

a [1] c [ ]

b [ ] d [ ]

15. Special Handling Instructions and Additional Information
[illegible]

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

Printed/Typed Name [illegible] Signature [illegible] DATE Month Day Year

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name [illegible] Signature [illegible] DATE Month Day Year

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature DATE Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest [illegible] Item 19.

Printed/Typed Name Signature 0908-4750 DATE Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 164128 5

EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03344

Pollution Control Unlimited Inc.

P.O. Box 491, East Boston, MA 02128
Telephone: 561-0100

P.O. Number

JOB REPORT JOB NO.

Customer TRW
Billing Address 31 Ames St, Cambridge 02142
Location of Work Binney St, Cambridge
Job Description Refined container that was overfilled and leaked, had to shovel out container to lift off and dump remains into other container.

Date Started 1-14-85 (mon) Date Completed 1-14-85 (mon)

Extra Work Involved (if any)
2-Zoot suits 2-Boots 2-gloves

Materials
7-Bags speedy dri
9-Bags sawdust
8-Tubes caulking.

Equipment	Hours	Miles	Tolls		Hours	Miles	Tolls
Vacuum Trailer				1-Pick-up	4		
Vacuum Trailer							
Vacuum Truck							
Vactor							
Vactor Pipe/Hose							

Names (Men On Job)	Hours ST.	Hours OT.	Names (Men On Job)	Hours ST.	Hours OT.
S. Werning - F	4				
R. Kelly - L	4				

0908-4751

Disposal: N/A
Manifest No.
Foreman
Per Diem:
Approved (Customer)
Date 1-14-85

TRW-03345

THIS WORK SHEET, WHEN SIGNED, IS ACCEPTANCE THAT THE WORK PERFORMED, PERSONNEL, MATERIAL AND EQUIPMENT USED IS CORRECT. THE BILLING WILL BE BASED UPON THIS AGREEMENT.

TONAWANDA TANK TRANSPORT SERVICE, INC.

1140 MILITARY ROAD, P.O. BOX H, BUFFALO, N.Y. 14217 • 716-873-9703

DATE 01 /14 /85

PICK UP (SHIPPER)			DELIVERY (CONSIGNEE)		
NAME	TRW Fasteners		NAME	Poll. Control/Chem. Wst. Mgmt.	
STREET			STREET	1550 Balmer Road	
CITY	Cambridge	STATE: Massachusetts	CITY	Model City	STATE: NY
CONTACT NAME			CONTACT NAME		
SCHEDULED TIME	1/14/85 8:00 am		SCHEDULED TIME	Tuesdayt	
ADDITIONAL INFORMATION			ADDITIONAL INFORMATION		

PURCHASE ORDER NO.	WORK ORDER NUMBER	MANIFEST NUMBER	PRODUCT CODE
			3410-A
LOAD NUMBER	**TRACTOR NUMBER**	**TRAILER NUMBER**	**DRIVER'S NAME**
014-001		200 / B-142	Patskin

TYPE (CIRCLE ONE)	MATERIAL DESCRIPTION	QUANTITY
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	[illegible]	[illegible]

PICK UP

ARRIVAL TIME [illegible] AM PM RELEASE TIME [illegible] AM PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) [X] YES [ ] NO

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS) [illegible]

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X [illegible]

SHIPPER'S SIGNATURE

DELIVERY

DRIVER _____ DATE _____

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) [ ] YES [ ] NO

COMMENTS: (EXPLAIN ALL DELAYS) _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X _____

CONSIGNEE'S SIGNATURE

0908-4752

TRW-03346

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F6145

1916/18

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD019294867 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T.R.W. FASTENER DIV., 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone: 617 494-5500

A. State Manifest Document Number: MA B087807

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MA AH 8247

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 617 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address: NORTHEAST SOLVENT, 300 Canal St., Lawrence, Ma.

10. US EPA ID Number: MAD000604447

F. Transporter's Phone

G. State Facility's ID: Not Required

H. Facility's Phone: 617 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	9	DM	495	gal	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	6	DM	330	gal	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	3	DM	165	gal	D002
d.					

J. Additional Descriptions for Materials Listed Above (Including physical state and hazard code.)

a. Mixed Oil and Water — c. Plating Solution

b. Mixed with oil — d.

K. Handling Codes for Wastes Listed Above: a. S1 — c. — b. — d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name: GEORGE CLEARY — Signature: George Cleary — Date: Month 01 Day 10 Year 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DONALD BOZEMHN — Signature: Donald Bozeman — Date: Month 01 Day 10 Year 85

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

0908-4753

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

Printed/Typed Name: CARL MUISE — Signature: Carl Muise — Date: Month 01 Day 10 Year 85

Form Approved OMB No. 2000-0404 Expires 7-31-86
EPA Form 8700-22 (3-84)

In case of emergency or spill, immediately call: National Response Center (800) 424-8802.

GENERATOR

TRANSPORTER

FACILITY

MA B087807 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03347

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 02108

F-6145

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MA0019294867 Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
T.R.W. FASTENER DIV., 195 Binney St., Cambridge, Ma. 02142

4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087807

B. State Gen. ID

5. Transporter 1 Company Name NORTHEAST SOLVENT

6. US EPA ID Number MAD000604447

C. State Trans. ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 683-1002

E. State Trans. ID

9. Designated Facility Name and Site Address
NORTHEAST SOLVENT
300 Canal St., Lawrence, Ma.

10. US EPA ID Number MAD000604447

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (617) 683-1002

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL NOS, Combustible Liquid NA 1270	1	DM	[illegible]	gal	M001
b. WASTE TRICHLOROETHYLENE, ORM-A, UN 1710	6	DM	[illegible]	gal	F001
c. WASTE CHROMIC ACID SOLUTION, Corrosive Liquid UN 1755	3	DM	[illegible]	gal	D002
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Mixed Oil and Water
b. Mixed with oil
c. Plating Solution
d.

K. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information

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

Printed/Typed Name [illegible] Signature [illegible] Date Month Day Year [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name [illegible] Signature [illegible] Date Month Day Year [illegible]

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

19. Discrepancy Indication Space

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

Printed/Typed Name Signature Date Month Day Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

MA B087807 COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-4754

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03348

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867
Manifest Document No.: 0001
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW Fasteners Division
195 Binney Street
Cambridge, MA
4. Generator's Phone ( ) (617) 494-5784

A. State Manifest Document No.: NY A 163470 6
B. State generator's ID: SAME

5. Transporter 1 (Company Name): Suffolk Services
6. US EPA ID Number: MAD049440951
C. State Transporter's ID: MA 79-760
D. Transporter's Phone: (617) 825-9043

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID: MA 18672
F. Transporter's Phone: Same

9. Designated Facility Name and Site Address
SCA Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Solid N.O.S., ORM-E NA#9189, Metal Hydroxide Sludge	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a
b
c
d

K. Handling Codes for Wastes Listed Above
a: L
b:
c:
d:

15. Special Handling Instructions and Additional Information
Work Order #94251
Product Code # 3410A

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

Printed/Typed Name: ALAN N. RAYMOND
Signature: Alan N. Raymond
Date: Month 01 Day 09 Year 85

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: LOUIS LEPERA
Signature: Louis Lepera
Date: Month 01 Day 09 Year 85

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name:
Signature:
Date: Month 01 Day 09 Year 85

19. Discrepancy Indication Space
Actual quantity 40 of 35000 lbs

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
0908-4755

Printed/Typed Name:
Signature:
Date: Month 01 Day 10 Year 85

GENERATOR
TRANSPORTER
FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 163470 6

EPA Form 8700-22 (3-84) COPY 3—Generator—mailed by TSD facility

TRW-03349

48-14-1 (5/84)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: MAD019294867 — Manifest Document No.: 00010
2. Page 1 of 11

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
TRW Fasteners Division
195 Binney Street
Cambridge, MA

4. Generator's Phone ( ) (617) 494-5784

A. State Manifest Document No.: NY A 163470 6

B. State generator's ID: SAME

5. Transporter 1 (Company Name): Suffolk Services

6. US EPA ID Number: MAD049440951

C. State Transporter's ID: [illegible]

D. Transporter's Phone ( ) [illegible]

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Solid N.O.S., ORM-E NA#9189, Metal Hydroxide Sludge	001	CM	00020	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a | c
b | d

K. Handling Codes for Wastes Listed Above

a: L | c:
b: | d:

15. Special Handling Instructions and Additional Information
Work Order #94251
Product Code # 3410A

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

Printed/Typed Name: [illegible] — Signature: [illegible] — DATE: Month Day Year

17. Transporter 1 (Acknowledgement of Receipt of Materials) — Printed/Typed Name — Signature — DATE: Month Day Year

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

19. Discrepancy Indication Space

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

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

0908-4756

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EPA Form 8700-22 (3-84) Copy 8—Generator—retained by generator

TRW-03350