Superfund Records Center
SITE: SUTTON BROOK
BREAK: 11.09
OTHER: 18812

'86 MANIFESTS
BINNEY

0908-4986

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

WORK ORDER 13066

28

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. Camb. Ma. 02142

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

A. State Manifest Document Number MA B088010

B. State Gen. ID SAME

5. Transporter 1 Company Name: Clean Harbors of Natick — 6. US EPA ID Number MAD980523203

C. State Trans. ID MA A69271

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

D. Transporter's Phone (617) 655-8863

E. State Trans. ID

9. Designated Facility Name and Site Address: Clean Harbors of Braintree, 385 Quincy Ave, Braintree, Mass. 02184 — US EPA ID Number MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (617) 849-7807

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 N.O.S./NA1270 Combustible Liquid	011	DM	00605	G	M001
b. Waste Trichloroethylene ORM A UN-1710	004	DM	00220	G	F001
c. Waste Chromic Acid R.Q. 1,000 CORROSIVE ~~Liquid~~ Material UN-1755	002	DF	00119	G	D002
Waste Charcoal Granulated NA 1361	011	DM	03300	P	D001

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. charcoal & Trichloroethylene

K. Handling Codes for Wastes Listed Above
a. S102 b. T163 c. S102 d. S101

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."

373
57
430

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: Roger Cyr — Signature: Roger Cyr — Date: Month 12 Day 16 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MARK J. PURCELL — Signature: Mark J. Purcell — Date: Month 12 Day 16 Year 86

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

FACILITY

19. Discrepancy Indication Space

0908-4987

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest e

Printed/Typed Name: Matthew R. Stunther — Signature: Matthew R. Stunther — Date: Month 12 Day 16 Year 86

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

MA B088010 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-03575

WORK ORDER 13066 (1)

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

Form Approved OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. MAD 019 294 867

Manifest Document No.

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

23. Generator's Name T.R.W. FASTENER DIV. 195 BINNEY ST. CAMBRIDGE, MASS.

L. State Manifest Document Number MAB 088070

M. State Generator's ID SAME

24. Transporter _____ Company Name CLEAN HARBORS NATICK

25. US EPA ID NUMBER MAD 980523203

N. State Transporter's ID MA869271

O. Transporter's Phone 617-655-8863

26. Transporter _____ Company Name

27. US EPA ID NUMBER

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29 Containers No	29 Containers Type	30 Total Quantity	31 Unit Wt./Vol	R Waste No
a. WASTE POTASSIUM-FLUOTANTALATE NON-REGULATED MATERIAL	1	DM	250	P	M099 501
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GENERATOR

TRANSPORTER

33. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name MARK J. PURCELL

Signature Mark J. Purcell

Date Month 12 Day 16 Year 88

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

FACILITY

35. Discrepancy Identification Space

0908-4988

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03576

COPY>3: GENERATOR-MAILED BY TSDF

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[illegible] — 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. [illegible]
4. Generator's Phone ( ) [illegible]
5. Transporter 1 Company Name: Clean Harbors - NA CK
6. US EPA ID Number: MAD[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Clean Harbors - BRA [illegible] 355 [illegible] AVE BRA [illegible] MASS. 02[illegible]
10. US EPA ID Number: MAD[illegible]

A. State Manifest Document Number: MA B088010
B. State Gen. ID: SAME
C. State Trans. ID:
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. Waste Oil N.O.S./NA1270 Combustible Liquid	011	DM	00605	G	M001
b. Waste Trichloroethylene ORM A UN-1710	004	DM	00220	G	F001
c. Waste Chromic Acid RQ 1,000 Corrosive UN-1755	002	DF	00110	G	D002
d. Waste Charcoal Granulated NA1361	011	DM	03300	P	D001

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. charcoal + Trichloroethylene

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: [illegible] — Signature: [illegible] — Date: Month 12 Day 16 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month 12 Day 16 Year 86

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

19. Discrepancy Indication Space

0908-4989

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this [illegible] 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 B088010 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-03577

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. MAD019294861

Manifest Document No. . . . .

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

23. Generator's Name TRW [illegible] 195 [illegible] ST. [illegible] MASS.

L. State Manifest Document Number MAS0[illegible]

M. State Generator's ID [illegible]

24. Transporter _____ Company Name [illegible]

25. US EPA ID NUMBER [illegible]

N. State Transporter's ID [illegible]

O. Transporter's Phone [illegible]

26. Transporter _____ Company Name

27. US EPA ID NUMBER . . . . . .

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29 Containers No	Type	30 Total Quantity	31 Unit Wt./Vol.	R Waste No
a. WASTE POTASSIUM FLUOTANTALATE NON-REGULATED MATERIAL	1	DM	250	P	M059
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GENERATOR

TRANSPORTER

33. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible] J. [illegible]

Signature [illegible]

Date Month Day Year 12 [illegible] 86

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

FACILITY

35. Discrepancy Identification Space

0908-4990

TRW-03578

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

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

WORK ORDER SB 12864

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. 00030

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 B087977

B. State Gen. ID Same

5. Transporter 1 Company Name: Franklin Pumping Service Inc.

6. US EPA ID Number: MAD084814136

C. State Trans. ID MA8194

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-6151

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors of Braintree
385 Quincy Avenue
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. Hazardous Waste Solid n.o.s., ORM-E, NA 9189	001	CM	00015	Y	F006
b.					
c.					

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. S01
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.

GENERATOR

Printed/Typed Name: Dennis F. Borsuk
Signature: Dennis F. Borsuk
Date: Month Day Year 120886

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Thomas Taylor
Signature: Thomas Taylor
Date: Month Day Year 120886

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

FACILITY

19. Discrepancy Indication Space
0908-4991

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

Printed/Typed Name: GREG M. NEWELL
Signature: Greg M. Newell
Date: Month Day Year 120886

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

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

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03579

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.
2. Page 1 of [illegible] 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 Number: MA B087977
B. State Gen. ID:

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
C. State Trans. ID: MAS194

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 [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 Solid n.o.s., ORM-E NA 9189	001	CM	00015	Y	F006
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. [illegible] c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [illegible] 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
[illegible]	[illegible]	12 08 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Thomas Taylor	[illegible]	12 08 86

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

0908-4992

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

MA B087977 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-03580

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

Shippers Number

Carriers Number T1222-1

CARRIER: Franklin Pumping Service, Inc. SCAC Date 12-8-86

TO: Clean Harbors of Braintree
Consignee
Street 385 Quincy Avenue
Destination Braintree, MA Zip 02184

FROM: TRW Fastners
Shipper
Street 31 Ames Street
Origin Cambridge, MA Zip

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	xx	Hazardous Waste Solids	N.O.S. ORM-E	NA 9189	15 pds		no.

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER
DRIVER SIGNATURE:

SHIPPER: TRW Fastners
PER: Paul Enright
DATE: 12-8-86

CARRIER: Franklin Pumping Service, Inc.
PER: Tom Taylor
DATE: 12-8-86

FORM # 9-BLS-A (3 PLY)
Revised 11/82

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

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

0908-4993

TRW-03581

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-6151

MASS EPA ID NO.
MAD084814136

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fastners		Clean Harbors of Braintree
31 Ames Street		385 Quincy Avenue
Cambridge, MA		Braintree, MA 02184

Contact: Denis Porsuk @ 1-494-5784

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
	11222-1			NET 10 DAYS	12-8-86

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☐ TRANSPORTATION Pick up container metal hydroxide		
☐ DISPOSAL Weigh load - CH to re-manifest		
☐ PORTAL TO PORTAL TAKE Empty 25 gal [illegible]		
LOADING AM 7:00 OFF LOADING ~~Next Day 12-9-86~~ [illegible]		
FACILITY W/O # ~~9:30~~ CODE #		
MANIFEST DOCUMENT # PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: 6:00
ARRIVAL GENERATOR SITE: 9:00
JOB COMPLETED: 11:00
RETURN FPS

LOADING ACTIVITY LOG

DRIVER SIGNATURE DATE

AUTHORIZED SIGNATURE

ARRIVAL SITE:

OFF LOADING ACTIVITY LOG:

TIME BEGAN OFF LOADING:

TIME COMPLETED OFF LOADING:

RETURN FPS

DRIVER SIGNATURE DATE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

0908-4994 — TRW-03582 —

Blue Copy, Office Copy White Copy, Generator Canary , Facility Pink Copy, Transporter

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

WORK ORDER 12467

25

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. Camb. Ma. 02142

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

A. State Manifest Document Number: MA B088009

B. State Gen. ID: SAME

5. Transporter 1 Company Name: Clean Harbors of Natick — 6. US EPA ID Number: MAD980523203

C. State Trans. ID: MAAB692171

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

D. Transporter's Phone (617) 655-8863

E. State Trans. ID

9. Designated Facility Name and Site Address: Clean Harbors Braintree, 385 Quincy Ave, Braintree, Mass. 02184 — 10. US EPA ID Number: MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1807

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.
GENERATOR a. Waste Oil N.O.S./NA1270 Combustible Liquid	013	DM	00715	G	M001
b. Waste Trichloroethylene ORM A UN-1710	005	DM	00275	G	F001
c. Poisonous Solid Corrosive N.O.S. UN-2928 (WASTE POISON-B)	001	DM	00400	P	F008
Corrosive Liquid N.O.S. UN1760 (WASTE CORROSIVE MATERIAL)	006		00330	G	F001

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

a. mix oil & water

b. mixed w/oil

c. Plating Bath Sludge Carbonates

d. Nickel Plating Solution

K. Handling Codes for Wastes Listed Above

a. S02 c. S01

b. T63 d. S02

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: Roger Cyr — Signature: Roger Cyr — Date: Month 12 Day 01 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MARK J. PURCELL — Signature: Mark J. Purcell — Date: Month 12 Day 01 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-4995

TRW-03583

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

Printed/Typed Name: Matthew R. Stendtner — Signature: Matthew R. Stendtner — Date: Month 12 Day 01 Year 86

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

COPY>3: GENERATOR-MAILED BY TSDF

MA B088009 COPY>3: GENERATOR-MAILED BY TSDF

(7)

WORK ORDER 12467

Please print or type (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039; Expires 9-30-86

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

21. Generator's US EPA ID No. MAD019294867 | Manifest Document No. | 22. Page 2 | Information in the shaded areas is not required by Federal law

23. Generator's Name: T.R.W. Fastener Division, 195 Binney St. Camb. Ma. 02142

L. State Manifest Document Number: MAB 088 009

M. State Generator's ID: SAME

24. Transporter ____ Company Name: Clean Harbors of Natick | 25. US EPA ID NUMBER: MAD980523203

N. State Transporter's ID: MAB69271

O. Transporter's Phone

26. Transporter ____ Company Name | 27. US EPA ID NUMBER

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No.	Type	30. Total Quantity	31. Unit Wt./Vol.	R. Waste No.	
a. HAZARDOUS WASTE SOLID NOS ORM-E NA 9189	1	DM	300	P	M001	S01
b. WASTE PAINT FLAMMABLE LIQUID UN1263	1	DM	55	G	D001	S02
c. WASTE CHROMIC ACID SOLUTION UN1755 CORROSIVE MATERIAL (RQ 1000/454)	2	DM	110	G	D002	S02
d. WASTE NICKEL HYDROXIDE NA 9140 ORM-E (RQ 1000/454)	2	DM	800	P	NA	S01
e. HAZARDOUS WASTE SOLID NOS ORM-E NA9189	1	DM	400	P	D001	S01
f.						
g.						
h.						
i.						

GENERATOR

S. Additional Descriptions for Materials Listed Above: A. OIL, STEEL RAGS; D. NI SALTS & ANODE BAGS

T. Handling Codes for Wastes Listed Above: E- PAINT, SPEEDY DRY SPILL PILLOWS

32. Special Handling Instructions and Additional Information: * 55 GAL DRUM FOR SCRAP

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: MARK S. PURCELL | Signature: Mark J. Purcell | Date: Month 12 Day 19 Year 86

34. Transporter ____ Acknowledgement of Receipt of Materials

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

FACILITY

35. Discrepancy Identification Space

0908-4996

TRW-03584

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

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

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, 175 Binney St. Camb. Ma. 02142
4. Generator's Phone (617) 414-5500
5. Transporter 1 Company Name: Clean Harbors / Natick
6. US EPA ID Number: MAD 190[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Clean Harbors [illegible]
10. US EPA ID Number:

A. State Manifest Document Number: MA B088009
B. State Gen. ID: Same
C. State Trans. ID:
D. Transporter's Phone ( )
E. State Trans. ID: 61765 [illegible]
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	15. Waste No.
a. Waste Oil N.O.S./NA1270 Combustible Liquid	013	DM	00715	G	M001
b. Waste Trichloroethylene ORM A UN-1710	003	DM	00075	G	F001
c. Waste Poisonous Solid Corrosive N.O.S. Poisonous UN-2998	001	DM	00400	P	F008
d. Waste Corrosive Liquid N.O.S. Corrosive Material UN1760	006		00330	G	F001

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. mix oil + water
b. mixed w/oil
c. Plating Bath Sludge Carbonate
d. Nickel Plating Solution

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: [illegible] — Signature: [illegible] — Date: Month Day Year: 12 [illegible] 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month Day Year: 12 [illegible] 90

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

19. Discrepancy Indication Space

0908-4997

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

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

MA B088009 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-03585

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. [illegible]

Manifest Document No. [illegible]

22. Page 2 Information in the shaded areas is not required by Federal law.

23. Generator's Name [illegible]

L. State Manifest Document Number [illegible]

M. State Generator's ID [illegible]

24. Transporter _____ Company Name [illegible]

25. US EPA ID NUMBER [illegible]

N. State Transporter's ID [illegible]

O. Transporter's Phone

26. Transporter _____ Company Name

27. US EPA ID NUMBER

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No
a [illegible]	1	DM	30	P	D001
b [illegible]	1	DM	55	C	[illegible]
c [illegible]	2	DM	110	C	[illegible]
d [illegible]	[illegible]	DM	[illegible]	P	[illegible]
e [illegible]	1	DM	[illegible]	P	D001
f					
g					
h					
i					

S. Additional Descriptions for Materials Listed Above [illegible]

T. Handling Codes for Wastes Listed Above [illegible]

32. Special Handling Instructions and Additional Information [illegible]

GENERATOR

TRANSPORTER

33. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
[illegible]	[illegible]	[illegible]

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

35. Discrepancy Identification Space

0908-4998

RW-03586

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RETAINED BY GENERATOR

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

WORK ORDER 12143

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 — 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

Generator's Phone (617) 494-5500

A. State Manifest Document Number: MA B088008

B. State Gen. ID: SAME

5. Transporter 1 Company Name: Clean Harbors of Natick — 6. US EPA ID Number: MAD980523203

C. State Trans. ID: MAB69271

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

D. Transporter's Phone (617) 655-8863

E. State Trans. ID

9. Designated Facility Name and Site Address: Clean Harbors Braintree, 385 Quincy Ave, Braintree, Mass. 02184 — 10. US EPA ID Number: MAD053452657

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 849-1807

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 N.O.S. - NA1270 Combustible Liquid	002	DM	00110	G	M001
b. Waste Poisonous Solid Corrosive N.O.S. UN-2928 Poison 6	004	DM	01600	P	F008
c. Waste Trichloroethylene ORM A UN1710	002	DM	00110	G	F001
d.					

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

a. mix - oil + water — c. mixed w/oil

b. Plating Bath Sludge Carbonites

K. Handling Codes for Wastes Listed Above

a. S102 — c. S102

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: Roger C. Cyr — Signature: Roger C. Cyr — Date: Month 11 Day 18 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Mark J. Purcell — Signature: Mark J. Purcell — Date: Month 11 Day 18 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-4999

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

Printed/Typed Name: Matthew R. Stendler — Signature: Matthew R. Stendler — Date: Month 11 Day 18 Year 86

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

MA B088008 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03587

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 0119946 1 — 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 Electronics Division, 145 Bay St. Cambridge 02142

4. Generator's Phone ( ) 494-3500

5. Transporter 1 Company Name: J. W. Harris Co. Inc.

6. US EPA ID Number: MAD 0 1 0 1 1 1 1 1 1 1

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address: Chem Metco Braintree, 3 Forge Park, Braintree, Mass. 02184

10. US EPA ID Number

A. State Manifest Document Number: MA B088008

B. State Gen. ID: SAME

C. State Trans. ID: MA 8160 1 1 1 1 1 1

D. Transporter's Phone ( ) 617 69-1[illegible]

E. State Trans. ID

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( ) 848-1507

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 N.O.S. - NA1270 Combustible Liquid	0012	DM	00114	G	MA001
b. Waste Poisonous Solid Corrosive N.O.S. UN-3288	004	DM	9 1600	P	F006
c. Waste Trichloroethylene ORM A UN1710	0012	DM	00111	G	F001
d.					

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

a. mix oil + water

b. Plating Bath Lady Cyanide

c. mixed w/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
Peter C. Cyr	[signature]	11 1 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Mark J. Pacek	[signature]	11 1 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space: 0908-5000

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 B088008 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-03588

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

WORK ORDER 12173

30

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. Fasteners Division, 195 Binney St. Camb. Ma. 02142

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

A. State Manifest Document Number: MA B088007

B. State Gen. ID: SAME

5. Transporter 1 Company Name: Clean Harbors of Kingston | 6. US EPA ID Number: MAD039322250

C. State Trans. ID: MAAK87911

7. Transporter 2 Company Name: | 8. US EPA ID Number:

D. Transporter's Phone: 617 585-5111

E. State Trans. ID:

9. Designated Facility Name and Site Address: Clean Harbors Of Braintree, 385 Quincy Ave, Braintree Ma | 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 Oil N.O.S./NA1270 Combustible Liquid	017	DM	00985	G	M001
b. Waste Trichloroethylene ORM A UN-1710	004	DM	220	G	F001
c. Waste Nickel Plating solution-CORROSIVE Liquid N.O.S. UN-1760	004	DF	220	G	D002
R.Q 1.000 UN-1755 Waste Chromic Acid CORROSIVE Liquid	005	DF	275	G	F009

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. Plating Solution

K. Handling Codes for Wastes Listed Above

a. S012 c. S012
b. S012 d. S012

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: Roger C. Cyr | Signature: Roger C. Cyr | Date: Month 11 Day 13 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DANA Shaw | Signature: Dana Shaw | Date: Month 11 Day 13 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

0908-5001

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

Printed/Typed Name: JOS DONAHUE | Signature: Jos Donahue | Date: Month 11 Day 13 Year 86

GENERATOR

TRANSPORTER

FACILITY

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

MA B088007 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-03589

WORK ORDER: 12173

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

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator's US EPA ID No. MAD019294867	Manifest Document No.	22. Page 2 Information in the shaded areas is not required by Federal law

23. Generator's Name: TRW Fastener Division, 195 Binney St. Cambridge Ma. 02142

L. State Manifest Document Number: MAB088007

M. State Generator's ID: SAME

24. Transporter Company Name: Clean Harbors of Kingston — 25. US EPA ID NUMBER: MAD 034322250

N. State Transporter's ID: MAK8511

26. Transporter Company Name — 27. US EPA ID NUMBER

O. Transporter's Phone: 617 585 5711

P. Transporter's ID

Q. Transporter's Phone

29. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	30. Containers No.	Type	31. Total Quantity	Unit Wt./Vol.	R. Waste No.
a. Hazardous waste solid NOS ORM-E NA 9189	2	DM	400	P	H001 S01
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above: #401 speedi Dri

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GENERATOR

TRANSPORTER

33. Transporter _____ Acknowledgement of Receipt of Materials — Printed/Typed Name: DANA SHAW — Signature: [signature] — Date: Month 11 Day 13 Year 86

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

FACILITY

35. Discrepancy Identification Space

0908-5002

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03590

COPY>3: GENERATOR-MAILED BY TSDF

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 B088007 COPY>8: GENERATOR-RETAINED BY GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. [illegible] 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: TRW Fed[illegible] Division, 115 [illegible] Mass [illegible]
4. Generator's Phone ([illegible])
5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number:
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: [illegible]
10. US EPA ID Number:

A. State Manifest Document Number: MA B088007
B. State Gen. ID: [illegible]
C. State Trans. ID:
D. Transporter's Phone ( )
E. State Trans. ID:
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 NOS/[illegible] Combustible Liquid	[illegible]	DM		G	[illegible]
b. Waste Trichloroethylene ORM A UN-1710	004	DM		G	F001
c. Waste Nickel [illegible] UN-1760 NOS	004	DA		G	D002
d. Waste Chromic Acid Corrosive Liquid R.Q./[illegible] UN-1755	005	DA		G	F007

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. Plating Solution

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: Roger C Cyr — Signature: [signature] — Date: Month 11 Day 10 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] — Signature: [signature] — 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

0908-5003

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted
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-03591

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. MAD 1[illegible]

Manifest Document No. . . . .

22. Page 2 Information in the shaded areas is not required by Federal law.

23. Generator's Name [illegible]

L. State Manifest Document Number [illegible]

M. State Generator's ID [illegible]

24. Transporter _____ Company Name [illegible]

25. US EPA ID NUMBER [illegible]

N. State Transporter's ID [illegible]

O. Transporter's Phone [illegible]

26. Transporter _____ Company Name

27. US EPA ID NUMBER . . . . . .

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No.	Type	30. Total Quantity	31. Unit Wt./Vol.	R. Waste No.
a. [illegible]	[illegible]	[illegible]	10	[illegible]	[illegible]
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above [illegible]

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

TRANSPORTER

33. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible]

Signature [illegible]

Date: Month [illegible] Day [illegible] Year [illegible]

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

FACILITY

35. Discrepancy Identification Space

0908-5004 TRW-03592

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RETAINED BY GENERATOR

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

10969

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. Fasteners Division, 195 Binney St. Cambridge, Mass. 02142

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

A. State Manifest Document Number: MA B087969

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. *ORM-E Hazardous Waste Liquid N.O.S. NA9189	014	DM	00770	G	M001
b. Waste Chromic Acid, Corrosive ~~Liquid~~ Material UN1755	004	DM	00220	G	D002
c. MT Pallet	001	T	—	—	—

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

a. OIL — c.

b. Plating Solution — d.

K. Handling Codes for Wastes Listed Above

a. SO1 — c. SO1

b. SO1 — 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."

11-5-86

Continuing NES driver Donald Clark

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)
Roger Cyr	Roger Cyr	11 05 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Donald Bozeman	Donald Bozeman	11 05 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

*OMITTED

0908-5005

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)
Cathy A. Brown	Cathy A. Brown	11 05 86

GENERATOR — TRANSPORTER — FACILITY

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

MA B087969 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-03593

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 B087969

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. Oil | c.

b. Plating | 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*

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

0908-5006

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 B087969 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-03594

EMPTY DRUM HAZARDOUS MATERIAL SHIPPING FORM

FROM:

T. R. W. Carr
195 Binney St
Dambrida ma

CONSIGNEE and DESTINATION (CHECK BOX)

SERVICE CHEMICAL CORPORATION
221 SUTTON STREET
NO. ANDOVER, MA. 01845
TEL. (617) 685-2121 [ ]

NORTH EAST SOLVENTS CORPORATION
221 SUTTON STREET
NO. ANDOVER, MA. 01845
TEL. (617) 683-1022 [X]

PACKAGES NO.	PACKAGES TYPE	HM	PROPER SHIPPING	HAZARD CLASS	ID NO.	FOR OFFICE USE ONLY
1	55		Empty Drum			
			Last Containing			
			Cutting oil mix	[illegible]	[illegible]	
			Ok to Be disposed			

CONTAINS HAZARDOUS MATERIALS

CONTAINS HAZARDOUS MATERIALS

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

CUSTOMER SIGNATURE Roger Carr DATE 11-5-86

CHEMTREK
1-800-424-9300

DRIVER'S SIGNATURE D.B. -86

0908-5007

WHITE – OFFICE COPY
CANARY – CUSTOMER'S COPY
PINK – WAREHOUSE COPY

CONTAINS HAZARDOUS MATERIALS

TRW-03595

Don

NORTH EAST SOLVENTS RECLAMATION CORP.
221 SUTTON STREET
NORTH ANDOVER, MASS. 01845
TEL. (617) 683-1002

NES CONTROL NO. 10969
MANIFEST NO. MAB087969
DATE: 10/24/86

PACKING LIST

THIS IS NOT A MANIFEST. MUST BE ACCOMPANIED BY A PROPERLY COMPLETED HAZARDOUS WASTE MANIFEST.

GENERATOR T R W CARR EPA # MAD019294867
ADDRESS 195 BINNEY STREET CUST. P.O. # F4376
CITY CAMBRIDGE STATE MA ZIP CODE 02147
CONTACT: ~~GENE VISK~~ Roger Cyr PHONE: (617) 494-~~5500~~ 5810

11. U.S. DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS AND ID NO.)	Location Code	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	1. WASTE NO.
a HAZARDOUS WASTE LIQUID NOS ORM-E NA9189	SA	~~15~~ 14	55	825		M001
b Waste Chromic Acid Corrosive Liquid Material UN1755		4	55	220	G	D002
c						
d						
FOLLOWING ITEMS FROM PAGE 2 (CONTINUATION SHEET)						
a						
b						
c						
d						
e						
f						

GENERATOR

ADDITIONAL DESCRIPTIONS:
OIL

SPECIAL INSTRUCTIONS:
PICK UP WEEK OF 10/27/86

Roger Cyr

0908-5008

TRW-03596

BRADY BUSINESS FORMS – LOWELL, MASS. – TEL. 458-2585

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. 00029

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 B087975

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) 384-6151

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA J7C 3V4

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, NOS, ORM-E, NA 9189	001	CM	00013	Y	F006
b.					
c.					
d.					

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

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 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."

IN THE EVENT OF SPILL OR EMERGENCY, PLEASE CALL JEFF FRANKLIN AT 617-384-6151 OR 617-695-7297 CODE: NSKTRW 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: Dennis F. Borsuk — Date: Month 10 Day 30 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: James Wood — Signature: James Wood — Date: Month 10 Day 30 Year 86

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

19. Discrepancy Indication Space
OCT 31/86 13:47
G 61280 T 39040 N 22240 1b

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

Printed/Typed Name: PIERRE GREGOIRE — Signature: [signature] — Date: Month Day Year

0908-5009

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

MA B087975 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-03597

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 00029

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 B087975

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: FRA MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-6151

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA J7C 3V4

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, NOS, ORM-E, NA 9189	001	CM	00013	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. 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."

IN THE EVENT OF SPILL OR EMERGENCY, PLEASE CALL JEFF FRANKLIN AT 617-384-6151 OR 617-695-7297 CODE: NSKTRW 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		10 30 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
James Wood	James Wood	10 30 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

0908-5010

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

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 B087975 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03598

MANIFEST
MANIFESTE

N° de référence du manifeste: A 429191

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial:

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

Address - Adresse: 195 KIMBERLY STREET

Shipping Site Address - Origine de l'expédition: SAME

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

Intended Consignee - Destinataire choisi: SHARLEX 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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	AL 60-652	MA
Trailer #1 - Remorque #1	8194	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Phillipsburg | Point of Exit - Point de sortie: Champlain

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) 384-6151

Signature: James Wood | Date (Y/M/D - A/M/J): 86-10-30

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: SHARLEX CANADA, INC. | Provincial No. - N° provincial: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition: SAME

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

Received - Réception: Time - Heure: 07:20 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 86/10/31

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	P006	NA 9189	6.1	III	~ 11,500	kg	35	9	001	06	10,090	kg		03	X			
															04				
															06				

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

SHARLEX CODE: N-SKTRW C02

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

If waste to be re-transfe - Si le déchet doit être re-: 0908-5011 | Provincial No. - N° provincial:

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

Shipped - Date d'expédition: Time - Heure: 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/10/30

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/10/30

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 Y. 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.): 514 436-5230 | Signature: [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-Écosse
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-03599

ENV. 04-1917 (10-84)

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

6

MANIFESTE

N° de référence du manifeste: A 429191

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.: MA | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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	AL 60-652		MA
Trailer #1 - Remorque #1	8194		MA
Trailer #2 - Remorque #2			

Point of Entry - Point d'entrée: Phillipsburg | Point of Exit - Point de sortie: Champlain

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) 384-6151

Signature: James Wood | Date (Y/M/D - A/M/J): 86-10-30

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: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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	1006	NA 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 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 ▶ 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/10/30

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/10/30

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

0908-5012

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

(Call Collect) - (à frais virés)

TRW-03600

56

ENV. 04-1917 (10-84)

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

2

SCHEDULE VI
(Division V)

QC 039954

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. 617-494-5808 Tel. no.
Name: TRW Fasteners, 31 Ames Street
Address: Cambridge
Province: MA Country: USA Postal Code: 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name: Franklin Pumping Service, Inc., Industrial Rd., P.O. Box 617
Address: Wrentham
Province: MA Country: USA Postal Code: 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name: Stablex Canada Inc., 760 Boulevard Industriel
Address: Blainville
Province: Quebec Country: Canada Postal Code: J7C3V4

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	10	30	86	10	31								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
A-60652	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Highway 89 - Philipsburg

Region of entry: | Expected date of entry ▶ Y 86 M 10 D 30

Expected point of exit from Québec: Champlain NY

Region of exit: | Expected date of exit ▶ Y 86 M 10 D 31

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
F006/9306	Hazardous waste solid, NOS, ORM-E			S	0 0 1	C OT	P LE
	(metal hydroxide sludge)						

Emergency instructions
Code: NSKTRWC02

Declaration of consignor

Shipping number: 06245440

I declare that the information above is true.
Name (Please print): PAUL ENRIGHT
Date: 86-10-30
Signature: Paul Enright
Time: 11:00 AM

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print):
Date:
Signature:
Time:

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5013

TRW-03601

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)
				01			

Acceptance
Date Y M D: 86 10 30
Time: 1348

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AC6065 2	MR			
Trailer #1	8194	"	Yes	No	
Trailer #2					

Quantity accepted (weight in kg)	
Entry	27800
Exit	17710
Quantity accepted	10090

I declare that the information in this declaration is true.
Name (Please print): Pierre Grégoire
Date: 86/10/31
Signature: [signature]
Time: 13:48

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): James Wood
Date: 86/10/31
Signature: James Wood
Time: 7:20

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

QC 039954

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. SECTION B: To be sent to the consignor

0908-5014

TRW-03602

RC-CE
91/03/16

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 J7C 3V4

2 DATE OF DIRECT SHIPMENT TO CANADA: 10/30/86
3 INVOICE NO AND DATE: NONE
4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)
P. O. #F4133

5 CONSIGNEE (NAME & ADDRESS)
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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

8 IMPORTER (NAME & ADDRESS)
SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE 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
DOLLARS

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

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.	13 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 10/30/86

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)			

0908-5015

TRW-03603

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 REFER TO CANADA CUSTOMS MEMORANDUM D43

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

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, BLAINVILLE, QUEBEC J7C 3V4

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)	SPECIFY "D" OR "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 IS TO BE TREATED AND LANDFILLED.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

11. BILL OF LADING OR AIR WAYBILL NUMBER: 3087975

17. DATE OF EXPORTATION (Not required for shipments by vessel): 10/30/86

I 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

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.)

195 BINNEY STREET, CAMBRIDGE, MA 02142

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

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

Designate foreign merchandise (reexports) with an "F" and exports of domestic merchandise from 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-03604

0908-5016

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fasteners		Stablex Canada Inc.
31 Ames Street		760 Boulevard Industriel
Cambridge, MA 02142		Blainville, Quebec J7C3W4
Release #R13734		

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
T-4132	T1222-1			NET 10 DAYS	October 30, 1986

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☑ TRANSPORTATION of 20,000 lbs. Metal Hydroxide Sludge		
☐ DISPOSAL Deliver empty container with liner		
☐ PORTAL TO PORTAL note: initiates rental (R13733)		
LOADING 7 a.m. contact: Paul Enrite 1-494-5808		
OFF LOADING next day 10/31/86		
FACILITY W/O # SS# 06245440 CODE # NSKTLMC02		
MANIFEST DOCUMENT # O.C. #039954 PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: 7 00 AM
ARRIVAL GENERATOR SITE: 8 15
JOB COMPLETED: 11 00 AM
RETURN FPS

LOADING ACTIVITY LOG: Drop & pick Twice inside bldg. line Containers

Jim Wood 10-30-86
DRIVER SIGNATURE DATE

Paul Enrite
AUTHORIZED SIGNATURE

ARRIVAL SITE:
TIME BEGAN OFF LOADING:
TIME COMPLETED OFF LOADING:
RETURN FPS

OFF LOADING ACTIVITY LOG:

DRIVER SIGNATURE DATE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03605

0908-5017

Blue Copy, Office Copy | White Copy, Transporter | Canary Copy, Generator | Pink Copy, Facility

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.: 00028

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 B087974

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194MA

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 384-6151

E. State Trans. ID:

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

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, NOS, ORM-E, NA9189	001	CM	00013	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
IN THE EVENT OF SPILL OR EMERGENCY, PLEASE CALL JEFF FRANKLIN AT 617-384-6151 OR 617-695-7297
CODE: NSKTRW 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: Dennis F. Borsuk — Date: Month 10 Day 09 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter Valade — Signature: Peter Valade — Date: Month 10 Day 09 Year 86

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

19. Discrepancy Indication Space
OCT 10/86 13:35
G 61360 T 37880 N 23480 1b

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 0908-5018

Printed/Typed Name: Marc Anne Boisvenu — Signature: [signature] — Month 10 Day 09 Year 86

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

MA B087974 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03606

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.: 00028

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 B087974

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 9194MA

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 384-6151

E. State Trans. ID:

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC, CANADA

10. US EPA ID Number: NYD980756415

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ([illegible]) 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, NOS, ORM-E, NA9189	001	CM	[illegible]013	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. D80
b. T04
c.
d.

15. Special Handling Instructions and Additional Information
IN THE EVENT OF SPILL OR EMERGENCY, PLEASE CALL JEFF FRANKLIN AT 617-384-6151 OR 617-695-7297
CODE: NSKTRW 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		10 09 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
[illegible]	[illegible]	10 09 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

TRW-03607

0908-5019

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

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 B087974 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

MANIFEST
MANIFESTE

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.: MA | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping | 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	AL2740	MA
Trailer #1 - Remorque #1	8194	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: 2489 | Point of Exit - Point de sortie: 2489

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): Peter Valade | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-6151

Signature: Peter Valade | Date (Y/M/D - A/M/J): 86/10/9

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

A 429183

Reference No.'s of Other Manifests 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: 16888273

Address - Adresse: 760 Boulevard Industriel

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition

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

Received - Reception
Time - Heure: 3:00 AM ☐ PM ☑ | Date (Y/M/D - A/M/J): 86/10/09

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 Packaging Contenants Yes Oui	Decontamination Packaging Contenants No Non	Decontamination Vehicle Vehicule Yes Oui	Decontamination Vehicle Vehicule No Non
S	Wastewater Treatment	F006	NA9188	6.1	III	~11,500	kg	35	%	001	06	18650	KG		03	X			
															04				
															06				

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

STANLEX CODE: M-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: 0908-5020 | City - Ville | Prov.

Shipped - Date d'expédition
Time - Heure: 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/10/9

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/10/9

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 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): MARC ANDRE DESJARDINS | Tel. No. (Area Code) - N° de tél. (ind. rég.): 514 430-9230 | 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
Quebec
(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-03608

ENV. 04-1917 (10-84)

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

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste: A 429183

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.: MA | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping

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	AL2790	MA
Trailer #1 - Remorque #1	8194	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: R+89 | Point of Exit - Point de sortie: R+89

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): Peter Valade | Tel. No. (Area Code) N° de tél. (ind. rég.): (617) 384-6151

Signature: Peter Valade | Date (Y/M/D - A/M/J): 86/10/9

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: 16888273

Address - Adresse: 760 Boulevard Industriel

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7C 3V4

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	F006	NA9188	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 ▶ 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/10/9

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/10/9

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): 0908-5021

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

TRW-03609

ENV. 04-1917 (10-84)

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

SCHEDULE VI
(Division V)

QC 039943

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 Division
195 Binney Street
Address Cambridge
Province MA Country USA Postal Code 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name Franklin Pumping Service, Inc.
Industrial Rd., P. O. Box 617
Address Wrentham
Province MA Country USA Postal Code 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name Stablex Canada Inc.
760 Boulevard Industriel
Address Blainville
Province Quebec Country CANADA Postal Code J7C3V4

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	10	09	86	10	10								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH-62790	MA	8195	MA		

If cross-border

Expected point of entry into Québec
Highway 89 - Phillipsburg

Region of entry | Expected date of entry ▶ Y 86 M 10 D 9

Expected point of exit from Québec
Rt 89

Region of exit | Expected date of exit ▶ Y 86 M 10 D 10

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)		Physical state	Containers Number	Type	Lining
F006/9306	hazardous waste solid, NOS, ORM-E					0 01	C OT	P LE

Emergency instructions
Code NSWTRNC02

Declaration of consignor

Shipping number 06015930

I declare that the information above is true.
Name (Please print) Nicholas G. Cullen
Signature
Date 10/9/86
Time

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print) Peter Valade
Signature Peter Valade
Date 86/10/9
Time

2. SECTION A: To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5022

TRW-03610

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)
				04			

Acceptance
Date Y M D: 86 10 10
Time: 13:35

Registration		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH62790	MA			
Trailer #1	8196	MA	X FAC		
Trailer #2					

Quantity accepted (weight in kg)	
Entry	27830 –
Exit	17180 –
Quantity accepted	10650 –

I declare that the information in this declaration is true.
Name (Please print): MARC ANDRE BOISVEN
Date: 86/10/10
Signature: [signature]
Time: 13:35

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): Peter VALADE
Date: 86/10/09
Signature: [signature]
Time: 21:05

AU MINISTÈRE
RECUE An M Jr

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

QC 039943

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. SECTION B: To be sent to the consignor

0908-5023

TRW-03611

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. 96-2751.

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, BLAINVILLE, QUEBEC J7C 3V4

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 COMMER-	–	D	N.A.	–	NO VALUE. WASTE IS
	CIAL VALUE.					TO BE TREATED
						AND LANDFILLED

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087974

17. DATE OF EXPORTATION (Not required for shipments by vessel): 10/9/86

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

0908-5024

TRW-03612

RC-CE
7/81/03/16

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 J7C 3V4

2 DATE OF DIRECT SHIPMENT TO CANADA: 10/9/86
3 INVOICE NO AND DATE: NONE
4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)
P. O. #F-4133

5 CONSIGNEE (NAME & ADDRESS)
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

6 IMPORTER (NAME & ADDRESS)
SAME

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

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, N.Y. RT.87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE 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
DOLLARS

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

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.	13 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 10/9/86

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-03613

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 INVC

TOPS FORM 3128 REVISED

0908-5025

Litho in U.S.A.

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS SHIPPING ORDER

must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

Shippers Number R13767

Carriers Number T1222-1

CARRIER: Franklin Pumping Service, Inc. SCAC Date 10/9/86

TO: Consignee Stablex Canada Inc.
Street 760 Boulevard Industriel
Destination Blainville, Quebec Zip J7C3V4

FROM: Shipper TRW Fasteners
Street 195 Binney Street
Origin Cambridge, MA Zip 02142

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	XX	Hazardous waste solid, NOS	ORM-E	NA9189	11.500	Kg	

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED yes

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER

DRIVER SIGNATURE:

SHIPPER: TRW Fasteners
PER: [signature]
DATE: 10/9/86

CARRIER: Franklin Pumping Service, Inc.
PER: [signature]
DATE: 10/9/86

FORM # 9-BLS-A (3 PLY)
Revised 11/82

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

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fasteners		Stablex Canada Inc.
195 Binney Street		760 Boulevard Industriel
Cambridge, MA 02142		Blainville, Quebec CANADA

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
13767	T1222-2			NET 10 DAYS	October 9, 1986

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☐ TRANSPORTATION of _____ lbs. metal hydroxide sludge		
☐ DISPOSAL (13766) Deliver empty container $ with liner		
☐ PORTAL TO PORTAL Contact: Paul Enrite 1-494-5808		
LOADING 7:30 a.m.		
OFF LOADING 10/10/86 note: initiates rental		
FACILITY W/O # 06015930 CODE # NSWTRNC02		
MANIFEST DOCUMENT # Q/C 039943 MAC049324 PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: 700
ARRIVAL GENERATOR SITE: 8:30 4½ hr
JOB COMPLETED: 1:00
RETURN FPS

LOADING ACTIVITY LOG: Had to wait for car to be moved. Loaded lined & tarped car #61

Pete Valade
DRIVER SIGNATURE DATE

[illegible]
AUTHORIZED SIGNATURE

ARRIVAL SITE:

OFF LOADING ACTIVITY LOG:

TIME BEGAN OFF LOADING:

TIME COMPLETED OFF LOADING:

RETURN FPS

TRW-03615

DRIVER SIGNATURE DATE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS: Cambridge Police were on the scene to remove [illegible] car owner removed it after 3 hours

[illegible]

Blue Copy, Office Copy White Copy, Transporter Canary Copy, Genera ty

0908-5027

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

WORK ORDER 10956

36

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.

A. State Manifest Document Number: MA B087966

3. Generator's Name and Mailing Address: TRW, Fasener Division, 195 Binney St. Camb. Ma. 02142

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

B. State Gen. ID: SAME

5. Transporter 1 Company Name: Clean Harbors of Kingston — 6. US EPA ID Number: MAD039322250

C. State Trans. ID: AL8791

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

D. Transporter's Phone (617) 585-5711

E. State Trans. ID

9. Designated Facility Name and Site Address: Clean Harbors of Braintree, 385 Quincy Ave, Braintree Mass — 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. Waste Oil Nos/NA1270 Combustible Liquid UN-	014	DM	00720	G	M001
b. Waste Chromic Acid CORROSIVE Liquid UN-1755	008	DM	00440	G	D002
c. Waste Trichloroethylene ORM A	005	DM	00275	G	F001
Pumice and Metal Fasteners Non Regulated	009	DM	00495	G	—

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

a. mixed oil & water
b. Plating Solution
c. mixed w/oil
d.

K. Handling Codes for Wastes Listed Above

a. S012 c. S012
b. S02 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: Roger C. Cye — Signature: Roger C Cye — Date: Month 10 Day 09 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAVE SHAW — Signature — Date: Month 10 Day 09 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-5028

TRW-03616

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

Printed/Typed Name: Ron D. Harvey — Signature — Date: Month 10 Day 09 Year 86

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

COPY>3: GENERATOR-MAILED BY TSDF

MA B087966 COPY>3: GENERATOR-MAILED BY TSDF

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

ase 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: [illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document Number: MA B087966

B. State Gen. ID: SAME

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

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: [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. Waste Oil Nos/NA1270 combustible Liquid	[illegible]	DM	[illegible]	G	M001
b. Waste Chrome Acid UN-[illegible]	[illegible]	DM	[illegible]	G	D002
c. Waste Trichloroethylene UN-1755	[illegible]	DM	[illegible]	G	F001
d. [illegible]	[illegible]	[illegible]	[illegible]	G	[illegible]

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

a. mixed oil + water
b. Plating Solution
c. mixed 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 S[illegible] 3002(b) of RCRA, I also certify that I have a program in place to reduce th[illegible] and toxicity of waste generated to the degree I have determined to be e[illegible] practicable and I have selected the method of treatment, storage or disposal curr[illegible] available to me which minimizes the present and future threat to human heal[illegible] 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
[illegible]	[illegible]	[illegible]

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
[illegible]	[illegible]	[illegible]

19. Discrepancy Indication Space

0908-5029

TRW-03617

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

proved OMB No. 2000-0404. Expires 7-31-86
orm 8700-22 (3-84)

MA B087966 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

WORK ORDER 10214

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. Fasteners Division
195 Binney St. Camb. Ma. 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number MA B087965
B. State Gen. ID SAME

5. Transporter 1 Company Name: Clean Harbors of Kingston
6. US EPA ID Number: MAD039322250
C. State Trans. ID: MAA87911
7. Transporter 2 Company Name
8. US EPA ID Number
D. Transporter's Phone (617) 585-5711
E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors of Braintree
385 Quincy Ave
Braintree Ma
10. US EPA ID Number: MAD053452637
F. Transporter's Phone
G. State Facility's ID: Not Required
H. Facility's Phone (617) 849-1809

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.
GENERATOR					
a. Waste oil NOS Combustable Liquid NA1270	016	DM	00880	G	M001
b. Waste Trichlorethylene (RQ-1000 lb. 54) ORM-A UN1710	004	DM	00220	G	F001
c. Waste Chromic Acid Solution RQ 1000 lb. 54 Corrosive Material UN1755	005	DF	00275	G	D002
d. Waste Alkline Liquid NOS Corrosive Material NA1719	001	DM	00055	G	D002

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

K. Handling Codes for Wastes Listed Above
a. S101 2 c. S101 2
b. S101 2 d. S101 1

15. "Unless I am a small quantity generator who has been exempted by 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."

Additional Information
~~Empty 55 Lost~~ ~~contained off~~

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)
Roger Cyr	Roger Cyr	09 25 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
DANA SHAW	Dana Shaw	09 25 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

TRW-03618

0908-5030

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest

Printed/Typed Name	Signature	Date (Month Day Year)
Martin Kolker	M. Kolker	09 25 86

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

COPY>3: GENERATOR-MAILED BY TSDF

MA B087965 COPY>3: GENERATOR-MAILED BY TSDF

WORK ORDER 10214

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. MAD01929486 7 — Manifest Document No. . . . .

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

23. Generator's Name: TRW FASTNER DIVISON, 195 BINNEY ST, CAMBRIDGE MA 02142

L. State Manifest Document Number: MAB087965

M. State Generator's ID: SAME

24. Transporter ____ Company Name: Clean Harbors of Kingston

25. US EPA ID NUMBER: MAD03932222 50

N. State Transporter's ID: MAAK87911

O. Transporter's Phone: 617 585 5711

26. Transporter ____ Company Name:

27. US EPA ID NUMBER:

P. State Transporter's ID:

Q. Transporter's Phone:

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No.	Type	30. Total Quantity	31. Unit Wt./Vol.	R. Waste No.	
a. Waste Paint Flammable Liquid UN1263	001	DM	55	G	D001	S01
b. Waste Acid Liquid NOS Corrosive Material NA1760	003	DM	165	G	D002	S01
c. Hazardous waste Solid NOS ORM-E NA9189	02	DM	500	P	M001	S01
d.						
e.						
f.						
g.						
h.						
i.						

S. Additional Descriptions for Materials Listed Above

C. Contaminated Speedi Dry

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

33. Transporter ____ Acknowledgement of Receipt of Materials

Printed/Typed Name: DANA SHAW — Signature: [signature] — Date: Month 09 Day 25 Year 86

34. Transporter ____ Acknowledgement of Receipt of Materials

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

35. Discrepancy Identification Space

0908-5031

TRW-03619

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

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

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 B087965

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 ( )

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.					
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

"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

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

0908-5032

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 B087965 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03620

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.

Manifest Document No.

22. Page 2 Information in the shaded areas is not required by Federal law.

23. Generator's Name

L. State Manifest Document Number

M. State Generator's ID

24. Transporter _____ Company Name

25. US EPA ID NUMBER

N. State Transporter's ID

O. Transporter's Phone

26. Transporter _____ Company Name

27. US EPA ID NUMBER

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No	Type	30. Total Quantity	31. Unit Wt./Vol.	R. Waste No.
a					
b					
c					
d					
e					
f					
g					
h					
i					

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GENERATOR

TRANSPORTER

33. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date (Month Day Year)

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Date (Month Day Year)

FACILITY

35. Discrepancy Identification Space

0908-5033

TRW-03621

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: GENERATOR-RETAINED BY GENERATOR

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. 0027

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
31 Ames Street, Cambridge, MA 02142

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

A. State Manifest Document Number: MA C001519

B. State Gen. ID: Same

5. Transporter 1 Company Name: Franklin Pumping Service, Inc.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-6151

E. State Trans. ID

9. Designated Facility Name and Site Address
Stablex Canada Inc.
760 Boulevard Industriel
Blainville, Quebec CANADA

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, NOS, ORM-E, NA9189	001	CM	00013	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
In the event of spill or emergency, please call Jeff Franklin at 617-384-6151 or 617-695-7297
Code: NSKTRWC02

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

GENERATOR — Printed/Typed Name: DENNIS F. BORSUK — Signature: Dennis F. Borsuk — Date: Month 09 Day 18 Year 86

TRANSPORTER
17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Gary Tyler — Signature: Gary Tyler — Date: Month 09 Day 18 Year 86
18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY
19. Discrepancy Indication Space
0908-5034
SEPT 1986
G 59160 T 36440 N 22720 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: MARC-ANDRE BOISVERT — Signature — Date: Month 09 Day 18 Year 86

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

MA C001519 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03622

Manifest Reference No.
N° de référence du manifeste

A 429175

	Provincial No. N° provincial
...R)	

...ntreprise: ...M PASTERNS DIVISION

Address · Adresse: 195 BIRCH STREET

Shipping Site Address · Origine de l'expédition: SAME

City · Ville	Prov.	Postal Code · Code postal
CAMBRIDGE	MA	02142

Intended Consignee
Destinataire choisi: STERLEX CANADA, INC.

Provincial No. · N° provincial: 16888273

Address · Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address · Destination de l'expédition: SAME

City · Ville	Prov.	Postal Code · Code postal
BLAINVILLE	QUEBEC	J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name · Nom de l'entreprise: FRANKLIN PUMPING

Provincial No. · N° provincial:

Address · Adresse: INDUSTRIAL ROAD

City · Ville	Prov.	Postal Code · Code postal
WEBSTER	MA	02093

Registration Immatriculation des véhicules	License No Immatriculation	Province
Vehicle · Véhicule moteur	AE154 40	MA
Trailer #1 · Remorque #1	8194	MA 1
Trailer #2 · Remorque #2		

Point of Entry
Point d'entrée: Pt. Lyndhurst Ont.

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.): 6151 (617) 384-3135

Signature: Gary Tyler

Date (Y/M/D - A/M/J): 86/9/18

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: STERLEX CANADA, INC.

Provincial No. · N° provincial: 16888273

Address · Adresse: 760 BOULEVARD INDUSTRIEL

City · Ville	Prov.	Postal Code · Code postal
BLAINVILLE	QUEBEC	J7C 3V4

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): 86/09/18

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	NA9189		6.1	III	11,500	kg	35	%	001	06	10,210	KG		03	X			
															04				
															06				

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

Attached Ci-jointes ☐ Below Plus bas ☐

STERLEX CODE: N-SKIN 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 ▶ 12 NOON AM ☐ PM ☒

Date (Y/M/D - A/M/J): 86/9/18

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/9/18

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 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): MARC-ANDRE BOISVERT

Tel. No. (Area Code) N° de tél. (ind. rég.): 514 430-9230

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

TRW-03623

ENV. 04-1917 (10-84)

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

0908-5035

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)
				04			

Acceptance
Date Y M D: 86 09 19
Time: 14:16

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AE-15640	MA			
Trailer #1	8194 MA	MA	X		
Trailer #2					

Quantity accepted (weight in kg)	
Entry	26740
Exit	16530
Quantity accepted	10210

I declare that the information in this declaration is true.
Name (Please print): MARC ANDRÉ BISSON
Date: 86/09/
Signature:
Time: 14:16

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: 86/09/18
Signature:
Time: 21:58

AU MINISTÈRE
RECUE An M Jr

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

QC 039927

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

0908-5036

TRW-03624

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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 / 0002 7

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
31 Ames Street, Cambridge, MA 02142

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

A. State Manifest Document Number: MA C001519

B. State Gen. ID: Same

5. Transporter 1 Company Name: Franklin Pumping Service, Inc.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8114 MA

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 384-6151

E. State Trans. ID

9. Designated Facility Name and Site Address
Stablex Canada Inc.
760 Boulevard Industriel
Blainville, Quebec CANADA

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, NOS, ORM-E, NA9189	001	CM	00013	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 80
b. T 04
c.
d.

15. Special Handling Instructions and Additional Information
In the event of spill or emergency, please call Jeff Franklin at 617-384-6151 or 617-695-7297
Code: NSETRWC02

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

Printed/Typed Name: DENNIS F. BORSUK
Signature:
Date: Month 09 Day 18 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Tyler
Signature:
Date: Month 09 Day 18 Year 86

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

19. Discrepancy Indication Space
0908-5037

TRW-03625

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 C001519 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2050-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>8: GENERATOR-RETAINED BY GENERATOR

MANIFEST
MANIFESTE

Manifest Reference No. / N° de référence du manifeste: A 429175

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.: MA | 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: J7C 3V4

B - CARRIER / TRANSPORTEUR

Company Name / Nom de l'entreprise: FRANKLIN PUMPING | 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	AE15640	MA	
Trailer #1 / Remorque #1	8194	MA	1
Trailer #2 / Remorque #2			

Point of Entry / Point d'entrée: Phillips Rag Dump | 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.): 6151 (617) 384-3135

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 86/9/18

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: 16888273

Address / Adresse: 760 BOULEVARD INDUSTRIEL

City / Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code / Code postal: J7C 3V4

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	F006	NA1189	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: 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/9/18

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 86/9/18

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 destinatair: partie C sont véridiques et complets.

Name of Authorized Person (Print) / Nom de l'agent autorisé (caractèr: 0908-5038

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

TRW-03626

ENV. 04-1917 (10-84)

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

2

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 J7C 3V4

2 DATE OF DIRECT SHIPMENT TO CANADA: 9/18/86

3 INVOICE NO. AND DATE: NONE

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

P.O. #F 4133

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE 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

DOLLARS

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

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.	13 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 9/18/86

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): 0908-5039

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 043

TOPS FORM 3128 REVISED

Litho in U.S.A.

TRW-03627

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, BLAINVILLE, QUEBEC J7C 3V4

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 COMMER-	–	D	NA	–	NO VALUE. WASTE IS
	CIAL VALUE.					TO BE TREATED
						AND LANDFILLED

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAC001519

17. DATE OF EXPORTATION (Not required for shipments by vessel): 9/18/86

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

0908-5040

TRW-03628

SCHEDULE VI
(Division V)

QC 039927

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. 617-494-5808 Tel. no.
Name: TRW Fasteners, 31 Ames Street
Address: Cambridge
Province: MA Country: USA Postal Code: 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name: Franklin Pumping Service, Inc., Industrial Rd., P. O. Box 617
Address: Wrentham
Province: MA Country: USA Postal Code: 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name: Stablex Canada Inc., 760 Boulevard Industriel
Address: Blainville
Province: Quebec Country: CANADA Postal Code: J7C3V4

Shipping details

Expected shipping date (Y M D)	Expected arrival date (Y M D)	Transit region (A B C D E F G H)
86 09 18	86 09 19	

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AE15640	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Highway 89 - Philipsburg

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
F006/9306	Hazardous waste solid, NOS, ORM-E				X	0 0 1	C OT	P LE

Emergency instructions
Code N-SKTRWC-02

Declaration of consignor

Shipping number: ~~006880~~ 6836 01.880-6836

I declare that the information above is true.
Name (Please print): Nicholas G Cullen
Signature: Nicholas G. Cullen
Date: 9/18/86
Time: 12 NOON

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print): Gary Tyler
Signature: Gary Tyler
Date: 86-9-18
Time: 12:00

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5041

TRW-03629

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS MEMORANDUM

Is an acknowledgement 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.

Shippers Number R13764

Carriers Number T1222-1

CARRIER: Franklin Pumping Service, Inc. SCAC Date 9/18/86

TO: Consignee Street Destination: Stablex Canada Inc., 760 Boulevard Industriel, Blainville Quebec, CANADA Zip J7C3V4

FROM: Shipper Street Origin: TRW Fasteners, 31 Ames Street, Cambridge, MA Zip 02142

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	XX	Hazardous waste solid, NOS	ORM-E	NA9189	2000	P	

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER

DRIVER SIGNATURE:

SHIPPER: TRW Fasteners
PER: A G Cullen
DATE: 9/18/86

CARRIER: Stablex Canada Inc.
PER: Terry Tyler
DATE: 9-18-86

FORM # 9-BLS-A (3 PLY)
Revised 11/82

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

0908-5042

TRW-03630

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Eastomrs		Stablex Canada Inc.
31 Ames Street		760 Boulevard Industriel
Cambridge, MA		Blainville, Quebec CANADA

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
13764	T1222-2			NET 10 DAYS	September 18, 1986

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☒ TRANSPORTATION of 14 tons metal hydroxide sludge		
☐ DISPOSAL (#13763) note: Take empty container with polyliner		
☐ PORTAL TO PORTAL Note: Extra hydraulic hoses required		
LOADING 7 a.m.		
OFF LOADING next day 9/19/86		
FACILITY W/O # ES # 06880636 CODE # N-SMITC-02		
MANIFEST DOCUMENT # C/C #039927 PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: _____

ARRIVAL GENERATOR SITE: _____

JOB COMPLETED: _____

RETURN FPS _____

LOADING ACTIVITY LOG _____

DRIVER SIGNATURE _____ DATE _____ AUTHORIZED SIGNATURE _____

ARRIVAL SITE: _____

TIME BEGAN OFF LOADING: _____

TIME COMPLETED OFF LOADING: _____

RETURN FPS _____

OFF LOADING ACTIVITY LOG: _____

DRIVER SIGNATURE _____ DATE _____ AUTHORIZED SIGNATURE _____

ADDITIONAL COMMENTS: _____

TRW-03631

0908-5043

Blue Copy, Office Copy | White Copy, Transporter | Canary Copy, Generator | Pink Copy, Facility

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
One Winter Street
Boston, Massachusetts 021

WORK ORDER -9898

26

F 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. 02148

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

A. State Manifest Document Number MA B087964

B. State Gen. ID Same

5. Transporter 1 Company Name: Clean Harbors - Kingston — 6. US EPA ID Number MAD039322250

C. State Trans. ID MAAK87911

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

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors Inc of Braintree
385 Quincy Ave
Braintree Ma. 02045

10. US EPA ID Number MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (617) 849-1807

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 Oil NOS/NA1270 Combustible Liquid	01	TD	M0935	G	M001
b. Waste Trichloroethylene ORM A UN1710	003	D	M0165	G	F001
c. Waste Cyanide Mixture Dry Poison B U.N. 1588	002	D	M0110	P	F007
Hazardous Waste Liquid NOS ORM E NA9189	004	D	M0220	G	M001

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. Lard Oil + Water
b.
c.
d. Soapy Water

K. Handling Codes for Wastes Listed Above
a. S1012 c. S1011
b. S1012 d. S1012

15. "Unless I am acting in the capacity of a 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."

Additional Information
8 - Empty 55 Last contained oil

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: Roger Cyr — Signature: Roger Cyr — Date: Month 09 Day 15 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVE SHAW — Signature: [signature] — Date: Month 09 Day 15 Year 86

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

FACILITY

19. Discrepancy Indication Space

0908-5044

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

Printed/Typed Name: Martin Kolker — Signature: [signature] — Date: Month 11 Day 1 Year 86

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 B087964 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03632

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 B087964 COPY>8: GENERATOR-RETAINED BY GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. [illegible] 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 [illegible]

4. Generator's Phone ([illegible]

5. Transporter 1 Company Name [illegible]

6. US EPA ID Number [illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address [illegible]

10. US EPA ID Number

A. State Manifest Document Number: MA B087964

B. State Gen. ID: [illegible]

C. State Trans. ID: [illegible]

D. Transporter's Phone ([illegible])

E. State Trans. ID

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 Oil [illegible]	[illegible]	[illegible]	[illegible]	G	[illegible]
b. [illegible]	[illegible]	[illegible]	[illegible]	G	[illegible]
c. [illegible] Poison B UN 1580	[illegible]	[illegible]	[illegible]	P	[illegible]
d. Hazardous Waste Liquid [illegible]	[illegible]	[illegible]	[illegible]	G	[illegible]

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

a. Lard Oil + water

b.

c.

d. Soapy water

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."

8 - Empty 55 L [illegible] oil

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
[illegible]	[illegible]	[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

0908-5045

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manif.

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-03633

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 00001

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-

A. State Manifest Document Number: MA B087973

B. State Gen. ID: same

5. Transporter 1 Company Name: Clean Harbors, Inc.

6. US EPA ID Number: MAD039322250

C. State Trans. ID: MA25534

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone: (617) 849-1800

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. Non-Hazardous Pumice, Hazard Class and I.D. # Not Applicable	001	TT	2200	G	none
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (including physical state and hazard code)
product code: ~~11-4~~ 611-A
a. work order # 143380
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T 2 3
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: Dennis F. Borsuk
Signature: Dennis F. Borsuk
Date: Month 09 Day 02 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard A. Mucciacciaro Jr.
Signature: Richard A. Mucciacciaro
Date: Month 09 Day 02 Year 86

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

19. Discrepancy Indication Space

0908-5046

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

Printed/Typed Name: Denise A Borys
Signature: Denise A. Borys
Date: Month 09 Day 02 Year 86

GENERATOR
TRANSPORTER
FACILITY

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

MA B087973 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-03634

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. [illegible] — 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 [illegible]
4. Generator's Phone ( )

A. State Manifest Document Number: MA B087973
B. State Gen. ID: [illegible]

5. Transporter 1 Company Name [illegible] — 6. US EPA ID Number [illegible]
C. State Trans. ID: MA255314

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 [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. [illegible]	[illegible]	TT	2200	G	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. [illegible] c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [illegible] 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
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Richard A Muccioccia	[illegible]	07	02	86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year

FACILITY

19. Discrepancy Indication Space
0908-5047
TRW-03635

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)

COPY>8: GENERATOR-RETAINED BY GENERATOR

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

WORK ORDER -9878

31

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. Fasterner Division
195 Binney St Camb. Mass 02142

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

A. State Manifest Document Number MA B087963

B. State Gen. ID SAME

5. Transporter 1 Company Name Clean Harbors of ~~Natick~~ Kingston — 6. US EPA ID Number MAD ~~980595903~~ 980522250

C. State Trans. ID MA 257 X L

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

D. Transporter's Phone (617) 545-5117

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors Inc of Braintree
385 Quincy Ave
Braintree Ma. 02045 — 10. US EPA ID Number MAD053452637

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (617) 849-1888

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/NA1270 Combustible Liquid	024	DM	1320	G	M001
b. Waste Trichloroethylene UN1710	005	DM	275	G	F001
c. Waste Acid Sludge Nos/UN9018 CORROSIVE material	008	DM	110	G	F006
d.					

J. Additional Descriptions for Materials Listed Above *(Include physical state and hazard code.)*
a. mixed oil & water
b. mixed with oil
c. acid sludge
d.

K. Handling Codes for Wastes Listed Above
a. S101 2
b. S102
c. S101 1
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: Roger Cyr — Signature: Roger Cyr — Date: Month 09 Day 02 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kevin O Reed — Signature: K O Reed — Date: Month 09 Day 02 Year 86

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

FACILITY

19. Discrepancy Indication Space

0908-5048

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

Printed/Typed Name: Jos Donahue — Signature: Jos Donahue — Date: Month 09 Day 02 Year 86

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

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

MA B087963 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03636

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.
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 Number: MA B087963
B. State Gen. ID
C. State Trans. ID
D. Transporter's Phone ( )
E. State Trans. ID
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone ( )

5. Transporter 1 Company Name [illegible]
6. US EPA ID Number [illegible]
7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address [illegible]
10. US EPA ID Number [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. Waste Oil Nos/NA1270 Combustible Liquid	[illegible]	DM	[illegible]	G	[illegible]
b. Waste Trichloroethylene UN1710	[illegible]	DM	[illegible]	G	F001
c. Waste Acid Sludge Nos/UN3012 Corrosive [illegible]	[illegible]	DM	[illegible]	G	F006
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. [illegible] oil & water
b. [illegible] with oil
c. acid sludge
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 [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

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

19. Discrepancy Indication Space

0908-5049 TRW-03637

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 B087963 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

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. 00026

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 B087972
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
BLAINVILLE, QUEBEC J7C 3V4
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	00013	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
"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	08 29 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Peter Valade	Peter Valade	08 28 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
AUG 29 86 18:21
G 64760 T 38120 N 26640 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	Signature	Date (Month Day Year)
MARC-ANDRE BOISVERT		8 29 86

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

0908-5050

COPY>3: GENERATOR-MAILED

TRW-03638

MA B087972 COPY>3: GENERATOR-MAILED BY TSDF

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. 0026

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 B087972

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 7194 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
BLAINVILLE, QUEBEC J7C 3V4

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	00013	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		08 29 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Peter Valinde	Peter Valinde	08 29 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

TRW-03639

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

0908-5051

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

GENERATOR

TRANSPORTER

FACILITY

MA B087972 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

MANIFESTE

A 429167

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. N° provincial

Company Name · Nom de l'entreprise: TIN FASTENERS DIVISION

Address · Adresse: 195 KIRBY STREET

Shipping Site Address · Origine de l'expédition: SAME

City · Ville: CAMBRIDGE | Prov.: MA | Postal Code · Code postal: 02142

Intended Consignee · Destinataire choisi: STARLEX 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name · Nom de l'entreprise: FRANKLIN PUMPING | Provincial No. · N° provincial

Address · Adresse: INDUSTRIAL ROAD

City · Ville: MERRIMAN | Prov.: MA | Postal Code · Code postal: 02093

	Registration · Immatriculation des véhicules	License No. · Immatriculation	Province
Vehicle · Véhicule moteur		D116 2740	MA
Trailer #1 · Remorque #1		5194	MA
Trailer #2 · Remorque #2			

Point of Entry · Point d'entrée: 24-89 | Point of Exit · Point de sortie: 24-89

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): Peter Valnix | Tel. No. (Area Code) · N° de tél. (ind. rég.): (617) 384-3135

Signature: Peter Valnix | Date (Y/M/D - A/M/J): 86/8/29

C - CONSIGNEE (RECEIVER) DESTINATAIRE

Company Name · Nom de l'entreprise: STARLEX CANADA, INC. | Provincial No. · N° provincial: 16888273

Address · Adresse: 760 BOULEVARD INDUSTRIEL

City · Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code · Code postal: J7C 3V4

Receiving Site Address · Destination de l'expédition

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

Received · Réception: Time · Heure ▶ 14:40 AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/08/29

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
8	WASTEWATER TREATMENT	P806	NA9189	6.1	III	~ 11,500	kg	35	%	001	06	12100	KG		03	X			
															04				
															06				

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

STARLEX CODE: N-SKTRN 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 ▶ 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/8/29

Scheduled Arrival Date (Y/M/D) · Date prévue d'arrivée (A/M/J): 86/8/29

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): CYRUS F. POSNER | 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): MARC-ANDRE BOISVERT | Tel. No. (Area Code) · N° de tél. (ind. rég.): 514-430-9230 | 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

TRW-03640

0908-5052

ENV. 04-1917 (10-84)

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

MANIFESTE

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.: MA | 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: J7C 3V4

B-CARRIER TRANSPORTEUR

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

Address - Adresse: INDUSTRIAL ROAD

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

Registration - Immatriculation des véhicules: Vehicle - Véhicule moteur: DH 62790 | License No. - Immatriculation: 8194 | Province: MA

Trailer #1 - Remorque #1: | MA

Trailer #2 - Remorque #2:

Point of Entry - Point d'entrée: R489 | Point of Exit - Point de sortie: R489

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): Peter Vaillx | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-3135

Signature: Peter Valade | Date (Y/M/D - A/M/J): 86829

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

A 429167

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: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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)

TRW-03641

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	F006	NA1189	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

STABLEX CODE: N-SKTRW 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

Shipped - Date d'expédition: Time - Heure ▶ 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/8/29

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/8/29

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

ENV. 04-1917 (10-84)

0908-5053

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

2

SCHEDULE VI
(Division V)

QC 039917

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. 617-494-5808 Tel. no.
Name TRW Fasteners
31 Ames Street
Address Cambridge
Province MA Country USA Postal Code 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name Franklin Pumping Service, Inc.
Industrial Rd., P.O. Box 617
Address Wrentham
Province MA Country USA Postal Code 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name Stablex Canada Inc.
760 Boulevard Industriel
Address Blainville
Province Quebec Country CANADA Postal Code J7C3V4

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	08	29	86	08	29								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH62790	MA	8194	MA		

If cross-border

Expected point of entry into Québec
Highway 89 - Phillipsburg

Region of entry | Expected date of entry ▶ Y 86 M 8 D 29

Expected point of exit from Québec
R 89

Region of exit | Expected date of exit ▶ Y 86 M 8 D 30

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
F006/9306	Hazardous waste solid, NOS, ORM-E			S	0 0 1	C OT	P LE

Emergency instructions
Code NSKTRWC02

Declaration of consignor

Shipping number

I declare that the information above is true.
Name (Please print) PAUL J ENRIGHT
Signature Paul J Enright
Date 86/8/29
Time 8:00

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above
Name (Please print) Peter VALADE
Signature Peter Valade
Date 86 8 29
Time

2. SECTION A: To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5054

TRW-03642

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)
				04			

Acceptance
Date Y M D: 86 08 29
Time: 18:22

Registration

	Vehicle motor	Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	A1162790	MA			
Trailer #1	8194	MA	X EAU		
Trailer #2					

Quantity accepted (weight in kg)

Entry	29390
Exit	17290
Quantity accepted	12100

I declare that the information in this declaration is true.
Name (Please print): MARC-ANDRE BOISVERT
Date: 86/08/29
Signature: [signature]
Time: 18.22

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): Peter VALADE
Date: 86/8/29
Signature: [signature]
Time: 14:40

AU MINISTÈRE
RECUE An M Jr

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

QC 039917

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. SECTION B: To be sent to the consignor

0908-5055

TRW-03643

RC-CE
31/03/18

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 J7C 3V4

2 DATE OF DIRECT SHIPMENT TO CANADA: 8/29/86

3 INVOICE NO. AND DATE: NONE

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

P. O. #F-4133

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE 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: DOLLARS

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

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.	13 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 8/29/86

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)			

0908-5056

TRW-03644

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 REFER TO CANADA CUSTOMS MEMORANDUM D43

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) 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, BLAINVILLE, QUEBEC J7C 3V4

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 LANDFILLED

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087972

17. DATE OF EXPORTATION (Not required for shipments by vessel): 8/29/86

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

0908-5057

TRW-03645

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS SHIPPING ORDER

must be legibly filled in, in ink, in indelible Pencil, or Carbon, and retained by the Agent.

Shippers Number F-11303

Carriers Number T1222-1

CARRIER: Franklin Pumping Service, Inc. SCAC Date 8/29/86

TO: Consignee / Street / Destination: Stablex Canada Inc.
760 Boulevard Industriel
Blainville, Quebec CANADA Zip J7C3V4

FROM: Shipper / Street / Origin: TRW Fasteners
31 Ames Street
Cambridge, MA Zip

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	XX	Hazardous waste solid, NOS	ORM-E	NA9189	10	Yrd.	

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED NO

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER

DRIVER SIGNATURE:

SHIPPER: TRW Fasteners
PER: Paul A. Enright
DATE: 8/29/86

CARRIER: Franklin Pumping Service, Inc.
PER: Peter Valente
DATE: 8/29/86

FORM # 9-BLS-A (6 PLY)
Revised 11/82

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

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

0908-5058

TRW-03646

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fasteners		Stablex Canada Inc.
31 Ames Street		760 Boulevard Industriel
Cambridge, MA		Blainville, Quebec CANADA

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
P-11303	T1222-2			NET 10 DAYS	August 29, 1986

Release # 13761

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☒ TRANSPORTATION of _____ tons metal hydroxide sludge		
☐ DISPOSAL contact: Paul Erwite 1-494-5808		
☐ PORTAL TO PORTAL		
LOADING a.m. Take empty container with liner		
OFF LOADING same day		
FACILITY W/O # SS# 06264600 CODE # N-SKTRAC02		
MANIFEST DOCUMENT # Q/C #039917 - MAC.001519 PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: 500
ARRIVAL GENERATOR SITE: 600 (1 1/2 hrs)
JOB COMPLETED: 730
RETURN FPS

LOADING ACTIVITY LOG: unloaded & lined & Retarped Can.

DRIVER SIGNATURE: Pete Valade DATE

AUTHORIZED SIGNATURE: Paul Erwite

ARRIVAL SITE:

OFF LOADING ACTIVITY LOG:

TIME BEGAN OFF LOADING:

TIME COMPLETED OFF LOADING:

RETURN FPS

DRIVER SIGNATURE DATE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03647

0908-5059

Blue Copy, Office Copy White Copy, Transporter Canary Copy, Generator Pink Copy, Facility

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

WSR: ORDER -9005

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

A. State Manifest Document Number: MA B088006

4. Generator's Phone: (617) 494-5500 CAMBRIDGE, MA 02142

B. State Gen. ID: SAME

5. Transporter 1 Company Name: CLEAN HARBORS OF KINGSTON INC — 6. US EPA ID Number: MAD039322250

C. State Trans. ID: MEC27513

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

D. Transporter's Phone: 617 585 5111

E. State Trans. ID

9. Designated Facility Name and Site Address: CLEAN HARBORS OF BRAINTREE, 385 QUINCY AVE, BRAINTREE MA. 02045 — 10. US EPA ID Number: MAD053452637

F. Transporter's Phone

G. State Facility's ID: Not Required

H. Facility's Phone: 617 849 1805

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. Combustable Liquid. ~~HAZARDOUS~~ WASTE OIL NA 1270 Orm-A	040	DM	02200	G	M0011
b. WASTE TRICHLOROETHYLENE UN 1710	011	DM	00605	G	F001
c. Waste. Corrosive material. CROMIC ACID UN 1755	010	DF	00550	G	F009
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. S01 2 c. S01 2
b. S01 2 d.

15. "Small Quantity Generator: 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 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 RICCARDELLI	Eugene Riccardelli	08 18 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Kevin D Reglini	K D Regl	08 18 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

0908-5060

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)
JOS DONAHUE	Jos Donahue	8 15 86

GENERATOR — TRANSPORTER — FACILITY

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

MA B088006 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-03648

PRESS HARD - YOU ARE WRITING THROUGH EIGHT COPIES. SEE REVERSE SIDE FOR DIRECTIONS F 10045

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 FASTENER DIV 195 BINNEY ST

A. State Manifest Document Number MA B088006

4. Generator's Phone (617) 494-5500 CAMBRIDGE, MA 02142

B. State Gen. ID SAME

5. Transporter 1 Company Name CLEAN HARBORS DS Kingstown

6. US EPA ID Number MAD039322250

C. State Trans. ID MEC27513

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585 5141

E. State Trans. ID

9. Designated Facility Name and Site Address CLEAN HARBORS OF BRAINTREE 385 QUINCY AVE BRAINTREE MA. 02045

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. Combustable Liquid. ~~HAZARDOUS~~ Waste oil NA 1270	040	DM	02200	G	M001
b. ORM-A WASTE TRICHLOROETHYLENE UN 1710	011	DM	00605	G	F001
c. Waste. Corrosive material. CROMIC ACID UN 1755	010	DF	00550	G	F007
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

"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 RICCARDELLI	Eugene Riccardelli	08 18 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Kevin D Regini	Kevin D Regini	08 18 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

TRW-03649

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

0908-5061

GENERATOR

TRANSPORTER

FACILITY

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

MA B088006 COPY>1: DESTINATION STATE-MAILED BY TSDF

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

4. Generator's Phone ( )

A. State Manifest Document Number: MA B088006

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. Oil	40				
b. Trichloroethylene	11				
c. Chromic Acid	10				
d.					

GENERATOR

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

"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*

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-03650

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 B088006 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-5062

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 00025

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 B087971

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: MA8194

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, BLAINVILLE, QUEBEC J7C 3V4

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	00013	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

"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	080786

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Thomas Taylor	Thomas Taylor	080786

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

AUG 7/86 19:36
G 63488 T 39928 N 23488 1

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 Belisle	Dominique Belisle	080786

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

GENERATOR

TRANSPORTER

FACILITY

Form Approved OMB No. 2000-0484. Expires 7-31-86
EPA Form 8700-22 (3-84)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03651

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 00025

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 B087971

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
BLAINVILLE, QUEBEC J7C 3V4

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	00013	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 1 0
b. T 0 4
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 08 Day 07 Year 86

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 B087971 COPY>8: GENERATOR-RETAINED BY GENERATOR

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

0908-5064

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03652

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste
A 429159

A - CONSIGNOR (GENERATOR)
EXPÉDITEUR

Provincial No. N° provincial

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

Address - Adresse: 195 BURNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MA | 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: J7C 3W4

B - CARRIER
TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN FORGING

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		AJ 41-575	MA
Trailer #1 - Remorque #1		5194	MA
Trailer #2 - Remorque #2			

Point of Entry - Point d'entrée: 06-07-86 | Point of Exit - Point de sortie: 06-07-86

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): Thomas Taylor

Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 384-3135

Signature: Thomas Taylor

Date (Y/M/D - A/M/J): 86-06-07

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: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3W4

Receiving Site Address - Destination de l'expédition

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

Received - Réception
Time
Heure: 16:12 AM ☐ PM ☒

Date (Y/M/D - A/M/J): 86/06/07

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)

TRW-03653

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/problemes/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	F006	N-A9189	6.1	III	~11,500	kg	35	%	001	06	10650	kg		03	X			
															04				
															06				

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

STABLEX CODE: N-ENTER 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

Shipped - Date d'expédition
Time
Heure: 12 Noon AM ☐ PM ☒

Date (Y/M/D - A/M/J): 86/8/7

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/8/7

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.

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

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

Signature: Thomas 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): Dominique Bélisle

Tel. No. (Area Code) N° de tél. (ind. rég.): 514 430 9930

Signature: Dominique Bélisle

0908-5065

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.: MA | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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: AJ 14-595 | Mt

Trailer #1 - Remorque #1: 8194 | MA

Trailer #2 - Remorque #2:

Point of Entry - Point d'entrée: Nt 89 Vt. | Point of Exit - Point de sortie: Nt 89 Vt.

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): Thomas Taylor | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-3135

Signature: Thomas Taylor | Date (Y/M/D - A/M/J): 86-08-07

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

A 429159

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: 16888273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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[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 / No Non	Vehicle Véhicule Yes Oui / No Non
S	WASTEWATER TREATMENT	F 0 0 6	N-A9189	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 ▶ 12 Noon AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/8/7

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/8/7

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
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-03654

ENV. 04-1917 (10-84)

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

0908-5066

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)
				04			

Acceptance
Date Y M D: 86 08 07
Time: 19:34

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AJ 14593	AA				Entry	28760
Trailer #1	8194	MA	X CN			Exit	18110
Trailer #2						Quantity accepted	10650

I declare that the information in this declaration is true.
Name (Please print): Dominique Bélisle
Date: 86/08/07
Signature: Dominique Bélisle
Time: 19:34

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): Thomas Taylor
Date: 86/08/07
Signature: Thomas Taylor
Time: 16:12

AU MINISTÈRE
RECUE An M Jr

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

QC 039903

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

TRW-03655

0908-5067

SCHEDULE VI
(Division V)

QC 039903

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
Province MA Country USA Postal Code 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name Franklin Pumping Service, Inc.
Industrial Road, P.O.Box 617
Address Wrentham
Province MA Country USA Postal Code 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name Stablex Canada Inc.
760 Boulevard Industriel
Address Blainville
Province Quebec Country CAnada Postal Code J7E 4J7

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	08	07	86	08	07								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AJ 14593	MA	8194	MA		

If cross-border

Expected point of entry into Québec
Philipburg - Rt. 89
Region of entry [illegible] Expected date of entry ▶ Y 86 M 08 D 07

Expected point of exit from Québec
Philipsburg - Rt 89
Region of exit [illegible] Expected date of exit ▶ Y 86 M 08 D 08

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped (Weight)	Kg (X)	Physical state	Containers Number	Type	Lining
F006/9306	Hazardous waste, solid, ORM-E NA9189	11500		S	001	COT	PLE

Emergency instructions
code: N-SKTRWC02

Declaration of consignor

Shipping number 06133728

I declare that the information above is true.
Name (Please print) Nicholas G. Cullen Date 8/7/86
Signature Nicholas G. Cullen Time 9:30 AM

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print) Thomas Taylor Date 86-8-8
Signature Thomas Taylor Time 9:30 A.M.

2. SECTION A: To be kept by the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5068

TRW-03656

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, BLAINVILLE, QUEBEC J7C 3V4

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 LANDFILLED

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087961

17. DATE OF EXPORTATION (Not required for shipments by vessel): 8/7/86

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

0908-5069

TRW-03657

RC-CE
81/03/16

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 J7C 3V4
CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA 8/7/86

3 INVOICE NO. AND DATE NONE

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

P. O. #F 4133

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE 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

DOLLARS

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

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.	13 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 8/7/86

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-03658

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 C

TOPS FORM 3128 REVISED

13A

0908-5070

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

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

Shippers Number T1222-1

Carriers Number

CARRIER: Franklin Pumping Service, Inc. SCAC Date Aug. 7, 1986

TO:
Consignee Stablex Canada, Inc.
Street 760 Industrial Blvd.
Destination Blainville, Quebec Canada Zip J7E 4J7

FROM:
Shipper TRW Fasteners
Street 31 Ames Street
Origin Cambridge, MA Zip 02142

Route: Rt 89

Vehicle Number 434

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	XX	Hazardous waste, solid, NA9189	ORM-E	NA9189			

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee:
Prepaid ☐
Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES
☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER
DRIVER SIGNATURE:

SHIPPER: TRW Fasteners
PER: Michael G. Cullen
DATE: 8-7-86

CARRIER: Franklin Pumping Service, Inc.
PER:
DATE: 8-7-86

FORM # 9-BLS-A (3 PLY)
Revised 11/82

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

TRW-03659

0908-5071

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fasteners		Starlex Canada Inc.
51 Ames Street		760 Industrial Blvd.
Cambridge, MA		Blainville, Quebec Canada
Release# R13757		Release# R13759

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
R-4132	T1222-1			NET 10 DAYS	Aug. 1, 1986

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☐ TRANSPORTATION 55 gens metal hydroxide sludge		
☐ DISPOSAL [illegible]		
☐ PORTAL TO PORTAL contact: Paul Enrite (617) 494-5608		
LOADING 7:30 a.m.		
OFF LOADING same day		
FACILITY W/O # SS# 0613372B CODE # NSA TRWC02		
MANIFEST DOCUMENT # Q/C#039903 PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: [illegible]
ARRIVAL GENERATOR SITE: [illegible]
JOB COMPLETED: [illegible]
RETURN FPS

LOADING ACTIVITY LOG: [illegible]

DRIVER SIGNATURE [illegible] DATE

x [illegible] AUTHORIZED SIGNATURE

ARRIVAL SITE:
TIME BEGAN OFF LOADING:
TIME COMPLETED OFF LOADING:
RETURN FPS

OFF LOADING ACTIVITY LOG:

DRIVER SIGNATURE DATE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03660

0908-5072

Blue Copy, Office Copy | White Copy, Transporter | Canary Copy, Generator | Pink Copy, Facility

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 00024

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 B087970

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194MA

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, BLAINVILLE, QUEBEC j7C 3V4

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	00013	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

"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 07 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Peter Peter Valade — Signature: Peter Valade — Date: Month 07 Day 17 Year 86

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: Dominique Betisle — Signature: Dominique Betisle — Date: Month 07 Day 18 Year 86

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 B087970 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03661

0908-5073

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. 00024

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 B087970

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 194110

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
BLAINVILLE, QUEBEC j7C 3V4

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	00013	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:
Date: Month 07 Day 17 Year 36

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter Valade
Signature: Peter Valade
Date: Month 07 Day 17 Year 86

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 B087970 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-03662

0908-5074

MANIFESTE

A 429142

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.: MA | 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: J7C 3V4

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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	9402	MA
Trailer #1 - Remorque #1	8194	MA
Trailer #2 - Remorque #2		

Point of Entry / Point d'entrée: R+89 | Point of Exit / Point de sortie: R+89

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): Peter VALADE | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 383-3135

Signature: Peter Valade | Date (Y/M/D - A/M/J): 86 7 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: QUEBEC

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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 / 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-03663

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 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 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:

Shipped - Date d'expédition / Time / Heure: 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/7/17

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 86/7/17

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.

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)

0908-5075

MANIFESTE

A 429142

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. - N° provincial:

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

Address - Adresse: 195 KINNEY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MA | 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: J7C 3V4

B - CARRIER / TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING

Provincial No. - N° provincial:

Address - Adresse: INDUSTRIAL ROAD

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

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

Vehicle - Véhicule moteur: 9402 — MA

Trailer #1 - Remorque #1: 8197 — MA

Trailer #2 - Remorque #2:

Point of Entry / Point d'entrée: R-189 | Point of Exit / Point de sortie: R-898

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): Peter Valade

Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 383-3135

Signature: Peter Valade

Date (Y/M/D - A/M/J): 86/7/17

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: QUEBEC

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition:

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

Received - Réception / Time / Heure: 20:29 AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 86/07/17

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 TYPE 6	F006	NA9189	6.1 III		~ 11,500	kg	35	%	001	06	10140	kg		03	x			
															04				
															06				

MAN

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

STABLEX CODE: H-SCSSW 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: 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/7/17

Scheduled Arrival Date (Y/M/D) / Date prevue d'arrivée (A/M/J): 86/7/17

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 (caracteres 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 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): Dominique Celiste

Tel. No. (Area Code) / N° de tél. (ind. rég.): 514 430 9930

Signature: Dominique Celiste

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-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-03664

ENV. 04-1917 (10-84)

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

6

0908-5076

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)
				04			

Acceptance
Date Y M D: 86 07 18
Time: 10:32

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH62790	MA			
Trailer #1	8194 —	MA	Eau		
Trailer #2					

Quantity accepted (weight in kg)

Entry	27030
Exit	16890
Quantity accepted	10140

I declare that the information in this declaration is true.
Name (Please print): Dominique Bélisle — Date: 86/7/18
Signature: [signature] — Time: 10:32

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) — Date: 86/07/17
Signature — Time: 90:99

AU MINISTÈRE
RECUE An M Jr

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

QC 011685

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

TRW-03665

0908-5077

CONSIGNOR
Business no. 617-494-5500 Tel. no.

Name TRW Fasteners
31 Ames Street

Address Cambridge

Province MA Country USA Postal Code 02142

CARRIER
Business no. 617-384-6151 Tel. no.

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

Address Wrentham

Province MA Country USA Postal Code 02093

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

Name Stablex Canada Inc.
760 Boulevard Industriel

Address Blainville

Province Quebec Country CANADA Postal Code

SCHEDULE VI
(Division V)

QC 011685

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)
86 07 17	86 07 18	

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH62790	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Philipsburg RT 89

Region of entry | Expected date of entry ▶ 86 07 17

Expected point of exit from Québec: Philipsburg RT 89

Region of exit | Expected date of exit ▶ 86 07 18

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
F006/9306	Hazardous waste, liquid, NOS, ORM-E			S	001	COT	PLEE

Emergency instructions
Code N-SKTRWC02

Declaration of consignor

Shipping number 9045-014

I declare that the information above is true.
Name (Please print) N.G. Culden Date 7/17/86
Signature Nicholas G. Cullen Time

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print) Peter Valade Date 86 7 17
Signature Peter Valade Time

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

TRW-03666

0908-5078

-CE
/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 J7C 3V4
CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA

7/17/86

3 INVOICE NO AND DATE

NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. #F 4133

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE 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

DOLLARS

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

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.	13 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 7/17/86

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 VALUE	SELLING PRICE
0	0

TRW-03667

0908-5079

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

GPS FORM 3123 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) 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, BLAINVILLE, QUEBEC J7C 3V4

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 METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	–	D	NA	–	NO VALUE. WASTE IS TO BE TREATED AND LAND-FILLED.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087970

17. DATE OF EXPORTATION (Not required for shipments by vessel): 7/17/86

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-03668

0908-5080

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS SHIPPING ORDER

must be legibly filled in in ink, in indelible Pencil, or Carbon, and retained by the Agent.

Shippers Number F-4132

Carriers Number T1222-3

CARRIER: Franklin Pumping Service, Inc. SCAC Date 7/17/86

TO: Consignee Street Destination
Stablex Canada Inc.
760 Boulevard Industriel
Blainville, Quebec CANADA J7C3V4
Zip

FROM: Shipper Street Origin
TRW Fasteners
31 Ames Street
Cambridge, MA 02142
Zip

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	XX	Hazardous waste solid, NOS	ORM-E	NA 9189	13 yards		

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED yes

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER

DRIVER SIGNATURE:

SHIPPER: TRW Fasteners
PER: M. G. Cullen
DATE: 7/17/86

CARRIER: Franklin Pumping Service, Inc.
PER: Peter Valade
DATE: 7/17/86

FORM # 9-BLS-A (3 PLY)
Revised 11/82

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

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

TRW-03669

0908-5081

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fasteners	Contact: Paul Enwite	Stablex Canada Inc.
31 Ames Street	(617) 494-5500	760 Boulevard Industriel
Cambridge, MA 02142		Blainville, Quebec CANADA
Attn: Dennis Borsuk		

CUSTOMER P.O.	INVOICE NO.	TRACTOR/TRAILER	SALESMAN	TERMS	INVOICE DATE
P-4132	T1222-3			NET 10 DAYS	July 17, 1986

DESCRIPTION OF WORK PERFORMED	PRICE	AMOUNT
☒ TRANSPORTATION of 13 yds. metal hydroxide sludge		
☐ DISPOSAL		
☐ PORTAL TO PORTAL Take empty roll-off and liner # 11		
LOADING 7:30 a.m.		
OFF LOADING next day a.m.		
FACILITY W/O # CODE # N-SKTRWC02		
MANIFEST DOCUMENT # Q/C #011685 SS #9045-014 PLEASE PAY THIS AMOUNT		

DEPARTURE FPS: 9:00
ARRIVAL GENERATOR SITE: 11:00 3 1 hrs
JOB COMPLETED: 1:30 3 1:15
RETURN FPS
DFB
truck problems

LOADING ACTIVITY LOG: loaded & unloaded
Came tarped and lined

DRIVER SIGNATURE DATE AUTHORIZED SIGNATURE

ARRIVAL SITE:
TIME BEGAN OFF LOADING:
TIME COMPLETED OFF LOADING:
RETURN FPS

OFF LOADING ACTIVITY LOG:

DRIVER SIGNATURE DATE AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03670

0908-5082

Blue Copy, Office Copy White Copy, Transporter Canary Copy, Generator Pink Copy, Facility

STABLEX

Fiche de Route

№ 5006

ARRIVÉE _____ TEMPS

POIDS

DÉPART _____ TEMPS

POIDS

JUL 17/86 20:29
59600 lb
G 27030

JUL 18/86 10:32
T 37240 N 22360 lb

JUL 18/86 10:32
T 16890 N 10140 kg

NO. LOT: DS 3283

CHAUFFEUR: Peter Valade

TRANSPORTEUR: FRANKLIN

NO. CAMION: 432

NO. CONNAISSEMENT: F 4132

REMARQUES: 8194 MA

NO. CONTRÔLE: N-SKTRWC09

GÉNÉRATEUR: TRW Fastener

NO. ACCUSÉ DE RÉCEPTION: 8812 MAB 087970 1505 2

NO. MANIFESTE: A429142

2

QC 011685

PRÉPOSÉ À LA BALANCE: Dominique [illegible]

CHAUFFEUR: Peter Valade

COPIE DU CLIENT

TRW-03671

0908-5083

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.* 15052

VOTRE NO. COMMANDE / *CUSTOMER ORDER NO.*	VOTRE DATE COM / *CUST. ORDER DATE*		NO. DE CLIENT / *CUSTOMER NO.*	NO. MANIFESTE NO. FÉDÉRAL	NO. MANIFESTE NO. PROVINCIAL	NO. DE CLIENT / *CUSTOMER NO.*
F4133	86/07/15		129701			129701

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

EXPÉDIÉ DE / *SHIPPED FROM*
TRW INC (CARR DIVISION)
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*
86/07/17	86/07/18	08:00	86/07/21	8812	NHB87970	86/07/21	22:11:34	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 PUMPING	F-4132

ART. / *ITEM*	NO. PRODUIT / *PRODUCT NO.*	DESCRIPTION / *DESCRIPTION*	QUANTITÉ / *QUANTITY*	UNITÉ / *UNIT*	PRIX UNITAIRE / *UNIT PRICE*	MONTANT / *AMOUNT*
01	161002	B-SKTRWC03 1-100PPM CYANIDE	11.18	S.T.	120.00	1341.60
					Total US:	1341.60

0908-5084

TRW-03672

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

INFO-01

BLANC: CLIENT JAUNE: C.A.P. ROSE: VENDEUR

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 2 | 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 B087961

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. UN1263 Waste Paint Flammable Liquid	004	DM	00136	G	D001
b. Waste Oil Mixture	004	DM	00144	G	D001
c. Waste Acid Liquid Corrosive, N.O.S. / UN1906	001	DM	00100	P	F006
d. Pyrometallurgical Non Regulated	001	DM	00100	G	NA

GENERATOR

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

a. —

b. Water Sludge

c. Acid Sludge

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
[illegible]	[illegible]	[illegible]

TRANSPORTER

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

FACILITY

19. Discrepancy Indication Space

TRW-03673

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

0908-5085

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

COPY>8: GENERATOR-RETAINED BY GENERATOR

MA B087961 COPY>8: GENERATOR-RETAINED BY GENERATOR

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

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. MA0019[illegible]4867

Manifest Document No. . . . .

22. Page 2 Information in the shaded areas is not required by Federal law.

23. Generator's Name T. [illegible] FAST [illegible] DIVISION
195 [illegible] ST.
CAMBRIDGE MASS.

L. State Manifest Document Number MA[illegible]

M. State Generator's ID [illegible]

24. Transporter 1 Company Name [illegible]

25. US EPA ID NUMBER [illegible]

N. State Transporter's ID [illegible]

O. Transporter's Phone [illegible]

26. Transporter _____ Company Name

27. US EPA ID NUMBER . . . . . .

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	29 Containers No	Type	30 Total Quantity	31 Unit Wt/Vol	R Waste No
a. [illegible] / LIST [illegible] OIL [illegible] [illegible] NA1770	4	DM	0	G	M001
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

33. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name [illegible]

Signature [illegible]

Date Month Day Year 07 15 86

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date Month Day Year

35. Discrepancy Identification Space

GENERATOR

TRANSPORTER

FACILITY

0908-5086

TRW-03674

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

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

21

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. Mass 02142

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

A. State Manifest Document Number: MA B087961

B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors of Natick

6. US EPA ID Number: MAD980523203

C. State Trans. ID: MA A66271

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 655-8863

E. State Trans. ID:

9. Designated Facility Name and Site Address: Clean Harbors Inc of Braintree, 385 Quincy Ave., Braintree Ma. 02045

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 Paint Flammable Liquid UN1263	004	DM	00220	G	D001
b. Waste Oil NOS/NA1270. Combustible Liquid	014	DM	00770	G	M001
c. Waste Acid Sludge Corrosive Material NOS/UN1906	001	DM	00500	P	F006
Pumice and Metal Fasteners Non Regulated	002	DM	00110	G	NR

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

a. —

b. Waste oil and water

c. Acid Sludge

d. —

K. Handling Codes for Wastes Listed Above

a. S01 c. S01

b. S02 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: Roger Cyr — Signature: Roger Cyr — Date: Month 07 Day 15 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Mark J. Purcell — Signature: Mark J. Purcell — Date: Month 07 Day 15 Year 86

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: Martin Kolker — Signature: [signature] — Date: Month 07 Day 15 Year 86

GENERATOR — TRANSPORTER — FACILITY

MA B087961 COPY>3: GENERATOR-MAILED BY TSDF

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

0908-5087

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03675

INSTRUCTIONS FOR COMPLETING THE UNIFORM HAZARDOUS WASTE MANIFEST

IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM

[illegible] Generators, transporters, and TSDF operators and owners (TSDFs) to use this form and, [illegible] the State [illegible] and [illegible] designated [illegible]

The MA [illegible] COPIES MUST BE LEGIBLE [illegible] copies that are submitted to the State will be returned to the generator for proper [illegible] this form [illegible] for use in a 12 pitch typewriter. A fine tip pen may also be used if you press down HARD. Each of the [illegible] the appropriate party [illegible] copy instead of [illegible] as follows.

COPY 1: DESTINATION STATE – Mailed by TSDF: the original state copy with the movement from generation to completion by the TSDF. When the manifest is completed, the TSDF mails this copy to the state where the facility is located.

COPY 2: GENERATOR'S FILE – 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: [illegible] COPY – Returned by TSDF: When the TSDF has completed his section of the manifest, he mails this [illegible] the waste. Who must [illegible] for his records.

COPY 4: [illegible] TSDF has completed his section of the manifest, he keeps this copy for his records.

COPY 5: [illegible] PROCESSOR – 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 non-rail transporter is used, the generator is responsible for supplying with a legible photo-copy of the [illegible] the original waste manifest.

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.

WORK ORDER

7597

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. Use of serially increasing numbers (eg. 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). An EPA approved continuation sheet may be used. Not [illegible] Massachusetts manifest [illegible]

*Item A: STATE MANIFEST DOCUMENT NUMBER – Not [illegible] MA approved Continuation Sheets. Enter this number in Item [illegible] Generator's State attached copy of the manifest.

Item 3: GENERATOR'S NAME AND MAILING ADDRESS – Enter the name and address of the generator including a street address of the Generator. This address must be the location where the shipment originated and not the mailing address.

Item 4: GENERATOR'S PHONE NUMBER – Enter a telephone number by which the Generator or their authorized agent of the Generator can be reached [illegible]

*Item B: STATE GEN'D – The State Generator ID number assigned by the Generator's State. Enter the mailing address and the street address of the Generator's place of business in this block.

Item 5: TRANSPORTER 1 COMPANY NAME – Enter the company name as notified to EPA of the first transporter who will transport the waste.

Item 6: US EPA ID NUMBER – Enter the US EPA 12 digit identification number of the first transporter identified in Item 5.

*Item C: STATE TRAN'D – Enter the State transport ID and the license plate number of the waste carrying portion of the vehicle being used to make the pick up.

*Item D: TRANSPORTER'S PHONE – Enter a telephone number with area code where an authorized agent of the transporter can be reached.

Item 7: TRANSPORTER 2 COMPANY NAME – If applicable, enter the company name as notified to EPA of the second transporter who will transport the waste. If more than two transporters will be used, use Continuation Sheets. List the transporters in the order they will be transporting the waste.

Item 8: US EPA ID NUMBER – If applicable, enter the US EPA 12 digit identification number of the transporter in Item 7.

*Item E: STATE TRAN'D – If applicable, enter the state transport ID number and license plate number for the waste carrying portion of the vehicle being used to make the pick up.

*Item F: TRANSPORTER'S PHONE – If applicable, enter the 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 name as notified to EPA of the TSDF designated to receive the waste listed on this manifest. The address must be the location of the designated facility.

Item 10: US EPA ID NUMBER – Enter the US EPA ID 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 to receive the waste listed on this manifest.

Item 11: US DOT DESCRIPTION – Fill out the following in accordance with the current US DOT regulations for proper shipping name, hazard class, and ID number (UN/NA) for each hazardous waste listed in Item 9. Use Block 11.17 for extra space if required. Column 2 of Block 11.1 MUST include the hazard class or division and the 4 digit UN/NA number (column 3A) (e.g. "Nitric acid, alphuric, 2, UN1760, RQ"). Use the word "waste" in the proper 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 1 (see below) for the type of container used.

TABLE 1 – 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 (truck 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 – Bulk asbestos in plastic bags

Item 13: TOTAL QUANTITY – Enter the total quantity of waste described in Item 11.

Item 14: UNIT WT./VOL. – Enter the appropriate abbreviation from Table 2 (below) for the unit of measure used in estimating the total quantity of waste described on each line. Do not use fractions.

TABLE 2 – 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)	M – Cubic Meters	

*Item I: WASTE NO. – Enter the 4 digit EPA hazardous waste number as it appears in 40 CFR Part 261, Subpart C and D. For 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 or 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. Enter the facility (TSDF) designated, note there for international shipments. Generators must enter the point of departure (Day 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 information, shipper's and other information the Generator desires to provide about the shipment, or Carrier's pick up timing.

*Item K: HANDLING CODES – TSDF Completes this section in accordance with "Designated Facility Section" below.

Item 16: GENERATOR'S CERTIFICATION – The Generator's signature (by hand) and date certifies that the waste is to transport. If the waste is other than [illegible] the signature [illegible] in the space below. [illegible]

TRANSPORTER SECTION

Item 17: TRANSPORTER 1 ACKNOWLEDGEMENT – [illegible] Transporter. That person must acknowledge receipt [illegible] for the shipment [illegible] except.

Item 18: TRANSPORTER 2 ACKNOWLEDGEMENT – If applicable, [illegible] the shipment.

DESIGNATED FACILITY (TSDF) SECTION

Item K: HANDLING CODES – TSDF SHOULD COMPLETE – Enter the appropriate handling method [illegible] for each waste listed in Item 11. Use the following [illegible]

[illegible]

Item 19: DISCREPANCY INDICATION SPACE – [illegible] this space any significant discrepancy [illegible] and [illegible] exception report [illegible]

Item 20: FACILITY CERTIFICATION – [illegible] and signature [illegible] the manifest.

NOTE: [illegible] GENERATOR'S STATE [illegible]

0908-5088

TRW-03676

(4)

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

Form Approved OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No. MAD019294867

Manifest Document No.

22. Page 2

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

23. Generator's Name T.R.W. FASTENER DIVISION
195 BINNEY ST.
CAMBRIDGE, MASS.

L. State Manifest Document Number MAB0F7561

M. State Generator's ID SAME

24. Transporter 1 Company Name CLEAN HARBORS NATICK

25. US EPA ID NUMBER MAD980523203

N. State Transporter's ID MAA86971

O. Transporter's Phone 617-655-8863

26. Transporter _____ Company Name

27. US EPA ID NUMBER

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No	Type	30. Total Quantity	31. Unit Wt./Vol.	R. Waste No.
a. EMPTY/LAST CONTAINED OIL & WATER COMBUSTIBLE LIQUID NA1270	4	DM	0	G	M001
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

S01

S. Additional Descriptions for Materials Listed Above
A. 4X55 EMPTY

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GENERATOR

TRANSPORTER

33. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: MARK J. PURCELL

Signature: Mark J. Purcell

Date: Month 07 Day 15 Year 86

34. Transporter _____ Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date: Month Day Year

FACILITY

35. Discrepancy Identification Space

TRW-03677

EPA Form 8700-22A (3-84)

BILLING CODE 6560-50-C

COPY>3: GENERATOR-MAILED BY TSDF

0908-5089

COPY>3: GENERATOR-MAILED BY TSDF

Refer to item 1

Facilities

Item 20. Discrepancy indication space

Refer to item 19

[illegible] facilities to complete some [illegible] as part of State manifest reporting requirements. Generators and owners and operators of treatment, storage, or disposal facilities are advised to contact State officials for guidance on completing the shaded areas of the manifest.

INSTRUCTIONS FOR STATE-REQUIRED BLOCKS

Letter blocks on the Continuation Sheet (shaded area) match most of the letter blocks in shaded areas on the primary Uniform Hazardous Waste Manifest Form. For blocks L-[illegible] Continuation Sheet, see instructions on the back of the primary form.

WORK ORDER

-7599

Continuation Sheet Block	Title	Primary Manifest Form Block
L	State Manifest Document Number	A
M	State Generator's ID	B
N	State Transporter's ID	C
O	Transporter's Phone	D
P	State Transporter's ID	E
Q	Transporter's Phone	F
R	Waste No.	I
S	Additional Descriptions for Materials Listed Above	
T	Handling Codes for Wastes Listed Above	

0908-5090

TRW-03678

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. 00023

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 B087959

B. State Gen. ID: SAME

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

6. US EPA ID Number: MAD084814136

C. State Trans. ID: AH7204MA-8194MA

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
BLAINVILLE, QUEBEC J7C 3V4

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. T014
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 06 Day 26 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter Valade
Signature: Peter Valade
Date: Month 06 Day 26 Year 86

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

19. Discrepancy Indication Space
TRW-03679

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

GENERATOR

TRANSPORTER

FACILITY

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

MA B087959 COPY>3: GENERATOR-MAILED BY TSDF

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

0908-5091

COPY>3: GENERATOR-MAILED BY TSDF

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. 0023

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 B087959

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
BLAINVILLE, QUEBEC J7C 3V4

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. D181 b. T014 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 06 Day 26 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter Valade
Signature: Peter Valade
Date: Month 06 Day 26 Year 86

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

FACILITY

19. Discrepancy Indication Space

TRW-03680

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

0908-5092

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 B087959 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

MANIFESTE

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.: MA | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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	AH 9402	MA.
Trailer #1 - Remorque #1	8194	MA.
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Rt 89 | Point of Exit - Point de sortie: Rt 89

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): Peter Valado | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-3135

Signature | Date (Y/M/D - A/M/J): 86-6-26

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

A 429134

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: QUEBEC

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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	NA 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 ☐

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-SKTRW CO2

Shipped - Date d'expédition | Time - Heure ▶ AM ☐ PM ☒ 12 NOON | Date (Y/M/D - A/M/J): 86/6/26

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/6/26

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-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

TRW-03681

ENV. 04-1917 (10-84)

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

0908-5093

2

MANIFESTE

A 429134

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

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

Address - Adresse: 195 RUMRY STREET

Shipping Site Address - Origine de l'expédition: SAME

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

Intended Consignee - Destinataire choisi: STANLEX 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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	AH 9402	MA.
Trailer #1 - Remorque #1	8194	MA.
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Rt 89 | Point of Exit - Point de sortie: Rt 89

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): Peter Valade | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-3135

Signature | Date (Y/M/D - A/M/J): 86-6-26

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: QUEBEC

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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 difference 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	F006	NA 9189	6.1	III	~ 11.500	kg	35	%	001	06	12,570	KG		03		
															04		
															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

STANLEX CODE: N-SKIN 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

Shipped - Date d'expédition: Time - Heure ▶ 12 NOON AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/6/26

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/6/26

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.

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 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.): 514-434-9330 | 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)

TRW-03682

ENV. 04-1917 (10-84)

0908-5094

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

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)
				04			
				04			
				06			

Acceptance
Date Y M D: 86 06 27
Time: 1246

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AH-9204	MA				Entry	99,660
Trailer #1	~~FFE~~ 8194	MA	EAU			Exit	17090
Trailer #2						Quantity accepted	121570

I declare that the information in this declaration is true.
Name (Please print): PIERRE GREGOIRE — Date: 86/06/27
Signature: [signature] — 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): Peter Valade — Date: 86/06/26
Signature: [signature] — Time: 20:12

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

QC 011679

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

TRW-03683

0908-5095

CONSIGNOR
Business no. 617-494-5784 Tel. no.

Name TRW Fasteners
31 Ames Street

Address Cambridge

Province MA Country USA Postal Code 02142

CARRIER
Business no. 617-384-6151 Tel. no.

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

Address Wrentham

Province MA Country USA Postal Code 02093

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

Name Stablex Canada Inc.
760 Boulevard Industriel

Address Blainville

Province Quebec Country CANADA Postal Code J7C3V4

SCHEDULE VI
(Division V)

QC 011679

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
86	06	26	86	06	27								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH-9204	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Philipsburg Rt 89

Region of entry | Expected date of entry ▶ Y 86 M 6 D 27

Expected point of exit from Québec: Philipsburg Rt 89

Region of exit | Expected date of exit ▶ Y 86 M 6 D 27

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)		Physical state	Containers Number	Type	Lining
F 006	Hazardous waste solid, NOS, CRM-E,NRA9189				S	001	COT	PLE

Emergency instructions
Code: N-SKTRWC02

Declaration of consignor

Shipping number 8065_013

I declare that the information above is true.
Name (Please print): PAUL J EDRIGHT Date: 86-6-26
Signature: Paul J Enright Time: 1:00 PM

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print): Peter VALADE Date: 86 6 26
Signature: Peter Valade Time: 1:00 PM

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

TRW-03684

0908-5096

SCHEDULE VI
(Division V)

QC 011679

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. 617-494-5784 Tel. no.
Name: TRW Fasteners
Address: 31 Ames Street, Cambridge
Province: MA Country: USA Postal Code: 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name: Franklin Pumping Service, Inc.
Address: Industrial Rd., P.O. Box 617, Wrentham
Province: MA Country: USA Postal Code: 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name: Stablex Canada Inc.
Address: 760 Boulevard Industriel, Blainville
Province: Quebec Country: CANADA Postal Code: J7C3V4

Shipping details

Expected shipping date (Y M D)	Expected arrival date (Y M D)	Transit region (A B C D E F G H)
86 06 26	86 06 27	

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH-9204	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Philipsburg Rt 89
Region of entry:
Expected date of entry (Y M D): 86 6 26

Expected point of exit from Québec: Philipsburg Rt 89
Region of exit:
Expected date of exit (Y M D): 86 6 27

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg	(X)	Physical state	Containers Number	Type	Lining
F 006	Hazardous waste solid, NOS, CRM-E, NA9189				S	001	COT	PLE

Emergency instructions
Code: N-SKTRWC02

Declaration of consignor
I declare that the information above is true.
Name (Please print): PAUL J EDRIGHT Date: 86-6-26
Signature: Paul J Enright Time: 1:00 PM

Declaration of carrier
I declare that I have taken delivery of the hazardous waste described above.
Name (Please print): Peter VALADE Date: 86 6 26
Signature: Peter Valade Time: 1:00 PM

Shipping number: 8065-013

3. SECTION A: To be sent to the original consignor, in the case of a new manifest

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5097

TRW-03685

C-CE
1/03/16

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 J7C 3V4
CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 6/26/86

3 INVOICE NO AND DATE: NONE

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

P. O. #F 4133

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED, TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW.

(E.G. SALE, CONSIGNMENT, SHIPMENT, LEASED GOODS, ETC., WHETHER PRICES ARE TO BE PAID, ETC., DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS)

11 CURRENCY OF SETTLEMENT: DOLLARS

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

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

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 6/26/86

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 VALUE: 0 SELLING PRICE: 0

TRW-03686

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 MANUAL

TOPS FORM 3123 REVISED

0908-5098

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, BLAINVILLE, QUEBEC J7C 3V4

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. PO OF EXPORT (Selling price or cost not sold, includin, inland freight, insu ance and other charg to U.S. port of expor (Nearest whole doll omit cents figures (15)
ONE	30 CU.YD.BULK CONTAINER OF METAL METAL HYDROXIDE SLUDGE WITH NO	–	D	NA	–	NO VALUE. WASTE IS
	COMMERCIAL VALUE.					TO BE TREATED
						AND LANDFILLED

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087959

17. DATE OF EXPORTATION (Not required for shipments by vessel): 6/26/86

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 PENALT 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-03687

0908-5099

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS SHIPPING ORDER

must be legibly filled in, in ink, in indelible Pencil, or Carbon, and retained by the Agent.

Shippers Number F-4132

Carriers Number T1222-2

CARRIER: Franklin Pumping Service, Inc. SCAC Date 6/26/86

TO: Consignee Street Destination
Stablex Canada Inc.
760 Boulevard Industriel
Blainville, Quebec CANADA J7C3V4 Zip

FROM: Shipper Street Origin
TRW Fasteners
31 Ames Street
Cambridge, MA Zip 02142

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1	XX	Hazardous waste solid, NOS	ORM-E	NA9189	11,500	Kg	

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED

PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER

DRIVER SIGNATURE:

SHIPPER: TRW Fasteners
PER: Paul D. Enright
DATE: 6/26/86

CARRIER: Franklin Pumping Service, Inc.
PER: Pete Valade
DATE: 6/26/86

FORM # 9-BLS-A (3 PLY)
Revised 11/82

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

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
T W Fasteners		Stablex Canada Inc.
31 Ames Street		760 Boulevard Industriel
Cambridge, MA		Blainville, Quebec CANADA

CUSTOMER P.O.	WORK ORDER NO.	TRACTOR/TRAILER	SALESMAN	TERMS	DATE STARTED
P-4132	T1222-2			NET 10 DAYS	June 26, 1986

DESCRIPTION OF WORK PERFORMED	DO NOT WRITE IN THIS AREA
TRANSPORTATION of _____ yds. metal hydroxide sludge	
DISPOSAL	
[illegible]	
LOADING 7:30 a.m.	
OFF LOADING 6/27/86 a.m.	
Contact: Paul Enwite (617) 494-5784	
Code N-SKIRNC02 C/C #011679 SS #8065-013	

DEPARTURE FPS: 9:0

ARRIVAL GENERATOR SITE: 1:0

JOB COMPLETED: 1:00 (3 hrs)

LOADING ACTIVITY LOG: Loaded & Tarped Car # 28 & lined

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

ARRIVAL SITE:

OFF LOADING ACTIVITY LOG:

TIME BEGAN OFF LOADING:

TIME COMPLETED OFF LOADING:

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03689

0908-5101

Blue Copy, Transporter; White Copy, Customer Invoice; Canary Copy, Transporter; Pink Copy, Generator

STABLEX

Fiche de Route

№ 4757

ARRIVÉE _____ TEMPS

POIDS

DÉPART _____ TEMPS

POIDS

JUN 26/86 20:12
65400 lb
G 29660

JUN 27/86 12:46 N 27220 lb
JUN 27/86 12:50 N 12570 lb
12,570

NO. LOT: DS 3116

CHAUFFEUR: Peter Valade

TRANSPORTEUR: FRANKLIN

NO. CAMION: 432

NO. CONNAISSEMENT: T 1222-2

REMARQUES: (8194)

PRÉPOSÉ À LA BALANCE: Dominique [signature]

NO. CONTRÔLE: N-SKTRWC02

GÉNÉRATEUR: TRW

NO. ACCUSÉ DE RÉCEPTION: 8494 14804

NO. MANIFESTE: MAB 087959
A 429134
QC 011679

3

CHAUFFEUR:

COPIE DU CLIENT

0908-5102

TRW-03690

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. 14804

VOTRE NO. COMMANDE *CUSTOMER ORDER NO.*	VOTRE DATE COM. *CUST. ORDER DATE*		NO. DE CLIENT *CUSTOMER NO.*	NO. MANIFESTE NO. FÉDÉRAL	NO. MANIFESTE NO. PROVINCIAL	NO. DE CLIENT *CUSTOMER NO.*
F4133	86/06/20		129701			129701

FACTURÉ À *INVOICED TO*
TRW INC (CARR DIVISION)
ATTN: MR. DENNIS BORSUK
31 AMES STREET
CAMBRIDGE, MASSACHUSETTS 02142

EXPÉDIÉ DE *SHIPPED FROM*
TRW INC (CARR DIVISION)
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*
86/06/27	86/06/27	08:00	86/06/30	8494	MAR87959	86/07/01	22:12:28	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	T1222-2

ART. *ITEM*	NO. PRODUIT *PRODUCT NO.*	DESCRIPTION *DESCRIPTION*	QUANTITÉ *QUANTITY*	UNITÉ *UNIT*	PRIX UNITAIRE *UNIT PRICE*	MONTANT *AMOUNT*
		YOUR RELEASE 81941				
01	837200	N-SKTRWC02 MHS	13.86	S.T.	95.00	1316.70
					Total US:	1316.70

TRW-03691

0908-5103

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

INFO

BLANC: CLIENT JAUNE: C.A.P. ROSE: VENDEUR

RECEIVED
JUN 16 198
CAMBRIDGE OPERATIONS

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. 00022

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 B087958

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
BLAINVILLE, QUEBEC J7C 3V4

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. D018
b. T014
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 06 Day 05 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Peter Valade
Signature: Peter Valade
Date: Month 06 Day 05 Year 86

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

FACILITY

19. Discrepancy Indication Space
TRW-03692

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 06 Day 05 Year 86

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

MA B087958 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

0908-5104

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.: 00022
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 B087958
B. State Gen. ID: SAME

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
7. Transporter 2 Company Name
8. US EPA ID Number

C. State Trans. ID: 1/94 MA
D. Transporter's Phone (617) 384-3135
E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4
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. 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		060586

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
		1/94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

TRW-03693

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)

0908-5105

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

COPY>8: GENERATOR-RETAINED BY GENERATOR

MA B087958 COPY>8: GENERATOR-RETAINED BY GENERATOR

MANIFESTE

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

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

Address - Adresse: 195 BUNKY STREET

Shipping Site Address - Origine de l'expédition: SAME

City - Ville: CAMBRIDGE | Prov.: MA | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

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

Address - Adresse: INDUSTRIAL ROAD

City - Ville: WEBSTER | Prov.: MA | Postal Code - Code postal: 02053

Registration Immatriculation des véhicules	License No. Immatriculation	Province
Vehicle - Véhicule moteur	AH 9204	MA
Trailer #1 - Remorque #1	5194 NH	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: RT 89 | Point of Exit - Point de sortie: RT 89

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): Peter VALADE | Tel. No. (Area Code) N° de tél. (ind. rég.): (617) 384-3135

Signature: Peter Valade | Date (Y/M/D - A/M/J): 86 6 5

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

A 537829

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: STANLEY CANADA, INC. | Provincial No. - N° provincial: QUEBEC

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition

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

Received - Réception: Time / Heure: 90:45 AM ☐ PM ☒ | Date (Y/M/D - A/M/J): 86/06/05

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	[illegible]	F 006	RA 9189	6.1	III	~11,500	kg	35	6	001	06	13770	Kg		03				
	SLUDGE WASTE TYPE 6														04				
															06				

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

STANLEY CODE: M-SETTLE 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: 12 NOON AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 86/6/5 | Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 86/6/5

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): DENIS R. BOREK | 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): Dominique Belisle

Tel. No. (Area Code) - N° de tél. (ind. rég.): 514 430 9230 | Signature: Dominique Belisle

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-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-03694

ENV. 04-1917 (10-84)

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

6

0908-5106

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste

A 537829

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.: MA | 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: J7C 3V4

B - CARRIER
TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING | 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	AH 9204	MA
Trailer #1 - Remorque #1	8194 MA	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: RT 89 | Point of Exit - Point de sortie: RT 89

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): Peter Valade | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-3135

Signature: Peter Valade | Date (Y/M/D - A/M/J): 8665

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: QUEBEC

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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	F 006	NA 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 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

Shipped - Date d'expédition | Time - Heure ▶ 12 NOON AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 86/6/5

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/6/5

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.

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)

TRW-03695

ENV. 04-1917 (10-84)

0908-5107

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)
				04			

Acceptance
Date Y M D: 86 06 05
Time: 22:22

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AH 9204	MA				Entry	31370
Trailer #1	8194	MA				Exit	17600
Trailer #2						Quantity accepted	13770

I declare that the information in this declaration is true.
Name (Please print): Dominique Bélisle
Date: 86/06/05
Signature: Dominique Bélisle
Time: 22:22

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): Peter Valade
Date: 86/05/05
Signature: Peter Valade
Time: 20:45

AU MINISTÈRE
Réception: An M Jr
O. N.
Conciliée
Positif
Adm. man.
Leg. man.

QC 011669

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

0908-5108

TRW-03696

SCHEDULE VI
(Division V)

QC 011669

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
Province: MA Country: USA Postal Code: 02142

CARRIER
Business no. 617-384-6151 Tel. no.
Name: Franklin Pumping Service, Inc.
Address: Industrial Rd., P.O. Box 617, Wrentham
Province: MA Country: USA Postal Code: 02093

CONSIGNEE
Business no. 514-430-9230 Tel. no.
Name: Stablex Canada Inc.
Address: 760 Boulevard Industriel, Blainville
Province: Quebec Country: CANADA Postal Code: J7C 5V4

Shipping details

Expected shipping date (Y M D)	Expected arrival date (Y M D)	Transit region (A B C D E F G H)
86 06 05	86 06 06	

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AB9204	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Philipsburg Rt 89
Region of entry:
Expected date of entry (Y M D): 86 6 5

Expected point of exit from Québec: Philipsburg Rt 89
Region of exit:
Expected date of exit (Y M D): 86 6 6

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight Kg	(X)	Physical state	Containers Number	Type	Lining
F006/9306	Metal hydroxide sludge	00 11,500	X	S			

Emergency instructions

Declaration of consignor

Shipping number: 72 1 2 - 0 1 2

I declare that the information above is true.
Name (Please print): Paul J Enright
Date: 86/6/5
Signature: Paul J Enright
Time:

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print): Peter Valade
Date: 86.6.5
Signature: Peter Valade
Time: 1145

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5109

TRW-03697

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., INDUSTRIEL 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, BLAINVILLE, QUEBEC J7C 3V4

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. POR 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 METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	–	D	NA	–	NO VALUE. WASTE IS TO BE TREATED AN LANDFILLED

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER
MAB087958

17. DATE OF EXPORTATION (Not required for shipments by vessel)
6/5/86

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 PENALTI 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-03698

0908-5110

RC-CE
7/81/03/16

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 J7C 3V4
CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA 6/5/86

3 INVOICE NO AND DATE NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. #F 4133

5 CONSIGNEE (NAME & ADDRESS)

STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4
CANADA

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

N.A.

8 IMPORTER (NAME & ADDRESS)

SAME

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT

THERE IS NO SALE INVOLVED. TRW IS PAYING STABLEX TO TREAT AND LANDFILL THE WASTE SLUDGE, IN ACCORDANCE WITH CANADA LAW

E.G. SALE CONSIGNMENT SHIPMENT LEASED GOODS ETC WHETHER PRICES ARE F.O.B. C.I.F. D.D.P. PAID ETC DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11 CURRENCY OF SETTLEMENT

DOLLARS

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

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

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 6/5/86

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 VALUE: 0 — SELLING PRICE: 0

TRW-03699

0908-5111

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

Litho in U.S.A.

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

THIS SHIPPING ORDER

must be legibly filled in in ink, in indelible Pencil, or Carbon, and retained by the Agent.

Shippers Number

Carriers Number T1222-2

CARRIER: Franklin Pumping Service, Inc. SCAC Date 6/5/86

TO: Consignee / Street / Destination: TRW Fasteners, 31 Ames Street, Cambridge, MA Zip 02142

FROM: Shipper / Street / Origin: Stablex Canada Inc., 760 Boulevard Industriel, Blainville, Quebec CANADA Zip J7C3V4

Route:

Vehicle Number

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
		Transportation of 11,500 KG					
		metal hydroxide sludge					

Remit C.O.D. to:
Address:
City: State: Zip:

COD Amt: $

C.O.D. Fee: Prepaid ☐ Collect ☐ $

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

Subject to Section 7 of the conditions, 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)

FREIGHT CHARGES ☐ PREPAID ☐ COLLECT

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above 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 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 said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

PLACARDS REQUIRED yes PLACARDS SUPPLIED ☐ YES ☐ NO-FURNISHED BY CARRIER

DRIVER SIGNATURE:

SHIPPER: TRW Fasteners Div.
PER: Paul J. Enright
DATE: 6/5/86

CARRIER: Franklin Pumping Service
PER: Peter Valade
DATE: 86-6-5

FORM # 9-BLS-A (3 PLY)
Revised 11/82

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

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

0908-5112

TRW-03700

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
T W Fasteners		Stablex Canada Inc.
31 Ames Street		760 Boulevard Industriel
Cambridge, MA 02142		Blainville, Quebec CANADA

CUSTOMER P.O.	WORK ORDER NO.	TRACTOR/TRAILER	SALESMAN	TERMS	DATE STARTED
F4132	T1222-2			NET 10 DAYS	June 5, 1986

DESCRIPTION OF WORK PERFORMED

TRANSPORTATION of metal hydroxide sludge

DISPOSAL

Take Container #28 with liner

LOADING

OFF LOADING 6/6/86 a.m.

Q/C #011669 Code #N-SKTRWC-02

SS #

DO NOT WRITE IN THIS AREA

DEPARTURE FPS: 600

ARRIVAL GENERATOR SITE: 8.00

JOB COMPLETED: 11:15

LOADING ACTIVITY LOG: Loaded Can No #40 left #28

Pete Valade
DRIVER SIGNATURE

Paul J Enright
AUTHORIZED SIGNATURE

ARRIVAL SITE:

TIME BEGAN OFF LOADING:

TIME COMPLETED OFF LOADING:

OFF LOADING ACTIVITY LOG:

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03701

0908-5113

Blue Copy, Transporter; White Copy, Customer Invoice; Canary Copy, Transporter; Pink Copy, Generator.

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

44

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) 494-5500

A. State Manifest Document Number: MA B088005

B. State Gen. ID: same

5. Transporter 1 Company Name: Clean Harbors Inc.

6. US EPA ID Number: MAD039322250

C. State Trans. ID: MZ427508

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone (617) 585-5111

E. State Trans. ID:

9. Designated Facility Name and Site Address: Clean Harbors Inc. of Braintree, 385 Quincy Ave, Braintree Ma. 02045

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 Oil Nos Combustible liquid NA1270	044	DM	02420	G	M001
b.					
c.					
d.					

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

a. water and oil

b.

c.

d.

K. Handling Codes for Wastes Listed Above

a. S02

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: Roger Cyr — Signature: Roger Cyr — Date: Month 05 Day 30 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Kevin D Realin — Signature: K D Realin — Date: Month 05 Day 30 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

TRW-03702

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

Printed/Typed Name: Jos Donahue — Signature: Jos Donahue — Date: Month 5 Day 30 Year 86

GENERATOR — TRANSPORTER — FACILITY

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

MA B088005 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

0908-5114

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 B088005 COPY>8: GENERATOR-RETAINED BY GENERATOR

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 B088005

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.				G	
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

"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	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-03703

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

0908-5115

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

COPY>8: GENERATOR-RETAINED BY GENERATOR

18994

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 00022

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 B087957

B. State Gen. ID: same

5. Transporter 1 Company Name: Clean Harbors, Inc.

6. US EPA ID Number: MAD039322250

C. State Trans. ID: MEC16493

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
EWR Environmental Waste Resources
130 Freight St.
Waterbury, CT 06702

10. US EPA ID Number: CTD072138969

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

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 Pumice, Hazard Class and ID Number not applicable	001	TT	02000	G	none
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. WATER + SLUDGE CRO-4 mr
b.
d.

K. Handling Codes for Wastes Listed Above
a. T01
b.
c.
d.

15. Special Handling Instructions and Additional Information
JOB# SB1282
"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: Dennis F. Borsuk — Signature: Dennis F. Borsuk — Date: Month 05 Day 28 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: KEVIN WHITE — Signature: Kevin White — Date: Month 05 Day 28 Year 86

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

19. Discrepancy Indication Space

TRW-03704

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: Janet Dighton — Signature — Date: Month 05 Day 28 Year 86

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 B087957 COPY>3: GENERATOR-MAILED BY D.

COPY>3: GENERATOR-MAILED BY TSDF

0908-5116

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 1 2 4 1 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

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087957

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: (203) 25 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.					
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

"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	*Signature*	Date: *Month Day Year*
Kevin Wall		05 28 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

TRW-03705

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*

0908-5117

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 B087957 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. 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 CAMB. MA. 02142

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

5. Transporter 1 Company Name: CLEAN HARBORS Inc of Kingston

6. US EPA ID Number: MAD 0 ~~53452637~~ 39322250

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: CLEAN HARBORS P.O BOX 327 385 QUINCY AVE BRAINTREE MA. 02184 of Braintree Inc

10. US EPA ID Number: MAD053452637

A. State Manifest Document Number: MA B088004

B. State Gen. ID: SAME

C. State Trans. ID: MEC27507

D. Transporter's Phone (617) ~~894-4800~~ 585-5111

E. State Trans. ID:

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 Oil Combustible Liquid NA 1270 ~~ALKELINE CLEANER AND OIL CORROISIVE UN1760~~ GR	50	DM	2750	G	M001 ~~D002~~
b. WASTE TRICHLOROETHYLENE, ORM-A UN1710	18	DM	990	G	F001
c. WASTE CHROMIC ACID, CORROSIVE ~~LIQUID~~ MATERIAL UN1755	8	~~DM~~ DF	440	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. S102
b. S102
c. S102
d.

15. Special Handling Instructions and Additional Information

CHWD #5J53

"Unless I am a small quantity generator who [illegible] 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 Riccardelli	Eugene Riccardelli	05 20 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Gerald S. Reid	Gerald S. Reid	05 20 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

TRW-03706

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
Ronald D. Harvey Jr	Ronald D Harvey Jr	05 20 86

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 B088004 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

0908-5118

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 B088004

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

"Unless I am a small quantity generator [illegible] regulation from the duty to make a waste [illegible] 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	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-03707

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)

0908-5119

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 B088004 COPY>B: GENERATOR-RETAINED BY GENERATOR

COPY>B: 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. 00021

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 B087956

B. State Gen. ID: Same

5. Transporter 1 Company Name: Franklin Pumping Service, Inc.

6. US EPA ID Number: MAD084814136

C. State Trans. ID: 8194MA

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
Blainville, Quebec J7C 3V4

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. 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-SK TRW 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	05 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Edward Harper	Edward Harper	05 12 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

TRW-03708

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)
Emblay	Sylvie Chamblay	05 13 86

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 B087956 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

0908-5120

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 B087956 COPY>8: GENERATOR-RETAINED BY GENERATOR

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 [illegible] [illegible] 2142
4. Generator's Phone ([illegible]

A. State Manifest Document Number: MA B087956
B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Trans. ID: 8194 MA

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: [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. [illegible]	[illegible]	[illegible]	[illegible]	Y	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. [illegible] Hydroxide Sludge
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. D 8 0
b. T 4 4
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."
Stoplex Code: [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
Edward Harper	Edward Harper	05 12 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

TRW-03709

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

0908-5121

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

COPY>8: GENERATOR-RETAINED BY GENERATOR

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

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

Address - Adresse: 195 Binney St.

Shipping Site Address - Origine de l'expédition: same

City - Ville: Cambridge | Prov.: MA. | 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: J7C 3V4

B - CARRIER TRANSPORTEUR

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

Address - Adresse: Industriel Road

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

Registration Immatriculation des véhicules	License No. Immatriculation	Province
Vehicle - Véhicule moteur	ACU231	MASS
Trailer #1 - Remorque #1	8194	MASS
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Philipsburg | Point of Exit - Point de sortie: Philipsburg

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): Edward Harper | Tel. No. (Area Code) - N° de tél. (ind. rég.): (617) 384-3135

Signature: Edward Harper | Date (Y/M/D - A/M/J): 86 5 12

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

A 537845

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: J7C 3V4

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 / 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	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 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 ▶ 12 NOON AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 86/5/12

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 86/5/12

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)

TRW-03710

0908-5122

2

MANIFESTE

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

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

Address - Adresse: 195 Binney St.

Shipping Site Address - Origine de l'expédition: same

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

Intended Consignee Destinataire choisi: Stablex Canada, Inc. | Provincial No. - N° provincial: 16868273

Address - Adresse: 760 Boulevard Industriel

Receiving Site Address - Destination de l'expédition: same

City - Ville: Blainville | Prov.: Quebec | Postal Code - Code postal: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: Franklin Pumping | 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	AC 1531	MASS
Trailer #1 - Remorque #1	8194	MASS
Trailer #2 - Remorque #2		

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

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): Edward Harper | Tel. No. (Area Code) N° de tél. (ind. rég.): (617) 284-3125

Signature: Edward Harper | Date (Y/M/D - A/M/J): 86 5 12

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

A 537845

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: J7C 3V4

Receiving Site Address - Destination de l'expédition

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

Received - Réception Time Heure: 07:16 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 86/5/13

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

TRW-03711

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 Liquid Type 6	F006	NA9189	6.1	III	~11,500	kg	35	%	001	06	11480	kg		03				
															04				
															06				

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

Stablex Code N-SKTRW 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: 12 NOON AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 86/5/12 | Scheduled Arrival Date (Y/M/D) Date prévue d'arrivée (A/M/J): 86/5/12

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. Broul | Tel. No. (Area Code) N° de tél. (ind. rég.): (617) 494-5784 | Signature: Dennis F. Broul

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): Silvio Trembley

Tel. No. (Area Code) - N° de tél. (ind. rég.): 514 451-7230 | Signature: Silvio Trembley

ENV. 04-191 (10-84)

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

6

0908-5123

CONSIGNOR
Business no. 617-494-5500 Tel. no.

Name TRW Fasteners
31 Ames Street

Address Cambridge

Province MA Country USA Postal Code 02142

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

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

Address Wrentham

Province MA Country USA Postal Code 02093

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

Name Stablex Canada Inc.
760 Boulevard Industriel

Address Blainville

Province Quebec Country CANADA Postal Code J7C3V4

SCHEDULE VI
(Division V)

QC 011660

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
86	05	12	86	05	13								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AC4231	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Philipsburg

Region of entry | Expected date of entry ▶ Y 86 M 5 D 12

Expected point of exit from Québec: Philipsburg

Region of exit | Expected date of exit ▶ Y 86 M 5 D 13

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
7306	Metal hydroxide sludge	11500	Kg	S	1	COT	YES

Emergency instructions

Declaration of consignor

Shipping number 6278014

I declare that the information above is true.
Name (Please print): PAUL J ENRIGHT
Date: 5/18/86
Signature: Paul J Enright
Time: 12 NOON

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print): Edward Harper
Date: 13-5-86
Signature: Edward Harper
Time: 12 NOON

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5124

TRW-03712

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)
				04			

Acceptance Date Y M D: 86 05 13 Time: 15:30

Registration		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AC 4231	MA				Entry	28300
Trailer #1	8194	MA	X EAU			Exit	17220
Trailer #2						Quantity accepted	11080

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay — Date: 86/05/13
Signature: Sylvio Tremblay — Time: 15:30

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): Edward Harper — Date: 86/05/13
Signature: Edward Harper — Time: 07'16

AU MINISTÈRE
REÇUE An M Jr

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

QC 011660

2. SECTION B: To be sent to the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5125

TRW-03713

TOPS FORM 3375

FORM NO. 7525-1 (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., Industriel Rd. Wrentham, MA 02093

3. EXPORTER (Principal or seller – licensee) ADDRESS (Number, street, place, State): TRW Fasteners Division, 195 Binney St., 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, Blainville, Quebec J7C 3V4

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. PO OF EXPORT (Selling price or cos not sold, includin inland freight, ins ance and other char to U.S. port of expo (Nearest whole dol 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 an landfilled

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB 087956

17. DATE OF EXPORTATION (Not required for shipments by vessel): 5/12/86

18. THE UNDERSIGNED HEREBY AUTHORIZES Franklin Pumping Service, Inc. Industrial Rd., Wrentham, MA 020 (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 PENALT 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

0908-5126

TRW-03714

RC-GE
7/81/03/16

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 J7C 3V4
CANADA

2 DATE OF DIRECT SHIPMENT TO CANADA: 5/12/86
3 INVOICE NO AND DATE: none
4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.): P.O.# F4133

5 CONSIGNEE (NAME & ADDRESS)
Stablex Canada, Inc.
760 Boulevard Industriel
Blainville, Quebec J7C 3V4
CANADA

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

8 IMPORTER (NAME & ADDRESS): same

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, N.Y. Rt. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
There is no sale involved. TRW is paying Stablex to treat and landfill the waste sludge, in accordance with Canada law.
(E.G. SALE, CONSIGNMENT, SHIPMENT, LEASED GOODS, ETC.; WHETHER PRICES ARE F.O.B., C.I.F., D.D.P., F.A.S., ETC.; DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS)

11 CURRENCY OF SETTLEMENT: dollars

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

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

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 5/12/86

SIGNATURE: Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)
TRW Fasteners Division
195 Binney St.
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-03715

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

0908-5127

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 — 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. F4132

Franklin Pumping Service, Inc. (Name of Carrier)

Carrier's No. T1222

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

at Cambridge, MA 5/12/86 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 J7C3V4 County Canada Delivery Address ★ 760 Boulevard Ind.

★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 427-308 No.

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	Transportation of 25 yds metal hydroxide			
	sludge			
	note: take empty roll-off and liner			

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 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

0908-5128

TRW-03716

franklin pumping service inc.

P.O. Box 617
Industrial Road
Wrentham, MA 02093
617-384-3134

INVOICE TO:	JOB LOCATION:	SHIPPED TO:
TRW Fasteners		Stablex Canada Inc.
31 Ames Street		760 Industrial Blvd.
Cambridge, MA 02142		Blainville, Quebec CANADA J7E 4J7

CUSTOMER P.O.	WORK ORDER NO.	TRACTOR/TRAILER	SALESMAN	TERMS	DATE STARTED
F4132	T1222			NET 10 DAYS	5/12/86

DESCRIPTION OF WORK PERFORMED

TRANSPORTATION 25 yds Metal Hydroxide Sludge

DISPOSAL

LOADING 7:30 a.m.

OFF LOADING 5/13/86 Container #40

Note: take empty ~~XXXXXXX~~ roll-off container & liner

NOTE: Extra hydrulic hoses req.

DO NOT WRITE IN THIS AREA

DEPARTURE FPS:

ARRIVAL GENERATOR SITE: 9:45

JOB COMPLETED: 12 NOON

LOADING ACTIVITY LOG

Ed Harper — DRIVER SIGNATURE

Paul J. Smith — AUTHORIZED SIGNATURE

ARRIVAL SITE:

TIME BEGAN OFF LOADING:

TIME COMPLETED OFF LOADING:

OFF LOADING ACTIVITY LOG:

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

ADDITIONAL COMMENTS:

TRW-03717

0908-5129

Blue Copy, Transporter; White Copy, Customer Invoice; Canary Copy, Transporter; Pink Copy, Generator

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State House, Station 17, Augusta, ME 04333

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MAD019894671 — 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
TRW CARR DIVISON
BINNEY ST CAMBRIDGE MA. 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: ME A 007586
B. State Generator's ID: SAME

5. Transporter 1 Company Name: TONAWANDA TANK
6. US EPA ID Number: NYD097644801
C. State Transporter's ID: MA 23716
D. Transporter's Phone: (413) 731-2237

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
SAWYER ENVIROMMENTAL
EMERSON MILL RD
Hampden, ME
10. US EPA ID Number: MED093623825
G. State Facility's ID
H. Facility's Phone: (207) 862-4200

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 SOLIDS NOS/ORM-E/NA9189	001	TT	00015	Y	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. # oil w/ gravel
b.
c.
d.

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

15. Special Handling Instructions and Additional Information
accepted as Special Waste (EPA Non Hazardous)

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

Printed/Typed Name: Dennis F. Borsuk — Signature: Dennis F. Borsuk — Month Day Year: 05 02 86

17. Transporter 1 Acknowledgement of Receipt of Materials — Date
Printed/Typed Name: Peter Lundblad — Signature: Peter Lundblad — Month Day Year: 05 02 86

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

19. Discrepancy Indication Space
TRW-03718

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. — Date
Printed/Typed Name: CARLENE AVERILL — Signature: Carlene Averill — Month Day Year: 05 02 86

GENERATOR COMPLETED COPY

ME A 007586

In the event of a spill, contact the National Response Center, U.S. Coast Guard 1-800-424-8802.
For spill within Maine, contact DEP, Oil and Hazardous Materials Control at 1-800-482-0777

EPA Form 8700-22 (3-84)
BILLING CODE 6560-50-C

COPY 3: GENERATOR COMPLETED COPY: Mailed by HWF

0908-5130

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State House, Station 17, Augusta, ME 04333

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

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: ME A 007586

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. 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 national government regulations. 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.

Printed/Typed Name | Signature | Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

TRW-03719

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

Printed/Typed Name | Signature | Month Day Year

FACILITY

GENERATOR COPY

ME A 007586

In the event of a spill, contact the National Response Center, U.S. Coast Guard 1-800-424-8802.
For spill within Maine, contact DEP, Oil and Hazardous Materials Control at 1-800-482-0777

EPA Form 8700-22 (3-84)
BILLING CODE 6560-50-C

COPY 8: GENERATOR COPY: Retained by Generator

0908-5131

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State House, Station 17, Augusta, ME 04333

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: MAD019294867 | 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: T,R,W CARR DIVISON, BINNEY ST CAMBRIDGE MA. 02142
4. Generator's Phone (617) 494-5500

A. State Manifest Document Number: ME A 007582
B. State Generator's ID: SAME

5. Transporter 1 Company Name: TONAWANDA TANK
6. US EPA ID Number: NYD097644801
C. State Transporter's ID: [illegible]512
D. Transporter's Phone: 631-7237

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: SAWYER ENVIRONMENTAL, EMERSON MILL RD, Hampden, ME
10. US EPA ID Number: MED093623825
G. State Facility's ID:
H. Facility's Phone: (207) 862-4200

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 NOS / ORM-E / MA9189	001	TT	00015	Y	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: a. #4 oil w/gravel b. c. d.

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

15. Special Handling Instructions and Additional Information: accepted as Special Waste (EPA Non-Hazardous)

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

Printed/Typed Name: Dennis F. Borsuk | Signature: Dennis F. Borsuk | Month Day Year: 05 02 86

17. Transporter 1 Acknowledgement of Receipt of Materials | Date
Printed/Typed Name: Len Hersey | Signature: Len Hersey | Month Day Year: 05 02 86

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

19. Discrepancy Indication Space: TRW-03720

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | Date
Printed/Typed Name: CARLENE L. AVERILL | Signature: Carlene L Averill | Month Day Year: 05 02 86

GENERATOR COMPLETED COPY

ME A 007582

In the event of a spill, contact the National Response Center, U.S. Coast Guard 1-800-424-8802.
For spill within Maine, contact DEP, Oil and Hazardous Materials Control at 1-800-482-0777

EPA Form 8700-22 (3-84)
BILLING CODE 6560-50-C

COPY 3: GENERATOR COMPLETED COPY: Mailed by HWF

0908-5132

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State House, Station 17, Augusta, ME 04333

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

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: ME A 007582

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.	001	TT	00915	Y	
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. oil & earth

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 national government regulations. 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.

Printed/Typed Name | Signature | Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials | Date

Printed/Typed Name | Signature | Month Day Year

19. Discrepancy Indication Space

TRW-03721

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

Printed/Typed Name | Signature | Month Day Year

GENERATOR

TRANSPORTER

FACILITY

GENERATOR COPY

ME A 007582

In the event of a spill, contact the National Response Center, U.S. Coast Guard 1-800-424-8802.
For spill within Maine, contact DEP, Oil and Hazardous Materials Control at 1-800-482-0777

EPA Form 8700-22 (3-84)
BILLING CODE 6560-50-C

COPY 8: GENERATOR COPY: Retained by Generator

0908-5133

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. B01199

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. (CARR DIVISION) OF CAMBRIDGE
BINNEY ST
CAMBRIDGE, MA 02142

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

A. State Manifest Document Number: MA C 042790

B. State Gen. ID: SAME

5. Transporter 1 Company Name: CLEAN HARBORS INC

6. US EPA ID Number: MAD039322250

C. State Trans. ID: MA C164965

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
CLEAN HARBORS OF KINGSTON INC
100 JOSEPH ST.
KINGSTON, MA 02364

10. US EPA ID Number: MAD039322250

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. WASTE OIL N.O.S. COMBUSTIBLE NA 1270	001	TT	00700	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #6 OIL + WATER
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T135
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 government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Steve Handley AGent TRW — Signature: Stephen C Handley agent TRW — Date: Month 04 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: THOMAS LAVINE — Signature: Thomas C. Lavine — Date: Month 04 Day 17 Year 86

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

FACILITY

19. Discrepancy Indication Space

TRW-03722

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Kevin C. McCabe — Signature: Kevin C. McCabe — Date: Month 04 Day 17 Year 86

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>3: GENERATOR-MAILED BY TSDF

0908-5134

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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 | 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 C 042790

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 ( )

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.					
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 national government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

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

TRW-03723

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 (Rev. 4-85 Previous addition is obsolete)

COPY>8: GENERATOR-RETAINED BY GENERATOR 0908-5135

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

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

SBO199

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 (CARE DIVISION) of Cambridge, Binney St. 02142
4. Generator's Phone: (617) 494-5500 Cambridge MA.

A. State Manifest Document Number: MA C 043755
B. State Gen. ID: SAME

5. Transporter 1 Company Name: Clean Harbors Inc — 6. US EPA ID Number: MAD039322250
C. State Trans. ID: ME 285622

7. Transporter 2 Company Name — 8. US EPA ID Number
D. Transporter's Phone: (617) 585-5111
E. State Trans. ID

9. Designated Facility Name and Site Address: Clean Harbors Inc. 100 Joseph St. Kingston MA. 02364 — 10. US EPA ID Number: MAD039322250
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone: (617) 585-5111

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/NA 1270 combustible liquid	001	TT	00250	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #6 OIL, WATER
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T135
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 government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Stephen C Handley agent TRW — Signature: Stephen C Handley agent TRW — Date: Month 04 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clifton Norris — Signature: Clifton E. Norris — Date: Month 04 Day 17 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: ~~Steve Handley TRW~~ — Signature: ~~Stephen Handley agent~~ — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

TRW-03724

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

Printed/Typed Name: Kevin C. McCabe — Signature: Kevin C. McCabe — Date: Month 04 Day 17 Year 86

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>3: GENERATOR-MAILED BY TSDF

0908-5136

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

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

CBO/77

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator US EPA ID No. MAD 019294567 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 (ARE Division) of Cambridge Binney St

4. Generator's Phone ( ) Cambridge MA

A. State Manifest Document Number MA C 043755

B. State Gen. ID CAMC

5. Transporter 1 Company Name Clean Harbors Inc. 6. US EPA ID Number MAD 039307335

C. State Trans. ID MA 13956777

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

D. Transporter's Phone (617 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address Clean Harbors Inc. 100 Tech Park Kingston MA 02364 10. US EPA ID Number MAD 039307335

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (617) 585-5111

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 1.05/NA 1270 Combustible Liquid	001	TT	00750	G	MA01
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. 6 OIL, WATER
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 national government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Date Month Day Year 01 17 88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date Month Day Year 01 17 88

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

FACILITY

19. Discrepancy Indication Space

TRW-03725

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 C043755 COPY>8: GENERATOR-RETAINED BY GENERATOR

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>8: GENERATOR-RETAINED BY GENERATOR 0908-5137

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. MAD019294867 — Manifest Document No. 41707
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: TRW (CARR Division) 195 Binney St Cambridge MA 02142
4. Generator's Phone (617) 494-5300

A. State Manifest Document Number: MA C 041707
B. State Gen. ID: same

5. Transporter 1 Company Name: CLEAN HARBORS of KINGSTON INC
6. US EPA ID Number: MAD039322250
C. State Trans. ID: ME 288665

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 585-5111
E. State Trans. ID:

9. Designated Facility Name and Site Address: CLEAN HARBORS OF KINGSTON INC. 100 JOSEPH ST KINGSTON MA
10. US EPA ID Number: MAD039322250
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 585-5111

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 N.O.S. / N.A. 1270 / COMBUSTIBLE LIQUID	001	TT	0320	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #6 oil + water
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T B 15
b.
c.
d.

15. Special Handling Instructions and Additional Information
JOB # SB 0199

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

Printed/Typed Name: Dennis F. Borsuk — Signature: Dennis F. Borsuk — Date: Month 04 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KENT F. GUNTHER — Signature: Kent F. Gunther — Date: Month 04 Day 17 Year 86

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

FACILITY

19. Discrepancy Indication Space
TRW-03726

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

Printed/Typed Name: Kevin C. McCabe — Signature: Kevin C. McCabe — Date: Month 04 Day 17 Year 86

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>3: GENERATOR-MAILED BY TSDF

0908-5138

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. MAD 91 929 48 74 1707 — 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 (CMR Division) 115 Binney St Cambridge, Mass.

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

A. State Manifest Document Number: MA C 041707

B. State Gen. ID: same

5. Transporter 1 Company Name: Clean Harbors of Kingston Inc. — 6. US EPA ID Number: MAD 073 3 9 5 5 0

C. State Trans. ID: MA 8 5 4 4 5

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

D. Transporter's Phone ( ) 585 5111

E. State Trans. ID

9. Designated Facility Name and Site Address: Clean Harbors of Kingston Inc. 100 Tide Mill St Kingston MA — 10. US EPA ID Number: MAD 0 7 3 3 9 5 5 0

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( ) 585 5111

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 Solid / 1270 / Liquid	001	TT	02000	G	MAD
b.					
c.					
d.					

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

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

15. Special Handling Instructions and Additional Information
JOB # SB 0199

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

Printed/Typed Name: Denis F. Bocsit — Signature: [signature] — Date (Month Day Year): 4/17/8[illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kevin P. Cantler — Signature: [signature] — Date (Month Day Year): 4/17/8[illegible]

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

FACILITY

19. Discrepancy Indication Space

TRW-03727

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 (Rev. 4-85 Previous addition is obsolete)

COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-5139

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. 00020

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 B087954

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
BLAINVILLE, QUEBEC J7C 3V4

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		06 17 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Gary Tylor	Gary Tylor	06 17 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

TRW-03728

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 B087954 COPY>B: GENERATOR-RETAINED BY GENERATOR

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

0908-5140

COPY>B: 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 00020

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 B087954

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, BLAINVILLE, QUEBEC J7C 3V4

10. US EPA ID Number: NXD980756415

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: 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 Day Year): 04 17 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: GARY TYLER — Signature: Gary Tyler — Date (Month Day Year): 04 17 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

APR 18 '86 13:44
T 36740 N 22860 16

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

Printed/Typed Name: SILVIO TREMBLAY — Signature — Date (Month Day Year): 04 18 86

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.

COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED

TRW-03729

0908-5141

MANIFESTE

A - CONSIGNOR (GÉNÉRATOR) EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: TEN 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: STARLEX 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERVICE | 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	AE 9203	MASS
Trailer #1 - Remorque #1	8194	MASS
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Philadelphia, Pa. | 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.): 1-611-384-3125

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 86/04/17

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

A 537837

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: STARLEX CANADA, INC. | Provincial No. - N° provincial

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition

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

Received - Réception: Time - Heure: 07:00 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 86/4/17

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-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-03730

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	10360	kg		03				
															04				
															06				

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

STARLEX CODE: N-SEWW 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): 86/4/17

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/4/17

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 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): SYLVIA DEMLOAY | Tel. No. (Area Code) - N° de tél. (ind. rég.): 514-435-92[illegible] | Signature

ENV. 04-1917 (10-84)

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

0908-5142

MANIFESTE

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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERVICE

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	AE 9203		MASS
Trailer #1 - Remorque #1	8194		MASS
Trailer #2 - Remorque #2			

Point of Entry - Point d'entrée: Philipsburg Qu | 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): 86/04/17

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

A 537837

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: J7C 3V4

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)-996-6666

TRW-03731

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						

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): 86/4/17

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/4/17

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 (caracteres 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)

0908-5143

2

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)
				64			

Acceptance
Date Y M D: 86 04 18
Time: 13:44

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)	Quantity accepted (weight in kg)	
Vehicle motor	AH9203	MA				Entry	27020
Trailer #1	8194	MA	EN			Exit	16660
Trailer #2						Quantity accepted	10360

I declare that the information in this declaration is true.
Name (Please print): SYLVIO TREMBLAY
Date: 86/04/18
Signature: Sylvio Tremblay
Time: 13:44

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: 86/04/18
Signature: Gary Tyler
Time: 10:40

AU MINISTÈRE
RECUE An M Jr

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

QC 013792

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

TRW-03732

0908-5144

CONSIGNOR
Business no. 617-494-5500 Tel. no.

Name TRW Fasteners
31 Ames Street

Address Cambridge

Province MA Country USA Postal Code 02142

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

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

Address Wrentham

Province MA Country USA Postal Code 02093

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

Name Stablex Canada Inc.
760 Boulevard Industriel

Address Blainville

Province Quebec Country CANADA Postal Code J7C3V4

SCHEDULE VI
(Division V)

QC 013792

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
86	04	17	86	04	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	MA	8194	MA		

If cross-border

Expected point of entry into Québec
Philipsburg Que

Region of entry | Expected date of entry ▶ Y 86 M 04 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
F006/9306	Metal hydroxide sludge		X	S			

Emergency instructions
Code N-SKTRWC02

Declaration of consignor

Shipping number

I declare that the information above is true.
Name (Please print) PAUL J ENRIGHT Date 4/17/86
Signature Paul J Enright Time 11:30

Declaration of carrier

I declare that I have taken delivery of the hazardous waste described above.
Name (Please print) GARY TYLER Date 86-04-1
Signature Gary Tyler Time 11:30

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5145

TRW-03733

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 J7C 3V4

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	30CU.YD.BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE.	–	D	NA	–	NO VALUE. WASTE IS TO BE TREA AND DISPOS OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER
MAB087954

17. DATE OF EXPORTATION (Not required for shipments by vessel)
4/17/86

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 PENALTI 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-03734

0908-5146

RC-CE
1/03/16

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: 4/17/86
3 INVOICE NO AND DATE: NONE
4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)
P. O. F 4133

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, N.Y. 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. D.T.P. PAID ETC. DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11 CURRENCY OF SETTLEMENT
DOLLARS

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

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 4/17/86

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-03735

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)

0908-5147

29 IF CONTINUATION SHEETS ARE USED ENTER TOTAL FIGURES HERE → FAIR MARKET VALU 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

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. F-4132

Franklin Pumping Service, Inc. Carrier's No. 4054

(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 4/16 19 86 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 J7C3V4 County _____ Delivery Address ★ 760 Boulevard Ind.

★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 MACK No. 431

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	Transportation of 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 Paul J. Enright Agent, Per _____

Permanent post-office address of shipper, _____

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

3

0908-5148

TRW-03736

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 Boulevard Industriel
Blainville, Quebec CANADA

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
F-4132	4054			net 10 days	April 16,1986

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yds.	Transportation of metal hydroxide sludge		
	Deliver 25-yard container with liner # 55		
	Code N-SKTRNC02 Two men required		
	Pick up load 4/17/86, offload 4/18/86		

LOADING TIME:
ARRIVAL: 9 am
DEPARTURE: 11:30
TOTAL:

REASON FOR DELAY: Had to Work around Clean Harbor's crew

Gary Tyler
DRIVER SIGNATURE

Paul J 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

0908-5149

TRW-03737

DRIVER SIGNATURE

STABLEX

Fiche de Route

№ 4023

ARRIVÉE _____ TEMPS

POIDS

DÉPART _____ TEMPS

POIDS

APR 18/86 07:40
59600 lb
G 27020

APR 18/86 13:44
T 36760 N 22840 lb
APR 18/86 13:44
T 16660 N 10360 kg

NO. LOT: DS-2599

CHAUFFEUR: GARY TYLER

TRANSPORTEUR: FRANKLIN

NO. CAMION: 431

NO. CONNAISSEMENT: 4054

REMARQUES: (8194) (6)

PRÉPOSÉ À LA BALANCE: [signature]

NO. CONTRÔLE: B-SK TRWC03

GÉNÉRATEUR: T.R.W.

NO. ACCUSÉ DE RÉCEPTION: 7652 13965

NO. MANIFESTE: MAB 087954
A-537837
QC 013792

CHAUFFEUR: Gary Tyler

COPIE DU CLIENT

TRW-03738

0908-5150

RECEIVED
APR 28 1986
PURCHASE 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.* 13965

VOTRE NO. COMMANDE *CUSTOMER ORDER NO.*	VOTRE DATE COM. *CUST. ORDER DATE*		NO. DE CLIENT *CUSTOMER NO.*	NO. MANIFESTE NO. FÉDÉRAL	NO. MANIFESTE NO. PROVINCIAL	NO. DE CLIENT *CUSTOMER NO.*
F4133	86/04/15		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. MANIFESTE *MANIFESTE NO.*	DATE IMPRIMÉE *DATE PRINTED*	HEURE *TIME*	PAGE *PAGE*
86/04/18	86/04/18	08:00	86/04/18	7652	MAB87954	86/04/18	22:11:23	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	4054

ART. *ITEM*	NO. PRODUIT *PRODUCT NO.*	DESCRIPTION *DESCRIPTION*	QUANTITÉ *QUANTITY*	UNITÉ *UNIT*	PRIX UNITAIRE *UNIT PRICE*	MONTANT *AMOUNT*
01	161003	B-SKTRWC03 OFF SPEC 573PPM	11.42	S.T.	165.00	1884.30
					Total US:	1884.30

0908-5151

TRW-03739

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

BLANC: CLIENT JAUNE: C.A.P. ROSE: VENDEUR

INFC

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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.: B0199
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

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

A. State Manifest Document Number: MA C 052507
B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors of Kingston Inc.
6. US EPA ID Number: MAD039322250
C. State Trans. ID: ME288664

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) 585-5111
E. State Trans. ID:

9. Designated Facility Name and Site Address: Clean Harbors of Kingston Inc. 100 Joseph St Kingston, Ma. 02364
10. US EPA ID Number: MAD039322250
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) 585-5111

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 N.O.S. NA 1270 Combustible Liquid	001	TT	00100	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #6 oil + water
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. TBS
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 government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Dennis F. Borsuk — Signature: Dennis F Borsuk — Date: Month 04 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kevin D McCarthy — Signature: Kevin D. McCarthy — Date: Month 04 Day 11 Year 86

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

19. Discrepancy Indication Space

0908-5152

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Kevin C. McCabe — Signature: Kevin C McCabe — Date: Month 04 Day 11 Year 86

GENERATOR — TRANSPORTER — FACILITY

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

MA C052507 COPY>3: GENERATOR-MAILED BY TSDF

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03740

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. MAD101191214161 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 (CAT Division)
145 Binney St Cambridge Ma

4. Generator's Phone (617) 494-5600

A. State Manifest Document Number MA C 052507

B. State Gen. ID None

5. Transporter 1 Company Name: Clean Harbors of Kingston Inc | 6. US EPA ID Number: MAD013913212212 | C. State Trans. ID: MF12181616141

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

D. Transporter's Phone (617) 556-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors of Kingston Inc.
100 Joseph St
Kingston, Ma 02364 | 10. US EPA ID Number: MAD013913212212

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 585-5111

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 N.O.S. NA 1270 Combustible Liquid	001	TT	001100	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #6 oil + water
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 national government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Date (Month Day Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: D. McCarthy | Signature: Kevin D. McCarthy | Date: 5-6-86

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

FACILITY

19. Discrepancy Indication Space

TRW-03741

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 (Rev. 4-85 Previous addition is obsolete)

0908-5153

COPY>B: GENERATOR-RETAINED BY GENERATOR

MA C 052507 COPY>B: GENERATOR-RETAINED BY GENERATOR

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

SB0199

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD095867610 — Manifest Document No. 042575
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) 494-5802

A. State Manifest Document Number: MA C 042575
B. State Gen. ID: Same
C. State Trans. ID: 28865 1 ME
D. Transporter's Phone (617) 585-5111
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone ( )

5. Transporter 1 Company Name: Clean Harbors Inc
6. US EPA ID Number: MAD039322250
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Clean Harbors Inc, 100 Joseph St, Kingston MA
10. US EPA ID Number: MAD039322250

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/NA1270/Combustible Liquid	001	TT	00750	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #4 oil + WATER
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T35
b.
c.
d.

15. Special Handling Instructions and Additional Information: TANK WASHOUT + STEAM cleaning Residue

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

Printed/Typed Name	Signature	Date (Month Day Year)
Stephen C. Handley TRW	Stephen C Handley	04 08 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
David E Fisher	David E. Fisher	04 08 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

0908-5154

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

Printed/Typed Name	Signature	Date (Month Day Year)
Kevin C. McCabe	Kevin C. McCabe	04 08 86

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

MA C042575 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03742

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. MAD057410 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 ( ) 491-[illegible]
A. State Manifest Document Number: MA C 042575
B. State Gen. ID
5. Transporter 1 Company Name: Clean Harbors [illegible]
6. US EPA ID Number: MA[illegible]
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: Clean Harbors [illegible] Rockland MA
10. US EPA ID Number: MAD[illegible]
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. Waste Flammable Liquid, n.o.s. (Xylene)	[illegible]	[illegible]	[illegible]	G	
b.					M001
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a.
b. Oil-water
c.
d.

K. Handling Codes for Wastes Listed Above
a.
b.
c.
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 government regulations, and all applicable State laws/regulations. 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.

Printed/Typed Name	Signature	Date (Month Day Year)
[illegible] Hallett	[illegible]	04 01 [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Dante Fisher	[illegible]	[illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

TRW-03743

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 (Rev. 4-85 Previous addition is obsolete)

MA C042575 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-5155

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. B04935

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.

4. Generator's Phone (617) 494-5500 CAMBRIDGE MASS 02142

A. State Manifest Document Number: MA C 040935

B. State Gen. ID: SAME

5. Transporter 1 Company Name: CLEAN HARBORS INC. OF KINGSTON — 6. US EPA ID Number: MAD039322250

C. State Trans. ID: ME 288662

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

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address: CLEAN HARBORS INC. OF BRAINTREE, 385 QUINCY AVE. BRAINTREE MASS. 02045 — 10. US EPA ID Number: MAD054526137

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. Waste CYANIDE ~~SOLID WASTE~~ POISON B MIXTURE DRY UN 1588	011	DM	04500	P	F007
b. HAZARDOUS WASTE OIL NOS/NA 1270 COMBUSTIBLE	003	DM	99165	G	M001
c. Waste AIKELINE CLEANER CORROSIVE LIQUID N.O.S. ~~NA 1760~~ Corrosive Material	005	DM	00275	G	D002
d. Waste Acrylic Acid Corrosive ~~SOLID~~ WASTE Material UN/2218	006	DM	03000	P	F006

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. cyanide cont. solids
b. oil and water
c. alkeline cleaner and corrosive oil
d. acid Sludge

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 national government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: Roger Cyr — Signature: Roger Cyr — Date: Month 04 Day 08 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: EDWARD U. FONTAINE — Signature: Edward U. Fontaine — Date: Month 04 Day 08 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

0908-5156

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

Printed/Typed Name: JON N VESOLI — Signature: Jon N Vesoli — Date: Month 04 Day 08 Year 86

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

MA C040935 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03744

WORK ORDER -4003

TRW-03745

0908-5157

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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 [illegible]
4. Generator's Phone ([illegible]) [illegible]

A. State Manifest Document Number: MA C 040935
B. State Gen. ID: SAME

5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
C. State Trans. ID: [illegible]

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone ([illegible]) [illegible]
E. State Trans. ID:

9. Designated Facility Name and Site Address: [illegible]
10. US EPA ID Number: [illegible]
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone ([illegible]) [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. WASTE CYANIDE [redacted] POISON [redacted] MIXTURE DRY UN/1588	[illegible]	[illegible]	[illegible]	P	[illegible]
b. HAZARDOUS WASTE OIL NOS/NA1270 COMBUSTIBLE LIQUID	[illegible]	[illegible]	[illegible]	G	[illegible]
WASTE [illegible] CORROSIVE LIQUID N.O.S. NA1719	[illegible]	[illegible]	[illegible]	G	[illegible]
WASTE ACRYLIC ACID CORROSIVE [redacted] WASTE MATERIAL UN/2218	[illegible]	[illegible]	[illegible]	P	[illegible]

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. [illegible]
b. [illegible]
c. [illegible]
d. [illegible] Sludge

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 government regulations, and all applicable State laws/regulations. 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.

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

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 C040935 COPY>B: GENERATOR-RETAINED BY GENERATOR

0908-5158

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03746

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. 004315

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 MASS. 02142

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

A. State Manifest Document Number: MA C 041670

B. State Gen. ID: SAME

5. Transporter 1 Company Name: CLEAN HARBORS INC. OF KINGSTON — 6. US EPA ID Number: MAD039322250

C. State Trans. ID: ME 2881962

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

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address: CLEAN HARBORS INC. OF BRAINTREE, 385 QUINCY AVE., BRAINTREE MASS. 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. HAZARDOUS WASTE SOLID NOS/ORM-E NA/9189	020	DM	12000	P	M099
b. WASTE OIL NOS/NA 1270 COMBUSTIBLE LIQUID	003	DM	00165	G	M001
c. 1,1,1, TRICHLOROETHANE ORM-A WASTE UN/2831	001	DM	00055	G	F001
d. WASTE ALKALINE LIQUID NOS CORROSIVE MATERIAL NA/1719	002	DM	00330	B	D002

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. zinc metal and debris
b. waste oil and water
c. tin and water
d. alkaline cleaner

K. Handling Codes for Wastes Listed Above
a. S01 c. S02
b. S02 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 national government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

OBO WMC - FOFS

GENERATOR — Printed/Typed Name: Roger Cyr — Signature: Roger Cyr — Date: Month 04 Day 08 Year 86

TRANSPORTER — 17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: EDWARD U. FONTAINE — Signature: Edward U. Fontaine — Date: Month 04 Day 08 Year 86

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

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

COPY>3: GENERATOR-MAILED BY TSDF

MA C041670 COPY>3: GENERATOR-MAILED BY TSDF

0908-5159

TRW-03747

RECEIVED
APR - 9 1986
WORK ORDER -4042

TRW-03748

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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. 00935
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 DIVISION 175 BINNEY ST CAMBRIDGE MASS 02142
4. Generator's Phone (617) 491-5500

A. State Manifest Document Number: MA C 041670
B. State Gen. ID: SAME

5. Transporter 1 Company Name: Clean Harbors Inc of Kingston
6. US EPA ID Number: MAD039322250
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: Clean Harbors Inc of Braintree 25 Quincy Ave Braintree Mass 02184
10. US EPA ID Number:

C. State Trans. ID: [illegible]
D. Transporter's Phone (617) [illegible]
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) [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 SOLID NOS/ORME NA/1189	040	DM	12000	P	M099
b. WASTE OIL NOS/NA1270 COMBUSTIBLE LIQUID	003	DM	00165	G	M001
c. 1,1,1 TRICHLOROETHANE ORM A WASTE UN/2831	001	DM	00055	G	F001
d. WASTE ALKALINE LIQUID NOS CORROSIVE MATERIAL NA/1719	002	DM	1200	P	D002

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. [illegible]
b. [illegible]
c. [illegible]
d. [illegible]

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 government regulations, and all applicable State laws/regulations. 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 avilable to me which minimizes the present and future threat to human health and the environment.

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

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

0908-5161

Form Approved OMB No. 2000-0404. Expires 7-31-86
EPA Form 8700-22 (Rev. 4-85 Previous addition is obsolete)

MA C041670 COPY>B: GENERATOR-RETAINED BY GENERATOR

TRW-03749

COPY>B: GENERATOR-RETAINED BY GENERATOR

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

7627

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 CAMB. MA. 02142

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

A. State Manifest Document Number: MA B088001

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD000604447

C. State Trans. ID: MA 16266

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

10. US EPA ID Number: LAWRENCE MA. 01840 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	032	DM	01760	GAL	M001
b. WASTE TRICHLOROETHYLENE ORMA UN1710	009	DM	00495	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, CORR. ~~LIQUID~~ Material UN1755	006	DM	00330	GAL	F009 ~~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

MES Continuing Driver Hot Times

"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: ROGER CYR — Signature: Roger Cyr — Date: Month 04 Day 07 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: DAVID B MOREL — Signature: David B Morel — Date: Month 04 Day 07 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-5162

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

Printed/Typed Name: Susan L. Prior — Signature: Susan L. Prior — Date: Month 4 Day 7 Year 86

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 B088001 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03750

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.

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 CAMB. MA 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B088001

B. State Gen. ID: Same

5. Transporter 1 Company Name: NORTHEAST SOLVENT

6. US EPA ID Number: MAD[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: NORTHEAST SOLVENT 300 CANAL

10. US EPA ID Number: LAWRENCE MA 01840 MAD[illegible]

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 NOS. COMBUSTIBLE LIQUID NA 1270	032	DM	[illegible]	GAL	M001
b. WASTE TRICHLOROETHYLENE ORMA UN1710	007	DM	[illegible]	GAL	Add
c. WASTE CHROMIC ACID SOLUTION CORR LIQUID UN1755	007	DM	[illegible]	GAL	F009 ~~[illegible]~~
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	Signature	Date Month Day Year
[illegible]	[illegible]	04 [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
David B Morel	[illegible]	04 [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

0908-5163

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

TRW-03751

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

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

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. 00020

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 B087953

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 4

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 388-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4

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. Solidification
d. Fixation

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 03 Day 31 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Tyler
Signature: Gary Tyler
Date: Month 03 Day 31 Year 86

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

19. Discrepancy Indication Space
APR 1 '86 11:33
T 37480 N 24660 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: Vivian Tremblay
Signature
Date: Month 04 Day 01 Year 86

GENERATOR
TRANSPORTER
FACILITY

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

MA B087953 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-M

TRW-03752

0908-5164

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. 00020

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 B087953

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) 83-3135

E. State Trans. ID

9. Designated Facility Name and Site Address
STARLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4
10. US EPA ID Number: NYD980756413

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. D 80
b. T 04
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."

STARLEX 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 V. BORSUK — Signature — Date: Month 03 Day 31 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Tyler — Signature — Date: Month 4 Day 3 Year 86

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

FACILITY

19. Discrepancy Indication Space
0908-5165

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 B087953 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-03753

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: J7C 3V4

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERVICE | 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: AH9203 | Mass

Trailer #1 - Remorque #1: 8194 | Mass

Trailer #2 - Remorque #2:

Point of Entry - Point d'entrée: Philipsburg 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.): 1-617-384-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 86-03-31

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: J7C 3V4

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	9306/ NA9189	6.1	III	~ 11,500	kg	35	%	001	06						

DO NOT WRITE IN THIS AREA NE PAS ÉCRIRE DANS CET ESPACE

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 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:

Shipped - Date d'expédition: Time - Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 86/3/31

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 86/3/31

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-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

TRW-03754

ENV. 04-1917 (10-84)

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

2

0908-5166

MANIFESTE

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: TEW FASTENERS 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: STANLEX CANADA, INC. | Provincial No. - N° provincial: 14088273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERVICE | 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	AH9203		Mass
Trailer #1 - Remorque #1	8194		Mass
Trailer #2 - Remorque #2			

Point of Entry - Point d'entrée: Philipsburg 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.): 1-617-384-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 86-03-31

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

A 537811

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 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition

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

Received - Réception
Time - Heure ▶ 02:00 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 86-03-31

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	F006	9304 NA9189	6.1	III	~ 11,500	kg	35	%	001	06	11200	kg		03				
	SLUDGE WASTE TYPE 6														04				
															06				

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

Attached - Ci-jointes ☐ Below - Plus bas ☐

STANLEX CODE: N-SKIRN 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

Shipped - Date d'expédition
Time - Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 86/3/31

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86/3/31

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.

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

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

TRW-03755

ENV. 04-1917 (10-84)

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

0908-5167

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)
				04			

Acceptance
Date Y M D: 86 04 01
Time: 11 34

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH9203	MA			
Trailer #1	8194	MA	X EAU		
Trailer #2					

Quantity accepted (weight in kg)

Entry	28190
Exit	16990
Quantity accepted	11200

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 86/04/01
Signature: Sylvio Tremblay
Time: 11:34

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: 86/04/01
Signature: [illegible]
Time: 12:20

AU MINISTÈRE
REÇUE An M Jr

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

QC 013789

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. SECTION B: To be sent to the consignor

0908-5168

TRW-03756

SCHEDULE VI
(Division V)

Gouvernement du Québec
Ministère de l'Environnement

QC 013789

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

Address: Cambridge,

Province: MA Country: USA Postal Code: 02142

CARRIER

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

Name: Franklin Pumping Service, Inc.
Industrial Rd.; PO Box 617

Address: Wrentham,

Province: MA Country: USA Postal Code: 02093

CONSIGNEE

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

Name: Stablex Canada Inc.
760 Boulevard Industriel

Address: Blainville,

Province: Quebec Country: Canada Postal Code: J7C3V4

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	03	31	86	04	01								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
A H9203	MA	8194	MA		

If cross-border

Expected point of entry into Québec: Philipsburg Que

Region of entry: Expected date of entry ▶ Y 86 M 03 D 31

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
F006/9306	Metal Hydroxide Sludge	11,500 X	S	001	COT	PLE

Emergency instructions: Code: N-SKTRWC02

Declaration of consignor

MR. Roy

Shipping number

I declare that the information above is true.

Name (Please print): Paul J ENRIGHT

Date: 3/31/86

Signature: Paul J. Enright

Time: 12:30

PROCEED AS NORMAL

Declaration of carrier

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

Name (Please print): GARY Tyler

Date: 3-31-86

Signature: Gary Tyler

Time: 12:30

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5169

TRW-03757

RC-CE
81/03/16

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

3/31/86

3 INVOICE NO. AND DATE

NONE

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

P. O. F 4133

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, N.Y. 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., F.A.S., ETC. DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11. CURRENCY OF SETTLEMENT

DOLLARS

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

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 3/31/86

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)	0908-5170		

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	SELLING PRICE
	0	0

TRW-03758

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

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

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 J7C 3V4

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 dollars, 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
MAB087953

17. DATE OF EXPORTATION (Not required for shipments by vessel)
3/31/86

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 PENALTI 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-03759

0908-5171

GrayLine® SNAP-A-WAY® FORM

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. 3830

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

at Cambridge, MA 3/21/86 From TRW Fastners

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 Bouldvard Industrie

★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 MACK No. 431

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 Fastners Shipper, Per [signature] Agent, Per _____

3

Permanent post-office address of shipper, _____

©1983 • PRINTED IN U.S.A. BY
WilsonJones
GRAYLINE FORM 44 30 3 PART

TRW-03760

0908-5172

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

TRW Fastners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO

Stablex Canada Inc.
760 Bouldvard Industriel
Blainville, Quebec Canada
J7C3V4

ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3830			Net 10 days	3/31/86

ANTITY	DESCRIPTION	PRICE	AMOUNT
	Transportation of		
5 yd	Metal hydroxide sludge		
	Empty 25 yd container, & liner		
	Pickup: 8:00 a.m.		
	Offload: Next day 4/07/86		

ORE FPS
TIME:
9:30
E: 12:30

REASON FOR DELAY (Drop Pickup + Drop - Pick + Drop + Pick)
Had to swap Containers
+ tarp + [illegible] and dropped

[illegible] Tyler
DRIVER SIGNATURE

Paul J. Enright
AUTHORIZED SIGNATURE

G TIME:

REASON FOR DELAY

E:
rival FPS

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

AY:

REASON FOR DELAY

TRW-03761

0908-5173

DRIVER SIGNATURE

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

7394

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.

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 CAMB MASS 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. 01840 — 10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087850

B. State Gen. ID: SAME

C. State Trans. ID: MA 8077

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. CUMBUSTIBLE LIQUID NA 1270	046	DM	02530	G ~~GAL~~	M0011
b. WASTE TRICHLOROETHYLENE ORM A UN1710	010	DM	00550	G ~~GAL~~	F0011
c. WASTE CHROMIC ACID SOLUTION NOS (CORROSIVE ~~MATERIAL~~) UN1755	004	DM	00220	G	D0012
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

"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: Roger Cyr — Signature: Roger Cyr — Date: Month 03 Day 26 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Robert T. Thornton — Signature: Robert T. Thornton — Date: Month 03 Day 26 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-5174

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 1

Printed/Typed Name: PAUL MILLER — Signature: Paul Miller — Date: Month 3 Day 26 Year 86

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

MA B087850 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03762

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.

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 ( )

A. State Manifest Document Number: MA B087850

B. State Gen. ID

5. Transporter 1 Company Name: North East Solvents

6. US EPA ID Number: [illegible]

C. State Trans. ID: MA 8037

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	16	DM			M001
b. Waste Trichloroethylene	12	DM			F001
c. Waste Chromic Acid (Solution Not Material)	4	DM			D002
d.					

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

a. [illegible] c. [illegible]

b. [illegible] d.

K. Handling Codes for Wastes Listed Above

a. c.

15. Special Handling Instructions and Additional Information

"Unless I am a small quantity generator who has been exempted by 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: Robert T. Thornton — Signature: Robert T. Thornton — Date: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

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

19. Discrepancy Indication Space

0908-5175

TRW-03763

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 B087850 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

Thornton

7894

NORTH EAST SOLVENTS RECLAMATION CORP.
221 SUTTON STREET
NORTH ANDOVER, MASS. 01845
TEL. (617) 683-1002

After = 7:00
Before 1:30
NOT Between
11:30 - 12:30

NES CONTROL NO. MAB087850
MANIFEST NO.
DATE: 3/17/86

PACKING LIST

THIS IS NOT A MANIFEST. MUST BE ACCOMPANIED BY A PROPERLY COMPLETED HAZARDOUS WASTE MANIFEST.

GENERATOR: T R W CARR
EPA #: MAD019294867
ADDRESS: 195 BINNEY STREET
CUST. P.O. #: F 4376
CITY: CAMBRIDGE
STATE: MA
ZIP CODE: 02147
CONTACT: ~~GEORGE CLEARY~~ Gene Neck
PHONE: (617) 494-~~5500~~ 5810

GENERATOR

11. U.S. DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS AND ID NO.)	Location Code	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	1. WASTE NO.
WASTE CORROSIVE ACID SOLUTION NOS						
a CORROSIVE MATERIAL UN1755	ACID	4				D002
WASTE TRICHLOROETHYLENE						
b DOT-A UN1710	SA	10				F001
WASTE OIL, NOS						
c COMBUSTIBLE LIQUID NA1270	SA	46		46 55 230		M001
d				230 ~~253~~ 230		
FOLLOWING ITEMS FROM PAGE 2 (CONTINUATION SHEET)						
a						
b						
c						
d						
e						
f						

ADDITIONAL DESCRIPTIONS:
b TRICO
c OIL/1-1-1

SPECIAL INSTRUCTIONS:

0908-5176

TRW-03764

BRADY BUSINESS FORMS – LOWELL MASS – TEL 458-2585

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 05 — 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 B087951

B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors

6. US EPA ID Number: MAD039322250

C. State Trans. ID: ME-C16496

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors Inc.
100 Joseph St.
Kingston, MA 02364

10. US EPA ID Number: MAD039322250

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 585-5111

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 n.o.s., Combustible Liquid, NA 1270	001	TT	00300	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. #4 fuel oil & water
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T13 5
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."

Job # SB-0199

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 24 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jack Fisher — Signature: Jack Fisher — Date: Month 3 Day 24 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space

0908-5177

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

Printed/Typed Name: Kevin C McCabe — Signature: Kevin C McCabe — Date: Month 03 Day 24 Year 86

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

MA B087951 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-03765

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. MA001[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
135 Binney St., Cambridge, MA 02142
4. Generator's Phone (617 [illegible]

A. State Manifest Document Number: MA B087951
B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors
6. US EPA ID Number: MAD0[illegible]
C. State Trans. ID: ME-016496

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617 585-5111
E. State Trans. ID:

9. Designated Facility Name and Site Address
Clean Harbors Inc.
100 Joseph St.
Kingston, MA 02364
10. US EPA ID Number: MAD0[illegible]
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617 585-5111

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 n.o.s., Combustible Liquid, NA 1270	001	TT	[illegible]	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #4 fuel oil & water
b.
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."

Job # SB-0199

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. Barsuk
Signature: [illegible]
Date: Month Day Year: 0[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jack Fisher
Signature: Jack Fisher
Date: Month Day Year: 32486

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:

0908-5178

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

MA B087951 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-03766

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. MAD019294876 Manifest Document No. 700019

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 B087950
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
BLAINVILLE, QUEBEC J7C 3V4
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. D 8 0 Solidification
b. T 0 4
d. Fixation

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 03 Day 10 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY TYLER — Signature: Gary Tyler — Date: Month 03 Day 10 Year 86

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

19. Discrepancy Indication Space
MAR 11/86 12:55
T 37200 N 13240 16

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Sylvio Tremblay — Signature: Sylvio Tremblay — Date: Month 03 Day 11 Year 86

GENERATOR — TRANSPORTER — FACILITY

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

MA B087950 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-03767

0908-5179

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.: 00019
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 B087950
B. State Gen. ID: same

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
C. State Trans. ID: 7194 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, BLAINVILLE, QUEBEC J7C 3V4
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		03 10 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Gary Tyler	Gary Tyler	03 10 86

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 B087950 COPY>8: GENERATOR-RETAINED BY GENERATOR

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

0908-5180

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03768

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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERVICE | 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: Philipsburg 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.): 1-617-384-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 86-03-10

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

A 537803

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: J7C 3V4

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^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): 3/10/86 | Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 3/10/86

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 / 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-03769

ENV. 04-1917 (10-84)

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

0908-5181

MANIFESTE

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial

Company Name - Nom de l'entreprise: THE 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: STANLEX 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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING SERVICE | 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 42073	MA
Trailer #1 - Remorque #1	8154	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Philipsburg, QC | 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): 86-03-10

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

A 537803

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 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

Receiving Site Address - Destination de l'expédition

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

Received - Réception: Time / Heure ▶ 07:21 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 86/03/11

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 Packaging Contenants Yes Oui	No Non	Vehicle Véhicule Yes Oui	No Non
S	WASTEWATER TREATMENT SLUDGE WASTE TYPE 6	7086	NA9189	6.1	III	~ 11,500	kg	35	%	001	06	6030	kg		03				
															04				
															06				

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

STANLEX CODE: N-SKIN 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): 3/10/86

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 3/10/86

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): Sylvie Trembley | Tel. No. (Area Code) - N° de tél. (ind. rég.): 514-430-7230 | Signature: Sylvie Trembley

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

TRW-03770

ENV. 04-1917 (10-84)

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

0908-5182

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)
				04			

Acceptance
Date (Y M D): 860311
Time: 1256

Registration

	Vehicle motor	Trailer #1	Trailer #2
Registration	AH9263	8194	
Prov.	MA	MA	
Decontamination of vehicles Yes (X)		X ENV	
No (X)			
Not required (X)			

Quantity accepted (weight in kg)	
Entry	22890
Exit	16860
Quantity accepted	6030

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 86/03/11
Signature: Sylvio Tremblay
Time: 12:56

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: 86/03/11
Signature: [illegible]
Time: 1020

AU MINISTÈRE
REÇUE An M Jr
O. N.
Conciliée
Positif
Adm. man.
Leg. man.

QC 013785

URGENCE-ENVIRONNEMENT
(418) 643-4595

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

TRW-03771

0908-5183

SCHEDULE VI
(Division V)

QC 013785

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 carrie

CONSIGNOR

Business no. 617-494-5500 Tel. no.

Name TRW Fastners

Address 31 Ames Street
Cambridge,

Province MA Country USA Postal Code 02142

CARRIER

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

Name Franklin Pumping Service, Inc.

Address Industrial Rd., PO Box 617
Wrentham,

Province MA Country USA Postal Code 02093

CONSIGNEE

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

Name Stablex Canada Inc.

Address 760 Boulevard Industriel
Blainville,

Province Quebec Country Canada Postal Code J7C3V4

Shipping details

Expected shipping date			Expected arrival date			Transit region							
Y	M	D	Y	M	D	A	B	C	D	E	F	G	H
86	03	10	86	03	11								

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

Vehicle registration

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

If cross-border

Expected point of entry into Québec: Philipsburg Que

Region of entry | Expected date of entry ▶ Y 86 M 03 D 1

Expected point of exit from Québec

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

Description of hazardous waste to consign

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
9306	Metal Hydroxide Sludge	001500	X	S	001	CoT	PL

Emergency instructions

Declaration of consignor

Shipping number 3867-017

I declare that the information above is true.

Name (Please print): Paul J Enright — Date: 86-03-10

Signature: Paul J Enright — Time: 12:30

Declaration of carrier

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

Name (Please print): Gary Tyler — Date: 86-03-

Signature: Gary Tyler — Time: 12:30

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

URGENCE-ENVIRONNEMEN
(418) 643-4595

0908-5184

TRW-03772

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 J7C 3V4

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 not sold, including inland freight, insurance and other charges to U.S. port of export. (Nearest whole dollars omit cents figures) (15)
ONE	30 CU.YD.BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMER-	–	D	NA	–	NO VALUE. WASTE IS T
	CIAL VALUE					BE TREATED AND DISPOS
						OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087950

17. DATE OF EXPORTATION (Not required for shipments by vessel): 3/10/86

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 PENALTI 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

0908-5185

TRW-03773

RC-CE 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 3/10/86

3 INVOICE NO AND DATE NONE

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. F4133

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, N.Y. 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., D.D.P., PAID, ETC. / DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS

11. CURRENCY OF SETTLEMENT

DOLLARS

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. 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 3/10/86

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-03774

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

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

0908-5186

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

TRW Fastners
31 Ames Street
Cambridge, MA 02142

SHIPPED TO

Stablex Canada Inc.
760 Boulevard Industriel
Blainville, Quebec Canada

UR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3829			Net 10 days	3/10/86

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	TRansportation of		
20 yds	Metal hydroxide sludge		
	Empty 25 yd container, liner		
	Pickup: 3/10 8:00 a.m.		
	Offload: 3/11		

arture FPS
XXXXXX
ING TIME:
VAL: 10:00 AM
RTURE: 12:30 PM
AL:

REASON FOR DELAY
Had to wait for cars to be moved

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OADING TIME:
RIVAL:
ARTURE:
T Arrival FPS
AL:

REASON FOR DELAY

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

HER DELAY:
E OUT:
E IN:
TAL:

REASON FOR DELAY

0908-5187

TRW-03775

DRIVER SIGNATURE

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 Pumping Service, Inc.

(Name of Carrier)

Carrier's No. 3829

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

at Cambridge, MA 3/10/ 19 86 From TRW Fastners

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 Boulevard Industr

★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 MACK No. 431

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 Fastners Shipper, Per Paul J Enright Agent, Per _____

3

Permanent post-office address of shipper, _____

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

TRW-03776

0908-5188

RECEIVED

MAR 24 1986

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. 13576

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM. / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.	NO. MANIFESTE NO. FÉDÉRAL	NO. MANIFESTE NO. PROVINCIAL	NO. DE CLIENT / CUSTOMER NO.
F4133	86/03/06		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. MANIFESTÉ / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
86/03/11	86/03/11	08:00	86/03/11	7205	MAB87950	86/03/11	22:09:58	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	3829

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
01	161001	B-SKTRWC03 OFF SPEC 225.6 PPM	6.62	S.T.	133.00	893.70

TRW-03777

Total US: 893.70

0908-5189

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

BLANC: CLIENT JAUNE: C.A.P. ROSE: VENDEUR

INFC

RECEIVED

STABLEX

Fiche de Route

№ 3644

ARRIVÉE _____ TEMPS

POIDS

MAR 11/86 07:28
50440 lb
G 22890

MAR 11/86 12:56
T 37200 N 13240 lb

DÉPART _____ TEMPS

POIDS

MAR 11/86 12:56
T 16860 N 6030 kg

NO. LOT: DS-2364

CHAUFFEUR: GARY TYLER

TRANSPORTEUR: FRANKLIN

NO. CAMION: 431

NO. CONNAISSEMENT: 3829

REMARQUES: (8194) (3)

NO. CONTRÔLE: B-SK TRW C03

GÉNÉRATEUR: T.R.W. FASTENERS

NO. ACCUSÉ DE RÉCEPTION: 7205 13576

NO. MANIFESTE: MAB 087950
A-537803
QC 013785

PRÉPOSÉ À LA BALANCE: Sylvie Chambray

CHAUFFEUR: Gary Tyler

COPIE DU CLIENT

0908-5190

TRW-03778

7105

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 DO I 9294867 — 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: NT.R.W. FASTENER DIV.195-BINNEY ST.CAMB.MASS. 02142

4. Generator's Phone: 617 494-5500*

A. State Manifest Document Number: MA B087849

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT, XXX

6. US EPA ID Number: MAD000660 4447

C. State Trans. ID: MA 16268

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: NORTHEATS SOLVENT,300CANAL ST.LAWRENCE,MASS. 01840

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	GAL.	M001
b. WASTE TRICHLOROETHYLENE ORM A UN1710	020	DM	1100	GAL.	F001
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. SOL c.

b. SOL 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: Roger Cyr — Signature: Roger Cyr — Date: Month 2 Day 28 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: FRED ASH — Signature: Fred Ash — Date: Month 02 Day 28 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials

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

FACILITY

19. Discrepancy Indication Space *omitted

0908-5191

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 1

Printed/Typed Name: CARL Muir — Signature: Carl Muir — Date: Month 02 Day 28 Year 86

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.

MA B087849 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03779

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 DO 1((92948 67 — 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
NT.R.W. FASTENER DIV.195-BINNEY ST.CAMB.MASS. 02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087849

B. State Gen. ID: SAME

5. Transporter 1 Company Name: NORTHEAST SOLVENT ,INC

6. US EPA ID Number: MADOOO669444 7

C. State Trans. ID: 1 1 2 6 8

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
NORTHEATS SOLVENT,300CANAL ST.LAWRENCE,MASS.

10. US EPA ID Number: madoo06044 47

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 NOS.COMBUSTIBLE LIQUID NA 1270	026	DM	1/1/0	GAL.	F001
b. WASTE TRICHLOROETHYLENE ORM A UN1710	020	DM	1/1/0	GAL.	F001
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: Roger Cyr — Signature — Date: Month 12 Day 1 Year 16

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ted Ell — Signature — Date: Month 12 Day 1 Year 16

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

19. Discrepancy Indication Space

TRW-03780

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

0908-5192

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 B087849 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

NORTH EAST SOLVENTS RECLAMATION CORP.
221 SUTTON STREET
NORTH ANDOVER, MASS. 01845
TEL. (617) 683-1002

BEFORE 3:00

NES CONTROL NO. 7105
MANIFEST NO: MAB 0[illegible]
DATE: 2/25/86

PACKING LIST

THIS IS NOT A MANIFEST. MUST BE ACCOMPANIED BY A PROPERLY COMPLETED HAZARDOUS WASTE MANIFEST.

GENERATOR [illegible] EPA # MAD 019 294 [illegible]

ADDRESS 195 [illegible] St CUST. P.O. # F4376

CITY [illegible] STATE [illegible] ZIP CODE [illegible]

CONTACT: [illegible] PHONE: 494-5560

11. U.S. DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS AND ID NO.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	1. WASTE NO.
a [illegible] NES [illegible] NA[illegible]	26	dr			[illegible]
b [illegible] UN1716	[illegible]	dr			F001
c					
d					
FOLLOWING ITEMS FROM PAGE 2 (CONTINUATION SHEET)					
a					
b					
c					
d					
e					
f					

GENERATOR

ADDITIONAL DESCRIPTIONS:
a. [illegible] oil
b. [illegible] oil

SPECIAL INSTRUCTIONS:

TRW-03781

BRADY BUSINESS FORMS · LOWELL, MASS. · TEL. 458-2585 162816-BE

0908-5193

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. MAD019294876 Manifest Document No. 700018

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 B087949

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
BLAINVILLE, QUEBEC J7C 3V4

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. D 8 0 Solidification
b. T 0 4 d. fixation

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	02 24 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Gary Tyler	Gary Tyler	02 24 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space
FEB 25/86 13:22
T 37900 N 15480 16

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	02 25 86

GENERATOR

TRANSPORTER

FACILITY

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

MA B087949 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-03782

0908-5194

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. MAD019294857 Manifest Document No. 0018

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

5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136

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

9. Designated Facility Name and Site Address
STABLEX CANADA, INC.
760 BOULEVARD INDUSTRIEL
BLAINVILLE, QUEBEC J7C 3V4
10. US EPA ID Number: NYD980756415

A. State Manifest Document Number: MA B087949
B. State Gen. ID: SAME
C. State Trans. ID: 8194 MA
D. Transporter's Phone (617) 384-3135
E. State Trans. ID
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. D 8 0
b. T 0 4
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		02 24 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Gary Tyler	Gary Tyler	02 24 86

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 B087949 COPY>8: GENERATOR-RETAINED BY GENERATOR

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

0908-5195

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03783

MANIFESTE

A 537795

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: J7C 3V4

B - CARRIER TRANSPORTEUR

Company Name - Nom de l'entreprise: FRANKLIN PUMPING

Provincial No. - N° provincial

Address - Adresse: INDUSTRIAL ROAD

City - Ville: BRENTHAM | Prov.: MASSACHUSETTS | 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 | 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 A. TYLER

Tel. No. (Area Code) - N° de tél. (ind. rég.): 617-384-3135

Signature: Gary A. Tyler

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: STABLEX CANADA, INC.

Provincial No. - N° provincial

Address - Adresse: 760 BOULEVARD INDUSTRIEL

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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	F 0 0 6	N A 9 1 8 9 6.1	III		~ 11,500	kg	35	%	001	06						

DO NOT WRITE IN THIS AREA BARS

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

Attached - Ci-jointes ☐ Below - Plus bas ☐

STABLEX CODE: N-SKTRN 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): 2/24/86

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 2/24/86

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

TRW-03784

ENV. 04-1917 (10-84)

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

0908-5196

2

MANIFESTE

A - CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. - N° provincial:

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

Address - Adresse: 195 BURRY 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: 166868273

Address - Adresse: 760 BOULEVARD INDUSTRIEL

Receiving Site Address - Destination de l'expédition: SAME

City - Ville: BLAINVILLE | Prov.: QUEBEC | Postal Code - Code postal: J7C 3V4

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	AH 9203	MA
Trailer #1 Remorque #1	9194	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 A. TYLER

Tel. No. (Area Code) - N° de tél. (ind. rég.): 617-384-3155

Signature: Gary A. Tyler

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

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

A 537795

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: J7C 3V4

Receiving Site Address - Destination de l'expédition:

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

Received - Réception: Time - Heure: 19:51 AM ☐ PM ☑ | Date (Y/M/D - A/M/J): 86/02/24

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. Nbr	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	7006	NA 9189.6.1	III		~11,500	kg	35	X	001	06	7020	kg		03				
															04				
															06				

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

STABLEX CODE: N-SKIDS 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): 2/24/86

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 2/24/86

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:

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

TRW-03785

ENV. 04-1917 (10-84)

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

6

0908-5197

SCHEDULE VI
(Division V)

QC 011649

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 Fastners
31 Ames Street

Address Cambridge,

Province MA Country USA Postal Code 02142

CARRIER

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

Name Franklin Pumping Service, Inc.
Industrial Rd., PO Box 617

Address Wrentham, USA 02093

Province Country Postal Code

CONSIGNEE

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

Name Stablex Canada Inc.
760 Industrial Blvd.

Address Blainville,

Province Quebec Country Canada Postal Code J7C3B4

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	02	24	86	02	25								

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

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH 9803	MASS	8194	MASS		

If crossing border

Expected point of entry into Québec: Philipsburg Que

Region of entry 06 — Expected date of entry ▶ 86 02 24

Expected point of exit from Québec

Region of exit — Expected date of exit ▶

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	001,500	X	S	001	COTPLE	

Emergency instructions

Declaration of consignor

Shipping number 3510-013

I declare that the information above is true.

Name (Please print) PAUL J ENWIGHT — Date 2/24/86

Signature Paul J Enwight — Time 12:00

Declaration of carrier

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

Name (Please print) GARY Tyler — Date 86-02-24

Signature Gary Tyler — Time 12 00

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5198

TRW-03786

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)
				04	X		
					EAU		

Acceptance
Date Y M D: 86 02 25
Time

Registration

	Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH9203 MASS	X		
Trailer #1	8194 MASS	EAU		
Trailer #2				

Quantity accepted (weight in kg)

Entry	24210
Exit	17190
Quantity accepted	7020

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 86/02/25
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: 86/02/24
Signature: [signature]
Time: 19.56

AU MINISTERE
REÇUE An M Jr

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

QC 011649

URGENCE-ENVIRONNEMENT
(418) 643-4595

2. SECTION B: To be sent to the consignor

0908-5199

TRW-03787

RC-CE
27/81/03/16

CUSTOMS AND EXCISE DOUANES ET ACCISE

1 of 1

1 VENDOR (NAME & ADDRESS)

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

2 DATE OF DIRECT SHIPMENT TO CANADA: 2/24/86

3 INVOICE NO. AND DATE: NONE

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

P. O. #F4133

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, N.Y. 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 PRICE ... DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS)

11 CURRENCY OF SETTLEMENT

DOLLARS

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.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 2/24/86

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 brokers' charges			
Other charges (specify)			

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

TRW FASTENERS DIVISION
195 BINNEY STREET
CAMBRIDGE, MA 02142

TRW-03788

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 ...

TOPS FORM 3128 REVISED

0908-5200

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 J7C 3V4

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
MAB087949

17. DATE OF EXPORTATION (Not required for shipments by vessel)
2/24/86

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 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

0908-5201

TRW-03789

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. 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			
	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 Paul J. [illegible] Agent, Per _____

3

Permanent post-office address of shipper, _____

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

0908-5202 TRW-03790

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
	3452			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:
ARRIVAL: 9 am
DEPARTURE: 12:
TOTAL: 3 hrs

REASON FOR DELAY: Hard place to get into
had to wait 1 hr for earth
removed

Gary Taylor
DRIVER SIGNATURE

Paul Wright
AUTHORIZED SIGNATURE

UNLOADING TIME:
ARRIVAL:
DEPARTURE:
TOTAL:

REASON FOR DELAY

DRIVER SIGNATURE

AUTHORIZED SIGNATURE

OTHER DELAY:
TIME OUT:
TIME IN:
TOTAL:

REASON FOR DELAY

0908-5203

TRW-03791

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 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 St., Cambridge, MA 02142

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

A. State Manifest Document Number: MA B087948

B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors, Inc.

6. US EPA ID Number: MAD039322250

C. State Trans. ID: ME285633

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors Inc.
100 Joseph St.
Kingston, MA 02364

10. US EPA ID Number: MAD039322250

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 585-5111

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 n.o.s., Combustible Liquid, NA 1270	001	TT	00300	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. #6 Oil and Water
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T13S
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)
Dennis F. Borsuk	Dennis F. Borsuk	022086

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
ROBERT BUTLER	Robert Butler	022086

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)
Kevin C. McCabe	Kevin C. McCabe	022086

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

MA B087948 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-03792

0908-5204

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 [illegible] Division
[illegible] St. Cambridge MA 02142
4. Generator's Phone (617) [illegible]

A. State Manifest Document Number: MA B087948
B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: [illegible] Inc.
6. US EPA ID Number: MAD[illegible]
C. State Trans. ID: MI 28[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) [illegible]
E. State Trans. ID:
9. Designated Facility Name and Site Address
[illegible] Inc.
[illegible] St.
[illegible], MA [illegible]
10. US EPA ID Number: MAD[illegible]
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) [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]	[illegible]	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. #6 [illegible]
b.
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
[illegible]	[illegible]	[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
ROBERT BUTLER	Robert Butler	02 20 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

TRW-03793

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

0908-5205

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 B087948 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

JOB NO. B-9734
DAY&DATE 2-20-86
MANIFEST NO. MA 0087948
MANIFEST NO.
CONTACT PERSON Dennis Borsuk
PHONE NO. 494-5715

CleanHarbors inc.

P.O. BOX 193 • KINGSTON, MA 02364
617-585-5111 - (24 Hour Service)

P.O. NO.
T&M
CONTRACT ✓
INVOICE NO.

CLIENT T.R.W. Fortress Div.
JOB LOCATION Cambridge MA

BILLING ADDRESS 195 Binney St.
Cambridge MA 02142
ATTN:

LABOR

NAME	TITLE	REG	OT	RATE	AMOUNT
P. Phillion	F	7			
E. Phillion	O	7			
F. Murphy	L	7			
B. ~~Murdock~~ Butler	L	8			
			TOTAL		

EQUIPMENT

QTY	TYPE	HRS	RATE	AMOUNT
1	utility Truck	7		
1	Hotsy	4		
1	Vacuum Truck SJ	8		
			TOTAL	

MATERIAL

DESCRIPTION	QTY	RATE	AMOUNT
Gloves	4		
Zu.4 Suit	4		
Rain Gear	1		
Cartrages	2		
		TOTAL	

DISPOSAL

	QTY	RATE	AMOUNT
TYPE			
LIQUID # 4oil & water	300 gal		
SOLID			
		TOTAL	

OTHER

	AMOUNT
TRANSPORTATION	
TOTAL	

JOB DESCRIPTION

Steam Clean Sump of # 4oil & water There was no Solid Bottom on floor that was noticable wood 2 by 4 on 2 sides of Sump

TOTAL LABOR	
TOTAL MATERIAL	
TOTAL EQUIPMENT	
TOTAL DISPOSAL LIQUID	
TOTAL DISPOSAL SOLIDS	
TOTAL OTHER	
OTHER	
MATERIAL 5% SALES TAX	
DAILY TOTAL	

CUSTOMER Dennis F. Borsuk 2/20/86
CERTIFIED CORRECT
CLEAN HARBORS
DATE

0908-5206

TRW-03794

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 St., Cambridge, MA 02142

4. Generator's Phone (617) 494-5560

A. State Manifest Document Number: MA B087947

B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors

6. US EPA ID Number: MAD039322250

C. State Trans. ID: ME 288462

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617-585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbor Braintree
385 Quincy Ave Braintree MA

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. Hazardous waste solids NOS/OEM-E NA/9189	009	DM	2700	P	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. 4 oil and speedi dry
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. S01
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."

B-9713

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 02 Day 12 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Kenneth Norris
Signature: Kenneth Norris
Date: Month 02 Day 12 Year 86

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

FEB 13 1986

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: Kevin P. Connors
Signature: Kevin P. Connors
Date: Month 02 Day 14 Year 86

Form Approved OMB No. 2060-0404. 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 B087947 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAIL

TRW-03795

0908-5207

[illegible] HAZARDOUS WASTE MANIFEST

[illegible]

STATE [illegible] Treatment and Disposal Facilities (TSDF's) to use this form and, [illegible] hazardous wastes.

[illegible] MANIFEST SUBMITTED TO THE STATE WILL BE RETURNED TO THE GENERATOR [illegible] A footer will be printed if you may also be used if you press down [illegible] Copies indications are as follows:

COPY 1: [illegible] completion by the TSDF. [illegible] facility was located.

COPY 2: [illegible] this copy to the [illegible]

COPY 3: [illegible] for his records.

COPY 4: [illegible] keeps the copy for his records.

COPY 5: [illegible] transferred the waste to the TSDF, he [illegible]

NOTE: [illegible] with a legible photo copy of the [illegible]

COPY 6: [illegible] of the manifest and transferred [illegible] (TSDF) is located.

COPY 7: [illegible] this section of the manifest and transferred [illegible] was generated.

COPY 8: [illegible] and transferred the waste to the transporter, he [illegible]

RECEIVED FEB 13 1986

WORK ORDER -2173

GENERATOR SECTION

Item 1: GENERATOR'S US EPA ID NO. — Enter the US EPA generator's 12 digit identification number. Then [illegible] 00001, 00002, etc.) is recommended.

Item 2: PAGE [illegible] the first form plus the number of Continua[illegible] must meet Massachusetts [illegible]

[illegible] Enter this number in [illegible]

[illegible] of the Generator. This [illegible]

[illegible] the Generator [illegible] If the mailing address and the street [illegible]

[illegible] who will transport the [illegible] identified in Item 5.

[illegible] portion of the whole [illegible]

[illegible] of the transporter can be reached [illegible]

[illegible] of the second transporter will [illegible] transporters in the order they will be [illegible]

[illegible] transporter in Item 2.

[illegible] of the number for the waste [illegible]

[illegible] waste are authorized [illegible]

[illegible] TSDF designated [illegible]

[illegible] 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 [illegible]

Item 11: US DOT DESCRIPTION — All of the following must be entered. The correct US DOT ID (Department of Transportation) name for the waste as identified in 49 CFR Parts 171-177 (usually found in Volume 2 of section 172.101), the assigned DOT Hazard Class (usually in column 3) and the 4 digit UN/NAID number (column 3A) (e.g., Waste Sulphuric Acid, solvent, 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 (the [illegible]) 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, cartons, 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 where it appears 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/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 those 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, such as manifest tracking.

*Item K: HANDLING CODES — TSDF Completes this [illegible] See "Designated Facility Section" (below).

Item 16: GENERATOR'S CERTIFICATION — The Generator must sign (by hand) and date the certification [illegible] transfer to transporter. If a mode other than highway is used, the waste must be packaged, marked and labeled in the appropriate manner as required in the US DOT regulations. If other modes in addition to highway are used, enter the appropriate mode (e.g., "Rail") in the space below. For other modes in addition to highway and rail, enter the appropriate mode (e.g., "Rail") in the space below.

TRANSPORTER SECTION

Item 17: TRANSPORTER 1 ACKNOWLEDGEMENT — Print or type the name of the person [illegible] Transporter. That person must acknowledge acceptance of the waste [illegible] receipt.

Item 18: TRANSPORTER 2 ACKNOWLEDGEMENT — If applicable, [illegible]

DESIGNATED FACILITY TOTAL SECTION

Item K: HANDLING CODES — TSDF SHOULD COMPLETE — Enter the appropriate handling method [illegible] listed in Item 11. Only the following processes may be used.

TABLE III — PROCESS CODES

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Item 19: DISCREPANCY INDICATION SPACE — [illegible]

Item 20: [illegible] — [illegible]

NOTE: [illegible]

0908-5208

TRW-03796

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.: MAD041242424 [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] Div. [illegible] St. [illegible] MA [illegible]

4. Generator's Phone ( ) [illegible]

A. State Manifest Document Number: MA B087947

B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: [illegible]

C. State Trans. ID:

7. Transporter 2 Company Name:

8. US EPA ID Number:

D. Transporter's Phone ( ) 585 5111

E. State Trans. ID:

9. Designated Facility Name and Site Address: [illegible]

10. US EPA ID Number: [illegible]

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone ( ) 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 n.o.s. (Paint sludge)	009	DT	13700	P	[illegible]
b.					
c.					
d.					

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

a. Paint and spray dry

b.

c.

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."

B-9713

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
Dave F Rock	[illegible]	02 14 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Kenneth Davis	[illegible]	02 14 86

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 B087947 COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-5209

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

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03797

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 St., Cambridge, MA 02142

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

5. Transporter 1 Company Name: Clean Harbors Inc

6. US EPA ID Number: MAD039322250

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Clean Harbors Inc
100 Joseph St.
Kingston, MA

10. US EPA ID Number: MAD039322250

A. State Manifest Document Number: MA B087946

B. State Gen. ID: Same

C. State Trans. ID: ME-C16496

D. Transporter's Phone: 617 585-5111

E. State Trans. ID

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone: 617 585-5111

GENERATOR

11. US DOT Description *Including Proper Shipping Proper Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE OIL N.O.S. combustible Liquid (NA1270)	001	TT	500	G	M001
b.					
c.					
d.					

Spill

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. #4 oil + WATER
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T135
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."

Job# B-9713

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 12 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Jack Fisher	Jack Fisher	2 12 86

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
Kevin C. McCabe	Kevin C. McCabe	02 12 86

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 B087946 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03798

0908-5210

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 Fisher Division
[illegible] St. Cambridge MA 02142
4. Generator's Phone ([illegible])

A. State Manifest Document Number: MA B087946
B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: Clean Harbors Inc
6. US EPA ID Number: MAD039322250
C. State Trans. ID: ME-C16496

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone: 617 585-5111
E. State Trans. ID:

9. Designated Facility Name and Site Address
Clean Harbors Inc
100 Joseph St.
Kingston MA
10. US EPA ID Number: MAD039322250
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone: 617 585-5111

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 N.O.S. combustible liquid (NA1270)	001	TT	500	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. #4 oil + WATER
b.
c.
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."

Job# B-9713

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. Rocek	Dennis F. Rocek	02 12 86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Jack Fisher	Jack Fisher	2 12 86

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

0908-5211

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

MA B087946 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-03799

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

6815

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 FASTENER DIV.195 BINNEY ST.CAMB. MASS.02142

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087833

B. State Gen. ID

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: MAAH8251

7. Transporter 2 Company Name: ~~NORTHEAST SOLVENT,300CANAL ST. MA.~~
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,300CANAL ST. LAWRENCE,MASS.
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	026	DM	1430	G	M001
b. WASTE CHROMIC ACIDSOLUTION,CORROSIVE LIQUID UN1755	004	DF	220	G	F001
c.					
d.					

GENERATOR

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. S01 c.
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	Signature	Date (Month Day Year)
G Riccardelli	G Riccardelli	02 11 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
PATRICK DiVINCENZO	Patrick DiVincenzo	02 11 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
[redacted] Bob TOMES	Bob Tomes	2/11/86

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)
[redacted] CARL MUIR	[redacted] Carl Muir	2 11 86

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

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

COPY>3: GENERATOR-MAILED BY TSDF

MA B087833 COPY>3: GENERATOR-MAILED BY TSDF

TRW-03800

0908-5212

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 19294867 — 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.CAMB. MASS.02142
4. Generator's Phone ( )
5. Transporter 1 Company Name: NORTHEAST SOLVENT
6. US EPA ID Number: MAD000604447
7. Transporter 2 Company Name: NORTHEAST SOLVENT,300CANAL ST. MA.
8. US EPA ID Number:
9. Designated Facility Name and Site Address: NORTHEAST SOLVENT,300CANAL ST. LAWRENCE,MASS.
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087833
B. State Gen. ID:
C. State Trans. ID:
D. Transporter's Phone ( )
E. State Trans. ID:
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 NOS COMBUSTIBLE LIQUID NA 1270	026	DM			M001
b. WASTE CHROMIC ACIDSOLUTION,CORROSIVE LIQUID UN1755	004	B			F00
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
"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: [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 of Receipt of Materials
Printed/Typed Name: [illegible] — 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: [illegible] — Signature: — Date: Month Day Year

0908-5213

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

MA B087833 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-03801

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.: MA D019294867 000017

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 B087945

B. State Gen. ID: Same

5. Transporter 1 Company Name: Franklin Pumping Service, Inc

6. US EPA ID Number: MA D084814136

C. State Trans. ID: MEA 37068

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: 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 CO_2
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 02 Day 10 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert E Parker Jr.
Signature: Robert E Parker Jr.
Date: Month 02 Day 10 Year 86

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

FACILITY

19. Discrepancy Indication Space
FEB 13 '86 T13:48:50 N 21220 1

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Sylvio Tremblay
Signature: Sylvio Tremblay
Date: Month 02 Day 11 Year 86

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

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

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03802

0908-5214

MA B087945

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 [illegible] [illegible], MA. 02142
4. Generator's Phone (617) [illegible]
5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: MA[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: [illegible]
10. US EPA ID Number: WYD[illegible]

A. State Manifest Document Number: MA B087945
B. State Gen. ID: [illegible]
C. State Trans. ID: MAA 37068
D. Transporter's Phone (617) [illegible]
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) [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]	CM	[illegible]	Y	[illegible]
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 0 0
b. T 0 4
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."

[illegible] N-[illegible] CO2
[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: [illegible] Signature: [illegible] Date: Month 02 Day 10 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] Date: Month 02 Day 10 Year 86

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 B087945 COPY 8

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

COPY>8: GENERATOR-RETAINED BY GENERATOR

0908-5215

TRW-03803

MANIFEST
MANIFESTE

Manifest Reference No. / N° de référence du manifeste: A 537787

A - CONSIGNOR (GENERATOR) / EXPÉDITEUR

Provincial No. - N° provincial:

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

Address - Adresse: 195 Binney St.

Shipping Site Address - Origine de l'expédition: Same

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

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	AH 62790	MASS
Trailer #1 - Remorque #1	A 37068	MAINE
Trailer #2 - Remorque #2		

Point of Entry / Point d'entrée: 89 | Point of Exit / Point de sortie: 15

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): Robert E. Parker Jr | Tel. No. (Area Code) / N° de tél. (ind. rég.): (617) 384-3134

Signature: Robt E Parker Jr | Date (Y/M/D - A/M/J): 86-02-10

Received - Réception: Time / Heure: 19:00 AM ☐ PM ☑ | Date (Y/M/D - A/M/J): 86/02/10

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:

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	9410	kg		03				
															04				
															06				

Special Handling/Emergency Instructions / Manutention spéciale/Instructions d'urgence: Stablex Code: N-SKTRW C02

Attached / Ci-jointes ☐ Below / Plus bas ☐

Wrong copies kept by the carrier

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): 86-02-10

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 86-02-10

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) 424-5784 | 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): Sylvain Tremblay

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 / 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-03804

ENV. 04-1917 (10-84)

0908-5216

4

MANIFEST
MANIFESTE

Manifest Reference No.
N° de référence du manifeste
A 537787

A - CONSIGNOR (GENERATOR)
EXPÉDITEUR

Provincial No. - N° provincial

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

Address - Adresse: 195 Binney St.

Shipping Site Address - Origine de l'expédition: Same

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

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

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

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

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

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	AH 62790	MASS
Trailer #1 - Remorque #1	A 37068	MAINE
Trailer #2 - Remorque #2		

Point of Entry
Point d'entrée: 89 | 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): Robert E Parker Jr

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

Signature: Robert E Parker Jr

Date (Y/M/D - A/M/J): 86-02-10

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)

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 / No Non	Vehicle Véhicule Yes Oui / No Non
S	Wastewater Treatment Sludge, Waste Type 6	F006	NA9189	61	III	~11,500	kg	35	%	001	06						

Special Handling/Emergency Instructions
Manutention spéciale/Instructions d'urgence: Stablex Code: N-SKTRW C02

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): 86-02-10

Scheduled Arrival Date (Y/M/D)
Date prévue d'arrivée (A/M/J): 86-02-10

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. Borek

Tel. No. (Area Code)
N° de tél. (ind. rég.): (617) 424-5784

Signature: Dennis F. Borek

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
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-03805

ENV. 04-1917 (10-84)

Consignee - (Retained by Consignee) - Destinataire - (Gardée par le destinataire)

0908-5217

SCHEDULE VI
(Division V)

QC 013775

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 Fastners
31 Ames Street

Address 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. 514-430-9230 Tel. no.

Name Stablex Canada Inc.
760 Industrial Blvd.

Address Blainville,

Province Quebec Country Canada Postal Code J7C3B4

Shipping details

Expected shipping date Y	M	D	Expected arrival date Y	M	D	Transit region A	B	C	D	E	F	G	H
86	02	10	86	02	11								

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

Vehicle registration ME A 37068

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
AH 62790	MASS	8194	MASS		

If cross-border

Expected point of entry into Québec

Region of entry | Expected date of entry ▶ Y 86 M 02 D 10

Expected point of exit from Québec

Region of exit | Expected date of exit ▶ Y 86 M 02 D 11

Description of hazardous waste

Hazardous waste no.	Name of hazardous waste	Quantity shipped Weight	Kg (X)	Physical state	Containers Number	Type	Lining
F006/9306	Metal hydroxide sludge	11,500 20Yd K.G.	X	S	001	COT	PLE

Emergency instructions
Code: N SKTRWCO2

TRW-03806

Declaration of consignor

Shipping number

I declare that the information above is true.
Name (Please print) PAUL J ENRIGHT Date 2/10/86
Signature Paul J Enright Time 12:30 PM

Declaration of carrier

I declare that I have taken delivery above.
Name (Please print) Robert E Parker Jr Date 86-02-10
Signature Robert E Parker Jr Time 12 noon

0908-5218

1. **SECTION A:** To be sent to the Office of the ministère de l'Environnement, Direction régionale of the shipping point

URGENCE-ENVIRONNEMENT
(418) 643-4595

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)
				04	X		
					EAU		

Acceptance
Date Y M D: 86 02 11
Time

Registration

	Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH62790 MAC	X		
Trailer #1	MEA3706B MA	EAU		
Trailer #2				

Quantity accepted (weight in kg)

Entry	29970
Exit	20350
Quantity accepted	9620

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 86/02/11
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): Robert E Parker
Date: 86/02/10
Signature: Robert E Parker
Time: 10 h

AU MINISTERE
REÇUE An M Jr

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

QC 013775

2. SECTION B: To be sent to the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

TRW-03807

0908-5219

RC-CE
27/81/03/16

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: 2/10/86

3 INVOICE NO AND DATE: none

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.)
P.O.# F4133

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

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, N.Y. RT. 87

9 CONDITIONS OF SALE & TERMS OF PAYMENT
There is no sale involved. 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
dollars

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

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. 02142

SIGNATURE: Dennis F. Borsuk

27 EXPORTER'S NAME AND ADDRESS (IF OTHER THAN VENDOR)
TRW Fasteners Division
195 Binney St.
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-03808

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 IN[illegible] CANADA CUSTOMS MEMORANDUM D43

TOPS FORM 3128 REVISED

Litho in U.S.A.

0908-5220

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 St., 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, Que J7E4

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 dollars, 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

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB 087945

17. DATE OF EXPORTATION (Not required for shipments by vessel): 2/10/86

18. THE UNDERSIGNED HEREBY AUTHORIZES Franklin Pumping Services, Inc. Industrial Rd. Wrentham, MA 02 (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 PENALTI 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

TRW-03809

0908-5221

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
	20 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 Paul J. Enright Agent, Per _____

3

Permanent post-office address of shipper, _____

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

0908-5222

TRW-03810

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
	3450			Net 10 days	Feb 10, 1986

QUANTITY	DESCRIPTION	PRICE	AMOUNT
20 yd	Metal Hydroxide sludge - Transportation only		
	25 yd Container ✓		
	liner ✓		
	tarp ✓		
	Pick up: 7 a.m.		
	Offload: next day feb 11 1986		

LOADING TIME: 6 AM 8 AM yard 2 hrs

REASON FOR DELAY: Drop Empty pick up Full Can

ARRIVAL: 10 AM

DEPARTURE:

TOTAL:

Robert E Parker Jr.
DRIVER SIGNATURE

Paul A Emmett
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-03811

0908-5223

DRIVER SIGNATURE

STABLEX

Fiche de Route

№ 3421

ARRIVÉE TEMPS FEB 10/86 19:20

POIDS 66080 lb

G 29970

FEB 13/86 13:01

T 44860 N 21220 lb

DÉPART TEMPS FEB 13/86 13:01

T 28350 N 9620 kg

POIDS FEB 11/86 11:41

17880 kg

NO. LOT: DS-2217

CHAUFFEUR: Robert Parker

NO. CONTRÔLE: B-SKTRW C03

TRANSPORTEUR: Franklin

GÉNÉRATEUR: T.R.W. Fasteners

NO. CAMION: 436

NO. ACCUSÉ DE RÉCEPTION: 6964 13343

NO. CONNAISSEMENT: 3453

NO. MANIFESTE: MAB 087945

REMARQUES: (MEA 37068) (4) A-537787

PC 013735

PRÉPOSÉ À LA BALANCE: Sylvie Tremblay

CHAUFFEUR: Robert E Parker

COPIE DU CLIENT

TRW-03812

0908-5224

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. 13343

VOTRE NO. COMMANDE / CUSTOMER ORDER NO.	VOTRE DATE COM. / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO.	NO. MANIFESTE NO. FÉDÉRAL	NO. MANIFESTE NO. PROVINCIAL	NO. DE CLIENT / CUSTOMER NO.
F4133	86/02/06		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. MANIFESTÉ / MANIFESTE NO.	DATE IMPRIMÉE / DATE PRINTED	HEURE / TIME	PAGE / PAGE
86/02/10	86/02/11	08:00	86/02/13	6964	M4587945	86/02/13	22:10:22	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	161001	B-SKTRWC03 OFF SPEC 233.1PPM	10.61	S.T.	170.00	1803.70
					Total US:	1803.70

TRW-03813

0908-5225

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

INFO-

BLANC: CLIENT JAUNE: C.A.P. ROSE: VENDEUR

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

JOB # B9653

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. 00002

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 B087944

B. State Gen. ID Same

5. Transporter 1 Company Name: Clean Harbors

6. US EPA ID Number: MAD039322250

C. State Trans. ID MEC1 4493

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585-5111

E. State Trans. ID N

9. Designated Facility Name and Site Address
Clean Harbors Inc.
100 Joseph St.
Kingston, MA 02364

10. US EPA ID Number: MAD039322250

F. Transporter's Phone ( )

G. State Facility's ID Not Required

H. Facility's Phone (617) 585-5111

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 N.O.S., Combustible Liquid, NA 1270	001	TT	00500	G	M001
b.					
c.					
d.					

#4

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

K. Handling Codes for Wastes Listed Above
a. T135
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: Dennis F. Borsuk
Signature: Dennis F. Borsuk
Date: Month 02 Day 06 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LAWRENCE ROPER
Signature: Lawrence Roper
Date: Month 02 Day 06 Year 86

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: Richard S. Hume
Signature: Richard S. Hume
Date: Month 02 Day 06 Year 86

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

MA B087944 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

0908-5226

TRW-03814

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 B087944 COPY>8: GENERATOR-RETAINED BY GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No.: MAD[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, 105 Binney St., Cambridge, MA. 02142
4. Generator's Phone (617) [illegible]

A. State Manifest Document Number: MA B087944
B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors
6. US EPA ID Number: MAD[illegible]
C. State Trans. ID: [illegible]

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone (617) [illegible]
E. State Trans. ID: N/A

9. Designated Facility Name and Site Address: Clean Harbors Inc., 100 Joseph St., Kingston, MA [illegible]
10. US EPA ID Number: MAD[illegible]
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (617) [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. Waste Oil N.O.S., Combustible Liquid, NA 1270	001	TT	0500	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. oil and water
b.
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
Dennis F. Bossuk	[signature]	02	06	96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month	Day	Year
Lawrence F. Ropes	[signature]	02	06	96

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)

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03815

0908-5227

Job# 7623

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 00001

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 B087943

B. State Gen. ID: Same

5. Transporter 1 Company Name: Clean Harbors Inc.

6. US EPA ID Number: MAD039322250

C. State Trans. ID: MEC16493

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) 585-5111

E. State Trans. ID

9. Designated Facility Name and Site Address
Clean Harbors, Inc.
100 Joseph St.
Kingston, MA 02364

10. US EPA ID Number: MAD039322250

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) 585-5111

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 Fuel Oil, No. 4, Combustible Liquid, NA 1993	001	TT	1500	G	M001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above *(include physical state and hazard code.)*
a. #4 Oil + WAter
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T35
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: Dennis F. Borsuk
Signature: Dennis F. Borsuk
Date (Month Day Year): 02 05 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LAWRENCE ROPER
Signature: Lawrence Roper
Date (Month Day Year): 02 05 86

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: Kevin C. McCabe
Signature: Kevin C. McCabe
Date (Month Day Year): 02 05 86

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

MA B087943 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-03816

0908-5228

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.: MA[illegible]

2. Page 1 of 1

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

A. State Manifest Document Number: MA B087943

B. State Gen. ID: [illegible]

3. Generator's Name and Mailing Address: TRW [illegible]

4. Generator's Phone ([illegible]

5. Transporter 1 Company Name: [illegible]

6. US EPA ID Number: MA[illegible]

C. State Trans. ID: MA[illegible]

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (617) [illegible]

E. State Trans. ID

9. Designated Facility Name and Site Address: [illegible]

10. US EPA ID Number: MA[illegible]

F. Transporter's Phone ( )

G. State Facility's ID: Not Required

H. Facility's Phone (617) [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. Waste Fuel Oil, No. 4, Combustible Liquid, NA 1993	001	TT	[illegible]	G	M001
b.					
c.					
d.					

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

a. #4 Oil - Water

b.

c.

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
Duane F. Brook	[illegible]	[illegible]

TRANSPORTER

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

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 B087943 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03817

0908-5229

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 B087942 COPY>3: GENERATOR-MAILED BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MA001929486 — Manifest Document No. 700010
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 B087942
B. State Gen. ID: Same

5. Transporter 1 Company Name: Cecos Treatment Corp.
6. US EPA ID Number: CTD000604488
C. State Trans. ID: CTE57096/E8552

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 Corp.
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

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. Non-Hazardous Waste Pumice, Hazard Class and I.D. # Not Applicable	001	TT	02141	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 # 141896
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T 2 3
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)
Dennis F. Borsuk	Dennis F. Borsuk	01 27 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Curt Ouellette	Curt Ouellette	01 27 86

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)
Denise A Borys	Denise A. Borys	01 27 86

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

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03818

0908-5230

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.: MA0001224267 — 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, 155 Binney St., Cambridge, MA 02142
4. Generator's Phone (617) [illegible]

A. State Manifest Document Number: MA B087942
B. State Gen. ID: [illegible]

5. Transporter 1 Company Name: [illegible] Transport Corp.
6. US EPA ID Number: [illegible]
C. State Trans. ID: CTE 57096/48552

7. Transporter 2 Company Name:
8. US EPA ID Number:
D. Transporter's Phone ([illegible]) [illegible]
E. State Trans. ID:

9. Designated Facility Name and Site Address: [illegible] Transport Corp., [illegible] Road, [illegible], CT [illegible]
10. US EPA ID Number: [illegible]
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone ([illegible]) [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 Waste Pounce, Hazard Class and I.D. # [illegible]	[illegible]	[illegible]	02141	G	N/A
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. Product code: 71-4 [illegible] order # [illegible]
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T [illegible]
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)
[illegible]	[illegible]	01 [illegible] 06

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Curt Ouellette	[illegible]	01 [illegible] 06

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

TRW-03819

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.

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

0908-5231

COPY>B: 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. MAD019294857 Manifest Document No. 00016

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 B087941
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.					

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-SKTRN 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.

GENERATOR — Printed/Typed Name: DENNIS F. BORSUK — Signature: Dennis F. Borsuk — Date: Month 01 Day 27 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
TRANSPORTER — Printed/Typed Name: GARY A. TYLER — Signature: Gary Tyler — Date: Month 01 Day 27 Year 86

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

FACILITY

19. Discrepancy Indication Space
JAN 28 '86 11:13
T 38180 N 22720 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 01 Day 28 Year 86

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 B087941 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MA

TRW-03820

0908-5232

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. 00016
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
5. Transporter 1 Company Name: FRANKLIN PUMPING SERVICE, INC.
6. US EPA ID Number: MAD084814136
7. Transporter 2 Company Name:
8. US EPA ID Number:
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

A. State Manifest Document Number: MA B087941
B. State Gen. ID: SAME
C. State Trans. ID: 8194 MA
D. Transporter's Phone (617) 384-3135
E. State Trans. ID:
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	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. 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 sh[illegible] are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable interna[illegible] government regulations, and all applicable State laws/regulations.

Printed/Typed Name: DENNIS F. BORSUK — Signature: — Month Day Year: 012786

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GARY A. Tyler — Signature: Gary Tyler — Month Day Year: 012786

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

19. Discrepancy Indication Space

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

GENERATOR — TRANSPORTER — FACILITY

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

MA B087941 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

0908-5233

TRW-03821

MANIFESTE

Manifeste de transport

A 543868

A CONSIGNOR (GENERATOR) EXPÉDITEUR

Provincial No. N° provincial

Company Name Nom de l'entreprise: TEN 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: STANLEX CANADA INC. | Provincial No. N° provincial: 16886273

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 | Provincial No. N° provincial

Address Adresse: INDUSTRIAL ROAD

City Ville: WRENTHAM | Prov: MASSACHUSETTS | Postal Code Code postal: 02093

Registration Immatriculation des véhicules — Vehicle Véhicule moteur: AH 5203 | License No. Immatriculation: MA

Trailer #1 Remorque #1: 8194 | Province: MA

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): GARY TAYLOR | Tel. No. (Area Code) N° de tél. (ind. rég.): 1-617-384-3134

Signature: Gary A Taylor | Date (Y/M/D - A/M/J): 86-01-27

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

Reference No.s of Other Manifests 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 BOULEVARD INDUSTRIEL

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

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	Special Handling Instructions Packaging Contenants: Yes Oui	No Non	Vehicle Véhicule: Yes Oui	No Non
S	WASTEWATER TREATMENT SLUDGE WASTE TYPE 6	F 006	R 491 89	6.1	III	~11,500	kg	35	%	001	06	[illegible]	kg		03				
															04				
															06				

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

STANLEX CODE: H-SEYNE 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): 1/27/86

Scheduled Arrival Date (Y/M/D) Date prévue d'arrivée (A/M/J): 1/27/86

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 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 Edouard
Zenith 4 9000

Quebec
Quebec
(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-03822

ENV. 04-1917 (10-84)

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

0908-5234

MANIFEST
MANIFESTE

Manifest Reference No
N° de référence du manifeste

A 543868

A CONSIGNOR (GENERATOR) EXPEDITEUR

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 | 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: AH 9203 — MA

Trailer #1 Remorque #1: 8194 — MA

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 [illegible] 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 A Tyler

Tel. No. (Area Code) N° de tél. (ind. rég.): 1-617-384-3134

Signature: Gary A Tyler

Date (Y/M/D - A/M/J): 86-01-27

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: J7B4J7

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, Gaz) / Etat 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	F 00	NA 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 ☐

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

STABLEX CODE: N-SKTRW 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

Shipper Date d'expédition Time Heure ▶ AM ☒ PM ☐ | Date (Y/M/D - A/M/J): 1/27/86

Scheduled Arrival Date (Y/M/D) Date prévue d'arrivée (A/M/J): 1/27/86

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-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 vires)
(613)-996-6666

TRW-03823

ENV. 04-1917 (10-84)

0908-5235

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)
	Metal Hydroxide Sludge			04			X

Acceptance
Date Y M D: 86 01 28
Time: 11:13

Registration

		Prov.	Decontamination of vehicles Yes (X)	No (X)	Not required (X)
Vehicle motor	AH9203	MA			X
Trailer #1	8194	MA			
Trailer #2					

Quantity accepted (weight in kg)

Entry	27630
Exit	17320
Quantity accepted	10310

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 86/01/28
Signature: Sylvio Tremblay
Time: 11:13

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: 86/01/28
Signature: Gary Tyler
Time: 07:17

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

QC 013770

2. SECTION B: To be sent to the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

TRW-03824

0908-5236

CONSIGNOR
Business no. 617- 494-5500 Tel. no.

Name TRW Fastners
31 Ames Street

Address Cambridge,

Province MA Country USA Postal Code 02142

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

Name Franklin Pumping Service, Inc.
Industrial Rd. PO Box 617

Address Wrentham,

Province MA Country USA Postal Code 02093

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

Name Stablex Canada Inc.
760 Industrial Blvd.

Address Blainville,

Province Quebec Country Canada Postal Code J7E4J7

SCHEDULE VI
(Division V)

QC 013770

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, 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

Champlain N.Y.

Region of entry | **Expected date of entry** ▶ Y 86 M 01 D 27

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
RMC-NA 9189 / 9306	METAL HYDROXIDE SLUDGE	0011,500	X	S	001	COT	PLT

Emergency instructions

Declaration of consignor

Shipping number 2786-010

I declare that the information above is true.

Name (Please print) PAUL J ENRIGHT Date 1/07/86

Signature Paul J Enright Time 11:30AM

Declaration of carrier

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

Name (Please print) GARY Tyler Date 86-01-27

Signature Gary Tyler Time 11:30

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5237

TRW-03825

RC-CE
27/81/03/16

REVENUE CANADA
CUSTOMS AND EXCISE

REVENU CANADA
DOUANES ET ACCISE

CANADA CUSTOMS INVOICE

1 VENDOR (NAME & ADDRESS)

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

2 DATE OF DIRECT SHIPMENT TO CANADA 1/27/86

3 INVOICE NO AND DATE None

4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO)

P. O. #F 4133

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, N.Y. 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

DOLLARS

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	20CU.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 1/27/86

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 selling 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 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

Litho in U.S.A.

0908-5238

TRW-03826

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	30CU.YD.BULK CONTAINER OF METAL HYDROXIDE SLUDGE WITH NO COMMERCIAL VALUE	–	D	NA	–	NO VALUE. WASTE IS TO BE TREATED AND DISPOSE OF.

VALIDATED LICENSE NO. _____ OR GENERAL LICENSE SYMBOL _____

16. BILL OF LADING OR AIR WAYBILL NUMBER: MAB087941

17. DATE OF EXPORTATION (Not required for shipments by vessel): 1/27/86

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 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

TRW-03827

0908-5239

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, [illegible] the word carrier being understood throughout this [illegible] meaning any person or corporation in possession of the property under the [illegible] destination, it is mutually agreed, as to each carrier of all or any of said property [illegible] Domestic Straight Bill of Lading set forth [illegible] Western and Illinois Freight Classification in effect on the date [illegible] carrier classification or tariff [illegible]

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 IN 10865			
	Polyliner OCT M 9487			
	Tarpaulin THIS ONE NEVER GETS A TARP			
	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 [illegible] Agent, Per _____

3

Permanent post-office address of shipper _____

WilsonJones

TRW-03828

0908-5240

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: [illegible] Fasteners
31 [illegible] Street
Cambridge, MA 02142

SHIPPED TO: [illegible]
[illegible]
[illegible]

YOUR ORDER NO	OUR ORDER NO	SHIPPED VIA	SALESMAN	TERMS	DATE
	3451			Net 10 days	[illegible]

QUANTITY	DESCRIPTION	PRICE	AMOUNT
[illegible] yd	Metal hydroxide sludge - Transportation only		
	25 yd Container		
	liner IN 10865 - OUT M 2481		
	tarp This one Never gets A Tarp!		
	Pick up: 7 a.m.		
	Offload: next day JUN 28, 1986		

LOADING TIME:

ARRIVAL: 9:30

DEPARTURE: 11:30

TOTAL: [illegible]

[illegible]
DRIVER SIGNATURE

REASON FOR DELAY

[illegible]

[illegible]
AUTHORIZED SIGNATURE

UNLOADING TIME:

ARRIVAL:

DEPARTURE:

TOTAL:

DRIVER SIGNATURE

REASON FOR DELAY

AUTHORIZED SIGNATURE

OTHER DELAY:

TIME OUT:

TIME IN:

TOTAL:

REASON FOR DELAY

0908-5241

TRW-03829

DRIVER SIGNATURE

Fiche de Route

№ 3318

STABLEX

ARRIVÉE TEMPS

POIDS

JAN 28/86 07:17
60900 lb
G 27630

JAN 28/86 11:13
T 38280 N 22700 lb

DÉPART TEMPS

POIDS

JAN 28/86 11:13
T 17320 N 10010 kg

NO. LOT: DS-2151

CHAUFFEUR: GARY TYLER

NO. CONTRÔLE: B-1K TRWC03

TRANSPORTEUR: FRANKLIN

GÉNÉRATEUR: T.R.W.

NO. CAMION: 431

NO. ACCUSÉ DE RÉCEPTION: 6844 13223

NO. CONNAISSEMENT: 3453-13774

NO. MANIFESTE: MAB 082941

REMARQUES: (8.94) (4) A-543868

QC 013770

PRÉPOSÉ À LA BALANCE: Sylvie Desmarais

CHAUFFEUR: Gary Tyler

COPIE DU CLIENT

FEB - 4 [illegible]

CAMBRIDGE OPERATIONS

STABLEX CANADA INC.

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

STABLEX

INVOICE

RÉFÉRER À CE NO / REFER TO THIS NO: 13203

VOTRE NO. COMMANDE / CUSTOMER ORDER NO	VOTRE DATE COM / CUST. ORDER DATE		NO. DE CLIENT / CUSTOMER NO		NO. DE CLIENT / CUSTOMER NO.
F4133	86/01/23		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
86/01/28	86/01/28	09:00	86/01/28	6844	MAR87941	86/01/28	22:10:48	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 P.

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

ART. / ITEM	NO. PRODUIT / PRODUCT NO.	DESCRIPTION / DESCRIPTION	QUANTITÉ / QUANTITY	UNITÉ / UNIT	PRIX UNITAIRE / UNIT PRICE	MONTANT / AMOUNT
		RELEASE P13774				
01	161001	P-SKTRWC03 HYDROXIDE SLUDGE	11.35	S.T.	$7.50	993.13
					Total US:	993.13

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

TRW-03831

0908-5243

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. 000115

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 B087940

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: 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 NOS, 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. T04
c.
d.

15. Special Handling Instructions and Additional Information
"Where 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: Dennis F. Borsuk
Signature: Dennis F. Borsuk
Date: Month 01 Day 13 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Tyler
Signature: Gary Tyler
Date: Month 01 Day 13 Year 86

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

FACILITY

19. Discrepancy Indication Space
3816026

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Sylvio Tremblay
Signature: Sylvio Tremblay
Date: Month 01 Day 14 Year 86

Form Approved OMB No. 2000-0404. Expires 7-31-88
EPA Form 8700-22 (3-84)

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

MA B087940 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03832

0908-5244

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[illegible] — 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 Electronics Division
[illegible] St. Cambridge, MA. [illegible]142
4. Generator's Phone (617) [illegible]

A. State Manifest Document Number: MA B087940
B. State Gen. ID: Same
C. State Trans. ID: [illegible] 61514 MA
D. Transporter's Phone (617) 361-[illegible]
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (514) 432-3200

5. Transporter 1 Company Name: [illegible] Service, Inc
6. US EPA ID Number: MAD[illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address
Stablex Canada Inc.
[illegible] Industrial
Saint-Thomas de Pierreville, Que.
10. US EPA ID Number: NMD[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 Solid N.O.S., NA9189, PG III	001	CM	00001	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[illegible]
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-TRW code
S-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: Denis F. Borsuk — Signature: [signature] — Date: Month 04 Day 11 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Gary Tyler — Signature: [signature] — Date: Month 04 Day 11 Year 86

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)

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

MA B087940 COPY>8: GENERATOR-RETAINED BY GENERATOR

COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03833

0908-5245

MANIFEST
MANIFESTE

Manifest Reference No / N° de référence du manifeste: A [redacted]

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: 1688273

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 | Province: Massachusetts | Postal Code / Code postal: 02093

Registration / Immatriculation des véhicules — Licence No. / Immatriculation — Province

Vehicle / Véhicule moteur: AR [illegible] | MA

Trailer #1 / Remorque #1: [illegible]

Trailer #2 / Remorque #2:

Point of Entry / Point d'entrée: Highgate Springs VT | Point of Exit / Point de sortie:

Carriers Certification: I declare that I have [illegible] 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.): 617-284-3134

Signature: Gary Tyler | Date (Y/M/D - A/M/J): 86-1-13

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: 21:15 AM ☐ PM ☑ | Date (Y/M/D - A/M/J): 86/01/13

Physical State (Sol, Liq, Gaz) / 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 (Préciser)	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	FU02	NA9189	6.1	III	~14,500	kg	35	%	001	06	100%	kg		03 / 04 / 06				

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

Stablex Code - N-SK TRW 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: 11:30 AM ☑ PM ☐ | Date (Y/M/D - A/M/J): 1/13/86

Scheduled Arrival Date (Y/M/D) / Date prévue d'arrivée (A/M/J): 1/13/86

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. Borek

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

Signature: Dennis F. Borek

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.): 514-12 [illegible] | Signature: [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-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 vrés)

TRW-03834

ENV. 04-1917 (10-84)

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

0908-5246

6

MANIFESTE

N° de référence du manifeste: A 537779

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	AH 9203	MA
Trailer #1 - Remorque #1	8194	MA
Trailer #2 - Remorque #2		

Point of Entry - Point d'entrée: Highgate Springs VT | 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): 86-1-13

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: J7E 4J7

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	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

"Other" (Specify) - Manutention "divers", spécifier

Re-transferred (specify company name) - Doit être re-transféré, indiquer le nom de l'entreprise

Provincial No. - N° provincial

City - Ville | Prov

Shipped - Date d'expédition: Time - Heure ▶ AM ☐ PM ☐ | Date (Y/M/D - A/M/J): 1/13/86

Scheduled Arrival Date (Y/M/D) - Date prévue d'arrivée (A/M/J): 1/13/86

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

TRW-03835

ENV. 94-1917 (10-84)

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

0908-5247

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

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)
9306				04			X

Acceptance
Date Y M D: 86 01 14
Time: 1309

Registration		Decontamination of vehicles Yes (X)	Decontamination of vehicles No (X)	Quantity accepted (weight in kg)	
Vehicle motor	AH 9203 MAS			Entry	28150
Trailer #1	8174 MAS			Exit	17310
Trailer #2				Quantity accepted	10840

I declare that the information in this declaration is true.
Name (Please print): Sylvio Tremblay
Date: 86/01/13
Signature: [signature]
Time: 1350

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

2. In every case
Code

I declare that I have delivered the waste described above to the consignee specified in Section A.
Name (Please print): Gary Tyler
Date: 86/01/13
Signature: [signature]
Time: 2113

AU MINISTÈRE
Date Y M Jr
Code

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

DC 013176

2. SECTION B: To be sent to the consignor

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5248

TRW-03836

CONSIGNOR

Business no. 617-494-5500 Tel. no.

Name TRW Fasteners
31 Ames Street

Address Cambridge,

Province MA Country USA Postal Code 02142

CARRIER

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

Name Franklin Pumping Service, Inc.
Industrial Rd. PO Box 617

Address Wrentham,

Province MA Country USA Postal Code 02093

CONSIGNEE

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

Name Stablex Canada Inc.
860 Industrial Blvd.

Address Blainville,

Province Québec Country Canada Postal Code J7B4J7

SCHEDULE VI
(Division V)

QC 013176

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
86	01	13	86	01	14								

Number of manifest cancelled with regard to this shipment: [illegible] OT WOH

Vehicle registration

Motor vehicle	Prov.	Trailer # 1	Prov.	Trailer #2	Prov.
[redacted]	MASS	8194	MASS		

Expected point of entry into Québec: Philipsburg Ove

Region of entry | Expected date of entry ▶ Y 86 M 01 D 13

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	001 1500	X	S	001	COT	PLT

Emergency instructions

Declaration of consignor

Shipping number 2213-015

I declare that the information above is true.

Name (Please print) PAUL J ENRIGHT — Date 1/13/86

Signature Paul J Enright — Time 11:30AM

Declaration of carrier

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

Name (Please print) GARY Tyler — Date 86-01-13

Signature Gary Tyler — Time 11:30AM

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

URGENCE-ENVIRONNEMENT
(418) 643-4595

0908-5249

TRW-03837

RC CE
27/81/03/16

CUSTOMS AND EXCISE DOUANES ET ACCISE

1 of 1

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

2 DATE OF DIRECT SHIPMENT TO CANADA: 1/13/86
3 INVOICE NO AND DATE: none
4 OTHER REFERENCES (INCLUDE PURCHASER'S ORDER NO.): P.O. # F4133

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, NY 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., F.A.S., ETC.; DETAILS OF DISCOUNTS AND OTHER SPECIAL ARRANGEMENTS)

11 CURRENCY OF SETTLEMENT: dollars

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. 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. 1/13/86

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)			

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 3128 REVISED

Litho in U.S.A.

0908-5250

TRW-03838

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

Form Approved: O.M.B. No. 41-R0197

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)

Declarations Should be Typewritten or Prepared in Ink

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	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 087940

17. DATE OF EXPORTATION (Not required for shipments by vessel): 1/13/86

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 E. 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 E. 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

0908-5251

TRW-03839

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 1/13/ 19 86 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)			
	Polyliner Container #2487 in			
	[redacted] in #2192 out			
	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:

$ _____

†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] Shipper must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

Permanent post-office address of shipper. _____

WilsonJones

0908-5252

TRW-03840

franklin pumping service inc.

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

Hazardous Waste Removal, Oil
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
	3449			Net 10 days	1/13/16

QUANTITY	DESCRIPTION	PRICE	AMOUNT
25 yd	Metal hydroxide sludge - Transportation only		
	25 yd Container		
	~~[illegible]~~		
	liner		
	Pick up: 7 a.m.		
	Offload: next day		

LOADING TIME: [illegible]

ARRIVAL: 9:30 [illegible]

DEPARTURE: [illegible]

TOTAL: 2 [illegible]

[illegible] DRIVER SIGNATURE [illegible] AUTHORIZED SIGNATURE

UNLOADING TIME: [illegible]

ARRIVAL: [illegible]

DEPARTURE: [illegible]

TOTAL: [illegible]

DRIVER SIGNATURE AUTHORIZED SIGNATURE

OTHER DELAY: [illegible]

TIME OUT: [illegible]

TIME IN: [illegible]

TOTAL: [illegible]

TRW-03841

0908-5253

DRIVER SIGNATURE

STABLEX

Fiche de Route

№ 3172

ARRIVÉE — TEMPS: JAN 13/86 21:13

POIDS: 62060 lb

G 28150

DÉPART — TEMPS: JAN 14/86 13:09

POIDS: 38160 lb = 23900 lb

(G 14550) 17310 kg = 10840 kg

Pas de Boîte

NO. LOT: DS-2062

CHAUFFEUR: GARY TYLER

TRANSPORTEUR: FRANKLIN

NO. CAMION: 431

NO. CONNAISSEMENT: 3453

REMARQUES: (8194) (3)

NO. CONTRÔLE: B-JKTRWC03

GÉNÉRATEUR: T.R.W.

NO. ACCUSÉ DE RÉCEPTION: 6588 13055

NO. MANIFESTE: MAB 087940

A-537779

EC 013176

PRÉPOSÉ À LA BALANCE: Sylvie Lambley

CHAUFFEUR: Gary Tyler

COPIE DU CLIENT

0908-5254

TRW-03842

STABLEX CANADA INC.

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

INVOICE

REFÉRER À CE NO / REFER TO THIS NO: 13055

VOTRE NO. COMMANDE / CUSTOMER ORDER NO	VOTRE DATE COM / CUST ORDER DATE		NO. DE CLIENT / CUSTOMER NO.		NO. DE CLIENT / CUSTOMER NO.
F4133	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
86/01/14	86/01/14	08:00	86/01/15	6588	MAB87940	86/01/15	17:43:33	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%, 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	11.95	S.T.	87.50	1045.63
					Total US:	1045.63

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

TRW-03843

0908-5255

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

F-4376

6016

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD 019 298 467 — 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
NT.R.W. FASTENER DIV. 195 BINNEY ST. CAMB. MASS. 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, MASS.
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087830
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	1165	GAL	M001
b. WASTE OTRICHLOROETHYLENE, FORM A UN1710	010	D	550	GAL	[illegible]
c. WASTE CHROMIC ACID SOLUTION, CORROSIVE LIQUID UN1755	004	DM	220	GAL	D002
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. 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.

GENERATOR — Printed/Typed Name: EUGENE RICCIARDELLI — Signature: Eugene Ricciardelli — Date: Month 01 Day 13 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month 01 Day 13 Year 86

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.

FACILITY — Printed/Typed Name: CARL MILLER — Signature — Date: Month 1 Day 13 Year 86

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 B087830 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03844

0908-5256

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

F-4376

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

3. Generator's Name and Mailing Address: NT.R.W. FASTENER DIV. 195 BINNEY ST. CAMB. MASS. 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, MASS.
10. US EPA ID Number: MAD000604447

A. State Manifest Document Number: MA B087830
B. State Gen. ID: SAME
C. State Trans. ID: MAAH 6246
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	DH	1165	GAL	M001
b. WASTE OIL RICHLOROETHYLENE [illegible] UN1710	010	D	550	GAL	F001
c. WASTE CHROMIC ACID SOLUTION, CORROSIVE LIQUID UN1755	004	DH	220	GAL	D002
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

"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: EUGENE RICCARDELLI — Signature: Eugene Riccardelli — Date: Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DONALD BOZEMAN — Signature: Donald Bozeman — Date: Month Day Year: 01 13 86

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 B087830 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-03845

0908-5257

EAST SOLVENTS RECLAMATION CORP.
221 SUTTON STREET
NORTH ANDOVER, MASS. 01845
TEL. (617) 683-1002

NES CONTROL NO.
MANIFEST NO. MAB 0878
DATE: 12/6/85

P-U 1/14/86

PACKING LIST

THIS IS NOT A MANIFEST. MUST BE ACCOMPANIED BY A PROPERLY COMPLETED HAZARDOUS WASTE MANIFEST.

GENERATOR [illegible] EPA # MAD 019 294 267

ADDRESS [illegible] CUST. P.O. # 7 3124

CITY [illegible] STATE Ma ZIP CODE 02149

CONTACT: [illegible] PHONE: 494-5910

11. U.S. DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS AND ID NO.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	1. WASTE NO.
a [illegible] leg NA 1270	28	DM	1,165	G	M001
b Waste [illegible] trichloroethylene ORM A UN 2831	10	DM	550	G	[illegible]
c Waste Chromic Acid Soln. Corr mat'l UN 1755	4	DM	220	[illegible]	[illegible]
d					
FOLLOWING ITEMS FROM PAGE 2 (CONTINUATION SHEET)					
a					
b					
c					
d					
e					
f					

ADDITIONAL DESCRIPTIONS:

E Riccardelli

SPECIAL INSTRUCTIONS:

TRW-03846

BRADY BUSINESS FORMS - LOWELL, MASS. - TEL. 458-2565 102816-BE

0908-5258

Pull out - give
to Dick
[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. — 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 B087968

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

"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 — *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 B087968 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

0908-5260

TRW-03848

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

SHIPPER'S NO.

Clean Harbors — CARRIER — CARRIER'S NO.

RECEIVE, subject to the classifications and tariffs in effect on the date of the issue of this Shipping Order,

AT ~~TRW CAMBRIDGE MA~~ 1/28/19 86 FROM TRW CAMBRIDGE, MA.

the property described below, in apparent good order, except as noted (contents and condition 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 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 of 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 Uniform Freight Classification in effect on the date hereof, if this is a rail or a 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 Clean Harbors Braintree

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

DESTINATION Braintree, Mass. STATE _____ COUNTY _____

DELIVERY ADDRESS ★ 385 Quincy Ave

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

ROUTE _____

DELIVERING CARRIER _____ CAR OR VEHICLE INITIALS _____ NO. _____

NO. PKGS.	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUB. TO COR.)	CLASS OR RATE	Check Column
2	EMPTY DRUMS LAST CONTAINED #4	OIL		
1	" / " " " LARD	OIL		
	3X55 GAL			

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 Uniform Freight Classification"

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

_____ Shipper, Per _____

Permanent post-office address of shipper.

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

REDIFORM 6X688 carbonless

0908-5261 TRW-03849

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

4. Generator's Phone ( )

A. State Manifest Document Number: MA B087967

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. Waste Oil No. - NA1270					
b. Waste Sulfuric Acid - UN1755					
c. Waste Trichloroethylene CHMA UN1710					
d. Waste [illegible] UN1760					

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

a. Oil - sump [illegible]
b. Plating solution
c. Mix with oil
d. Sludge

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(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	Signature	Date Month	Day	Year
Roger Carr				

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 B087967 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

0908-5262

TRW-03850

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

80

Pl[illegible] rint 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.
2. Page 1 of [illegible] Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: [illegible]
4. Generator's Phone ( )
5. Transporter 1 Company Name: [illegible]
6. US EPA ID Number: [illegible]
7. Transporter 2 Company Name:
8. US EPA ID Number:
9. Designated Facility Name and Site Address: [illegible]
10. US EPA ID Number: [illegible]

A. State Manifest Document Number: MA B087960
B. State Gen. ID:
C. State Trans. ID: MA 16266
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. [illegible]			3080	G	D002
b. [illegible]			990	G	F001
c. [illegible]			330	G	D002
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. [illegible] c. [illegible]
b. [illegible] 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 shi[illegible] are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable internat[illegible] government regulations, and all applicable State laws/regulations.

Printed/Typed Name: [illegible] Signature: [illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] Signature: [illegible] 07 11 86

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:

GENERATOR / TRANSPORTER / FACILITY

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

MA B087960 COPY>6: DESTINATION STATE-MAILED BY GENERATOR

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

COPY>6: DESTINATION STATE-MAILED BY GENERATOR

0908-5263

TRW-03851

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF SOLID AND 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 C466585

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 ( )

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.					
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 national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | 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

Form Approved OMB No. 2050-0039, Expires 9-30-88
EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.

COPY>8: GENERATOR-RETAINED BY GENERATOR

MA C466585 COPY>8: GENERATOR-RETAINED BY GENERATOR

TRW-03852

0908-5264

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

1731

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD095867610 Manifest Document No. 000001

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 31 AMES ST CAMBRIDGE MA. 02142

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

5. Transporter 1 Company Name NORTHEAST SOLVENTS

6. US EPA ID Number MAD000604447

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address NORTHEAST SOLVENTS 300 CANAL ST. LAWRENCE, MA. 01840

10. US EPA ID Number MAD000604447

A. State Manifest Document Number MA B087862

B. State Gen. ID SAME

C. State Trans. ID MA 16264

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 N.O.S. COMBUSTIBLE LIQUID NA 1270	038	DM	02090	G	M001
b. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189	002	DM	00110	G	M099
c. HAZARDOUS WASTE LIQUID N.O.S ORM-E NA 9189	001	DM	00055	G	M099
d. WASTE TRICHLOROETHLENE ORM-A UN 1710	002	DM	00055	G	F001

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

a. DIRTY OIL

b. PLASTISOL MIXTURE

c. GREASE, PAINT, WATER ~~PLASTISOL MIXTURE~~ TRICHLOROETHLENE

d. + OIL MIXTURE

K. Handling Codes for Wastes Listed Above

a. S101 c. S101

b. S01 d. S01

15. Special Handling Instructions and Additional Information

12-11-86

Continuing NE Solvents Don Clark

"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
DONALD LITTLEFIELD	Donald Littlefield	12 11 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
CLAUDE NADEAU	Claude Nadeau	12 11 86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

JAN - 2 1987

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
Cathy A. Brown	Cathy A. Brown	12 11 86

Form Approved OMB No. 2000-0404 Expires 7-31-88
EPA Form 8700-22 (3-84)

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

MA B087862 COPY>3: GENERATOR-MAILED BY TSDF

COPY>3: GENERATOR-MAILED BY TSDF

TRW-03853

0908-5265

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

11771

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

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MAD095867610 Manifest Document No. 00001
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, 31 AMES ST. CAMBRIDGE MA. 02142
4. Generator's Phone: 617 494-5500
A. State Manifest Document Number: MA B087863
B. State Gen. ID: SAME
5. Transporter 1 Company Name: NORTHEAST SOLVENTS
6. US EPA ID Number: MAD000604447
C. State Trans. ID: MA HA 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 SOLVENTS, 300 CANAL ST, LAWRENCE MA. 01840
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, OXIDIZER, CORROSIVE SOLID N.O.S NA9154	005	DM	00275	G	D001
b. WASTE PAINT FLAMMABLE LIQUID UN1263	007	DM	00385	G	D001
c. WASTE OIL N.O.S COMBUSTIBLE LIQUID NA1270	007	DM	00385	G	D001
d.					

J. Additional Descriptions for Materials Listed Above (Include physical state and hazard code.)
a. ALKALINE CLEANER
b. WASTE PAINT & THINNING MIXTURE
c. OIL & TRICO MIXTURE
d.

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

15. Special Handling Instructions and Additional Information
P.O.# F-4376
R-01113
Continuing NE Solvents Donald Clark 12-22-86

"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: Donald Littlefield — Signature: Donald Littlefield — Date: Month 12 Day 22 Year 86

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Bob Tomes — Signature: Bob Tomes — Date: Month 12 Day 22 Year 86

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

19. Discrepancy Indication Space
JAN 9 1987

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Cathy A. Brown — Signature: Cathy A. Brown — Date: Month 12 Day 22 Year 86

GENERATOR — TRANSPORTER — FACILITY

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

MA B087863 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-03854

0908-5266